

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

DARELL L. MOORE; AND CHARLENE )  
A. MOORE, INDIVIDUALLY AND AS )  
HUSBAND AND WIFE, )  
Appellants, )  
vs. )  
JASON LASRY, M.D. INDIVIDUAL; )  
AND TERRY BARTIMUS, RN, APRN, )  
Respondents. )

Electronically Filed  
Jul 21 2021 05:22 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Supreme Court No. 81659

**APPEAL**

From the Eighth Judicial District Court, Clark County  
The Honorable Kathleen E. Delaney, District Judge  
District Court Case No.: A-17-766426-C

---

**APPELLANT'S APPENDIX VOLUME XIII**

---

E. Breen Arntz, Esq.  
Nevada Bar No. 3853  
[Breen@breen.com](mailto:Breen@breen.com)  
Phone: 702-494-4800  
Fax: 702-446-8164

*Attorney for Appellant Darrell Moore and Charlene Moore*

**INDEX TO APPELLANT'S APPENDIX**

VOLUME	DOCUMENT	BATES NUMBER
I	Complaint dated December 18, 2017	AA00001- AA00024
I	Amended Complaint dated December 20, 2017	AA00025- AA00048
I	Proof of Service upon Fremont Emergency Services dated January 5, 2018	AA00049
I	Dignity Health's Answer to Complaint dated January 17, 2018	AA00050- AA00059
I	Proof of Service of Amended Complaint upon Dignity Health dated January 17, 2018	AA00060
I	Proof of Service of Amended Complaint upon Jason Lasry dated January 31, 2018	AA00061
I	Proof of Service of Amended Complaint upon Terry Bartmus dated January 31, 2018	AA00062
I	Fremont Emergency Services and Terry Bartmus's Answer to Complaint dated February 9, 2018	AA00063- AA00072
I	Jason Lasry's Answer to Complaint dated February 12, 2018	AA00073- AA00081
I	Scheduling Order dated May 4, 2018	AA00082- AA00084
I	Stipulation and Order to Dismiss Dignity Health dated May 4, 2018	AA00085- AA00089
I	Notice of Entry of Order re Stipulation and Order to Dismiss Dignity Health dated June 28, 2018	AA00090- AA00098
I	Proof of Service of Deposition Subpoena Duces Tecum, Notice of Taking Deposition and Notice of Service of Subpoena Duces Tecum dated March 22, 2019	AA00099
I	Order Setting Civil Jury Trial dated May 7, 2019	AA00100- AA00101
I	Stipulation and Order re Expert Disclosures dated October 7, 2019	AA00102- AA00106
I	Notice of Entry of Stipulation and Order re Expert Disclosures dated October 7, 2019	AA00107- AA00114

I	Fremont Emergency Services and Terry Bartmus's Order Affirming the Discovery Commissioner's Report dated October 14, 2019	AA00115-AA00116
I	Fremont Emergency Services and Terry Bartmus's Notice of Entry of Order Affirming the Discovery Commissioner's Report dated October 14, 2019	AA00117-AA00121
I	Plaintiffs' Order Affirming the Discovery Commissioner's Report dated October 16, 2019	AA00122-AA00123
I	Order Allowing Plaintiff to amend their Complaint to remove Dignity Health dated October 16, 2019	AA00124-AA00125
I	Plaintiffs' Notice of Entry of Order Affirming the Discovery Commissioner's Report dated October 16, 2019	AA00126-AA00129
I	Notice of Entry of Order removing Dignity Health dated October 21, 2019	AA00130-AA00133
I	Second Amended Complaint dated October 29, 2019	AA00134-AA00157
II	Fremont Emergency Services and Terry Bartmus's Answer to Second Amended Complaint dated November 12, 2019	AA00158-AA00166
II	Jason Lasry's Answer to Second Amended Complaint dated November 12, 2019	AA00167-AA00175
II	Joint Pre-Trial Memorandum dated December 16, 2019	AA00176-AA00208
II	Stipulation and Order to Dismiss Fremont Emergency Service dated December 18, 2019	AA00209-AA00214
II	Notice of Entry of Stipulation and Order to Dismiss Fremont Emergency Service dated December 18, 2019	AA00215-AA00223
II	Jason Lasry's Pretrial Disclosures dated December 27, 2019	AA00224-AA00238
II	Plaintiffs' Pretrial Disclosures dated December 27, 2019	AA00239-AA00249
II	Terry Bartmus's Pretrial Disclosures dated December 27, 2019	AA00250-AA00267
II	Jason Lasry's First Supplement to Pretrial Disclosures dated January 2, 2020	AA00268-AA00285

II	Jason Lasry's Second Supplement to Pretrial Disclosures dated January 9, 2020	AA00286-AA00303
III	Terry Bartmus's First Supplement to Pretrial Disclosures dated January 10, 2020	AA00304-AA00322
III	Jason Lasry's Third Supplement to Pretrial Disclosures dated January 15, 2020	AA00323-AA00340
III	Plaintiffs' Proposed Jury Instructions dated January 24, 2020	AA00341-AA00378
III	Jason Lasry's Proposed Special Verdict dated February 9, 2020	AA00379-AA00382
III	Jury Instructions dated February 13, 2020	AA00383-AA00425
III	Special Verdict dated February 13, 2020	AA00426-AA00428
III	Judgment on Jury Verdict dated March 10, 2020	AA00429-AA00430
III	Notice of Entry of Judgment on Jury Verdict dated March 10, 2020	AA00431-AA00435
IV	Plaintiffs' Motion for New Trial dated April 7, 2020	AA00436-AA00543
V	Terry Bartmus's Opposition to Plaintiffs' Motion for New Trial dated April 21, 2020	AA00544-AA00711
V	Jason Lasry's Joinder to Terry Bartmus's Opposition to Plaintiffs' Motion for New Trial dated April 21, 2020	AA00712-AA00714
VI	Plaintiffs' Reply in Support of Motion for New Trial dated May 4, 2020	AA00715-AA00817
VI	Terry Bartmus's Supplemental Opposition to Plaintiffs' Motion for New Trial dated June 4, 2020	AA00818-AA00828
VI	Order on Plaintiffs' Motion for New Trial dated July 15, 2020	AA00829-AA00831
VI	Notice of Entry of Order on Plaintiffs' Motion for New Trial dated July 16, 2020	AA00832-AA00837
VI	Notice of Appeal dated August 14, 2020	AA00838-AA00840
VII	Trial Transcript for January 27, 2020	AA00841-AA01029

VIII	Trial Transcript for January 28, 2020	AA01030-AA01221
IX	Trial Transcript for January 29, 2020	AA01222-AA01378
X	Trial Transcript for January 30, 2020	AA01379-AA01558
XI	Trial Transcript for January 31, 2020	AA01559-AA01708
XII	Trial Transcript for February 3, 2020	AA01709-AA01878
XIII	Trial Transcript for February 4, 2020	AA01879-AA02060
XIV	Trial Transcript for February 5, 2020	AA02061-AA02218
XV	Trial Transcript for February 6, 2020	AA02219-AA02400
XVI	Trial Transcript for February 7, 2020	AA02401-AA02608
XVII	Trial Transcript for February 10, 2020	AA02609-AA02764
XVIII	Trial Transcript for February 11, 2020	AA02765-AA02985
XIX	Trial Transcripts for February 12, 2020, February 13, 2020 and June 11, 2020	AA02986-AA03225

**ALPHABETICAL INDEX TO APPELLANT APPENDIX**

VOLUME	DOCUMENT	BATES NUMBER
I	Amended Complaint dated December 20, 2017	AA00025- AA00048
I	Complaint dated December 18, 2017	AA00001- AA00024
I	Dignity Health's Answer to Complaint dated January 17, 2018	AA00050- AA00059
I	Fremont Emergency Services and Terry Bartmus's Answer to Complaint dated February 9, 2018	AA00063- AA00072
II	Fremont Emergency Services and Terry Bartmus's Answer to Second Amended Complaint dated November 12, 2019	AA00158- AA00166
I	Fremont Emergency Services and Terry Bartmus's Notice of Entry of Order Affirming the Discovery Commissioner's Report dated October 14, 2019	AA00117- AA00121
I	Fremont Emergency Services and Terry Bartmus's Order Affirming the Discovery Commissioner's Report dated October 14, 2019	AA00115- AA00116
I	Jason Lasry's Answer to Complaint dated February 12, 2018	AA00073- AA00081
II	Jason Lasry's Answer to Second Amended Complaint dated November 12, 2019	AA00167- AA00175
II	Jason Lasry's First Supplement to Pretrial Disclosures dated January 2, 2020	AA00268- AA00285
V	Jason Lasry's Joinder to Terry Bartmus's Opposition to Plaintiffs' Motion for New Trial dated April 21, 2020	AA00712- AA00714
II	Jason Lasry's Pretrial Disclosures dated December 27, 2019	AA00224- AA00238
III	Jason Lasry's Proposed Special Verdict dated February 9, 2020	AA00379- AA00382
II	Jason Lasry's Second Supplement to Pretrial Disclosures dated January 9, 2020	AA00286- AA00303
III	Jason Lasry's Third Supplement to Pretrial Disclosures dated January 15, 2020	AA00323- AA00340

II	Joint Pre-Trial Memorandum dated December 16, 2019	AA00176-AA00208
III	Judgment on Jury Verdict dated March 10, 2020	AA00429-AA00430
III	Jury Instructions dated February 13, 2020	AA00383-AA00425
VI	Notice of Appeal dated August 14, 2020	AA00838-AA00840
III	Notice of Entry of Judgment on Jury Verdict dated March 10, 2020	AA00431-AA00435
VI	Notice of Entry of Order on Plaintiffs' Motion for New Trial dated July 16, 2020	AA00832-AA00837
I	Notice of Entry of Order re Stipulation and Order to Dismiss Dignity Health dated June 28, 2018	AA00090-AA00098
I	Notice of Entry of Order removing Dignity Health dated October 21, 2019	AA00130-AA00133
I	Notice of Entry of Stipulation and Order re Expert Disclosures dated October 7, 2019	AA00107-AA00114
II	Notice of Entry of Stipulation and Order to Dismiss Fremont Emergency Service dated December 18, 2019	AA00215-AA00223
I	Order Allowing Plaintiff to amend their Complaint to remove Dignity Health dated October 16, 2019	AA00124-AA00125
VI	Order on Plaintiffs' Motion for New Trial dated July 15, 2020	AA00829-AA00831
I	Order Setting Civil Jury Trial dated May 7, 2019	AA00100-AA00101
IV	Plaintiffs' Motion for New Trial dated April 7, 2020	AA00436-AA00543
I	Plaintiffs' Notice of Entry of Order Affirming the Discovery Commissioner's Report dated October 16, 2019	AA00126-AA00129
I	Plaintiffs' Order Affirming the Discovery Commissioner's Report dated October 16, 2019	AA00122-AA00123
II	Plaintiffs' Pretrial Disclosures dated December 27, 2019	AA00239-AA00249
III	Plaintiffs' Proposed Jury Instructions dated January 24, 2020	AA00341-AA00378

VI	Plaintiffs' Reply in Support of Motion for New Trial dated May 4, 2020	AA00715-AA00817
I	Proof of Service of Amended Complaint upon Dignity Health dated January 17, 2018	AA00060
I	Proof of Service of Amended Complaint upon Jason Lasry dated January 31, 2018	AA00061
I	Proof of Service of Amended Complaint upon Terry Bartmus dated January 31, 2018	AA00062
I	Proof of Service of Deposition Subpoena Duces Tecum, Notice of Taking Deposition and Notice of Service of Subpoena Duces Tecum dated March 22, 2019	AA00099
I	Proof of Service upon Fremont Emergency Services dated January 5, 2018	AA00049
I	Scheduling Order dated May 4, 2018	AA00082-AA00084
I	Second Amended Complaint dated October 29, 2019	AA00134-AA00157
III	Special Verdict dated February 13, 2020	AA00426-AA00428
I	Stipulation and Order re Expert Disclosures dated October 7, 2019	AA00102-AA00106
I	Stipulation and Order to Dismiss Dignity Health dated May 4, 2018	AA00085-AA00089
II	Stipulation and Order to Dismiss Fremont Emergency Service dated December 18, 2019	AA00209-AA00214
III	Terry Bartmus's First Supplement to Pretrial Disclosures dated January 10, 2020	AA00304-AA00322
V	Terry Bartmus's Opposition to Plaintiffs' Motion for New Trial dated April 21, 2020	AA00544-AA00711
II	Terry Bartmus's Pretrial Disclosures dated December 27, 2019	AA00250-AA00267
VI	Terry Bartmus's Supplemental Opposition to Plaintiffs' Motion for New Trial dated June 4, 2020	AA00818-AA00828
XVII	Trial Transcript for February 10, 2020	AA02609-AA02764
XVIII	Trial Transcript for February 11, 2020	AA02765-AA02985



XII	Trial Transcript for February 3, 2020	AA01709- AA01878
XIII	Trial Transcript for February 4, 2020	AA01879- AA02060
XIV	Trial Transcript for February 5, 2020	AA02061- AA02218
XV	Trial Transcript for February 6, 2020	AA02219- AA02400
XVI	Trial Transcript for February 7, 2020	AA02401- AA02608
VII	Trial Transcript for January 27, 2020	AA00841- AA01029
VIII	Trial Transcript for January 28, 2020	AA01030- AA01221
IX	Trial Transcript for January 29, 2020	AA01222- AA01378
X	Trial Transcript for January 30, 2020	AA01379- AA01558
XI	Trial Transcript for January 31, 2020	AA01559- AA01708
XIX	Trial Transcripts for February 12, 2020, February 13, 2020 and June 11, 2020	AA02986- AA03225

## CERTIFICATE OF SERVICE

Pursuant to NRAP 25(b), I certify that I am an employee of the law firm and that on this 21<sup>st</sup> day of July, 2021, I served a true and correct copy of the foregoing **APPELLANT'S APPENDIX VOLUME XIII** as follows:

- ☐ by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada; and/or
- ☐ to be sent via facsimile (as a courtesy only); and/or
- ☐ to be hand-delivered to the attorneys at the address listed below:
- x to be submitted to the above-entitled Court for electronic filing and service upon the Court's Service List for the above-referenced case.

Robert McBride, Esq  
McBride Hall  
8329 W. Sunset Rd., Ste. 260  
Las Vegas, NV 89113

Keith A. Weaver, Esq.  
Lewis Brisbois Bisgaard & Smith, LLP  
6385 S. Rainbow Blvd., Ste. 6000  
Las Vegas, NV 89118

By: /s/ E. Breen Arntz  
An employee of E. Breen Arntz, Chtd.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TRAN

IN THE EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA

DARELL MOORE, ET AL,	)	
	)	
Plaintiffs,	)	
	)	
vs.	)	Case No. A-17-766426-C
	)	Dept. No. 25
JASON LASRY, ET AL,	)	
	)	
<u>Defendants.</u>	)	

JURY TRIAL

Before the Honorable Kathleen Delaney  
Tuesday, February 4, 2020, 1:30 p.m.  
Reporter's Transcript of Proceedings

REPORTED BY:  
  
BILL NELSON, RMR, CCR #191  
CERTIFIED COURT REPORTER

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

APPEARANCES:

For the Plaintiffs:      Breen Arntz, Esq.  
                                 Philip Hymanson, Esq.  
                                 Joseph Hymanson, Esq.

For the Defendants:      Robert McBride, Esq.  
                                 Keith Weaver, Esq.  
                                 Alissa Bestick, Esq.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I N D E X

M = McBride

W = Weaver

WITNESS	DR	CR	RDR	RCR
Dr. David Fish	12	61-W 144-M	145	149-W
		153		

1 Las Vegas, Nevada, Tuesday, February 4, 2020

2 \* \* \* \* \*

3  
4 (Thereupon, the following proceedings were  
5 had out of the presence of the jury.):

6 THE COURT: I think I know one of the  
7 things outside the presence, but just go ahead.

8 What do we have outside the presence?

9 I'll take them in whatever order.

10 MR. MC BRIDE: Sure.

11 One of the things I think that we were  
12 concerned about, this goes to one of the motions for  
13 partial summary judgment that we filed before the  
14 trial about the testimony, and in terms of the  
15 evidence of the reasonableness and necessity of the  
16 billing and the medical bills coming in in this  
17 particular case.

18 We understand from counsel today that this  
19 is the first time we've been informed that they  
20 intend to get that information out through Dr. Fish  
21 today.

22 Well, the problem with that again is, this  
23 is what I addressed, Your Honor, is there's no  
24 foundation for that because at the time of his  
25 deposition Dr. Fish had not been provided with the

1 bills, and in fact when asked, he specifically said  
2 -- his deposition was taken October 24th, 2019, he  
3 stated that no rebuttal report was done by Dr. Fish,  
4 and no rebuttal report was requested, and he's not  
5 been asked to do any further work.

6 Then he also said there were no materials  
7 that he reviewed after July 19th, 2019.

8 I have a copy of both his report, as well  
9 as his medical evaluation and lifecare plan.

10 Nowhere he talks about the records he  
11 reviewed.

12 Nowhere does he discuss the medical bills,  
13 or does he address that at all.

14 He states specifically, he was asked to  
15 evaluate the medical records and perform an  
16 examination of Darell Moore.

17 He does not offer any opinion whatsoever or  
18 comment whatsoever on the reasonableness or necessity  
19 of medical expenses at all.

20 Again, his medical evaluation and lifecare  
21 plan only addresses future lifecare needs.

22 Again, we -- he also did not speak to any  
23 of Mr. Moore's health care providers to get any  
24 additional information regarding billing or the  
25 reasonableness or necessity, and he was not asked to

1 do so.

2 So we think that at the outset I wanted to  
3 bring it to the Court's attention now, rather than  
4 interrupt the testimony.

5 THE COURT: Sure.

6 MR. MC BRIDE: Because I don't believe  
7 there's any foundation for that.

8 THE COURT: Well, for the record, before I  
9 hear you -- Mr. Hymanson, are you going to be  
10 addressing the response?

11 MR. P. HYMANSON: Okay.

12 THE COURT: You were standing so.

13 Let me make my record.

14 So each of the parties have submitted their  
15 orders on the prior motions that were heard the  
16 motions in limine and motions for partial summary  
17 judgment.

18 I have actually signed them all.

19 The reason I haven't given them back yet  
20 was there was one in the Nurse Practitioner Bartmus'  
21 order that I just wanted to double check on the JAVS  
22 because I still didn't have the clerk covering that  
23 day's minutes, and I thought there was either some  
24 additional or new, and I had given the response not  
25 relevant to this discussion, but I wanted to let you



1 know, that's the only reason I held these up.

2 MR. MC BRIDE: Sure.

3 THE COURT: As far as the one from Dr.  
4 Lasry, he prepared, Mr. McBride does indicate that  
5 the motion for partial summary judgment and Nurse  
6 Practitioner Bartmus was denied without prejudice,  
7 and Defendant may raise the motion again should there  
8 be a lack of evidence or expert testimony to support  
9 Plaintiff's claim for past medical expenses.

10 So we are at that place now.

11 As you indicated, based on your belief that  
12 Dr. Fish is not appropriate to be able to provide  
13 this testimony, so --

14 MR. MC BRIDE: I do have a copy of his  
15 report if Your Honor would like to look at it.

16 THE COURT: I will take your  
17 representations that they say otherwise, and I need  
18 to read it, so be it.

19 If their argument is, it's not in Fish's  
20 report, but he did review these things, and should be  
21 entitled to supplement now, we can have that  
22 discussion, but I don't know what the argument is, so  
23 let me hear.

24 Who wishes to make the argument on behalf  
25 of the Plaintiff?

1 MR. P. HYMANSON: Court's indulgence, Your  
2 Honor.

3 Your Honor, I think counsel made some good  
4 points, and I think you are right, we have some  
5 arguments we could make, and we come into a slugfest  
6 in terms of trying to get evidence into the Court  
7 today.

8 Our goal today -- my goal is to get Dr.  
9 Fish on and hope he doesn't have to return again.

10 I think we can address that with regard to  
11 witnesses at a later time.

12 So I think rather than get into a joust at  
13 this point, we'll just put Dr. Fish on with his  
14 report and get to it.

15 THE COURT: So it's not your intention then  
16 to try to do past medical expense billing, review  
17 with Dr. Fish?

18 MR. P. HYMANSON: I will not do that with  
19 Dr. Fish.

20 THE COURT: Thank you.

21 We'll save it for another day.

22 If I get a chance to look at the JAVS, I'll  
23 get all the orders filed and back, but I do have them  
24 with me if there's ever an issue.

25 But thank you for raising it.

1           We still have the other Dr. Fish matter.

2           Was there anything else?

3           MR. P. HYMANSON: We do have follow-up when  
4 the records do come in, Your Honor, there's some  
5 issues still have to be clarified.

6           There still needs to be some redaction to  
7 the ones were going to be made, plus Exhibit 100 is  
8 already admitted, there's some insurance references  
9 have to be redacted.

10          THE COURT: Okay, yes, certainly.

11          We can't expect my Court clerk -- Certainly  
12 the Court cannot be responsible to review every piece  
13 of paper independently if those items don't have  
14 those.

15          MR. P. HYMANSON: We'll address that if we  
16 move those into evidence, we'll move them in with the  
17 understanding that the redactions may still be  
18 necessary.

19          THE COURT: Thank you for that  
20 clarification.

21          The last matter of course was left  
22 unresolved for the most part in terms of we've  
23 already had some of Fish's testimony, we're going to  
24 have more, and the issue of the Medicare inquiry.

25          I think we're going to have an opportunity

1 to deal with that between completion of his testimony  
2 before we do cross.

3 Originally I thought coming into today was  
4 based on Mr. Arntz because Dr. Fish needed a delay,  
5 we should deal with that, but he's here ready to go,  
6 the jurors are here ready to go.

7 I think we can do that before they do their  
8 cross on a break.

9 MR. P. HYMANSON: Very good, Your Honor.

10 THE COURT: Let's go ahead and have Dr.  
11 Fish come in.

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

1           (Thereupon, the following proceedings were  
2 had in open court and in the presence of the jury.):

3           THE COURT: Welcome back, ladies and  
4 gentlemen.

5           Thank you for your patience while we  
6 addressed a few matters before we had you join us.

7           As we mentioned when we concluded  
8 yesterday, we were able to arrange for Dr. Fish to  
9 return today, so the witness who we were with on the  
10 end of the Court day on Friday is now going to be  
11 recalled at this time to complete his testimony.

12           We can officially recall him if you like,  
13 Mr. Hymanson.

14           MR. P. HYMANSON: Thank you very much, Your  
15 Honor.

16           The Moore's would call Dr. Fish to the  
17 stand, please.

18           THE COURT: All right.

19           Thank you, Dr. Fish.

20           When you reach the stand, you may have a  
21 seat.

22           You are resuming your testimony. I'm just  
23 asking you to acknowledge for the record you're still  
24 under oath.

25           We are not going to re-swear you, just ask

1 you to acknowledge for the record you understand you  
2 are still under oath from your prior testimony, which  
3 concluded unfinished on Friday, correct?

4 THE WITNESS: That's correct.

5 THE COURT: Thank you.

6 Mr. Hymanson, you may begin.

7 MR. P. HYMANSON: Your Honor, may I  
8 approach and turn the board around?

9 THE COURT: Yes, you may.

10 - - - -

11 **CONTINUING DIRECT EXAMINATION OF DR. DAVID FISH**

12 BY MR. P. HYMANSON:

13 Q. I'm pretty sure that one is not yours.

14 All right. Dr. Fish, welcome back?

15 A. Thank you.

16 Q. I appreciate your returning.

17 And let's see what we can do about getting  
18 you home before the sun sets.

19 We were talking about therapist I believe,  
20 and we just finished, we had done an overview of the  
21 entire plan.

22 This is the overview of the ten years the  
23 entire projected costs, and we have had been talking  
24 about specifically therapies, and I think we had --  
25 we were talking about a dog companion for care.

1           Would you explain to the ladies and  
2 gentlemen of the jury, is that a dog you pet and say  
3 thanks for being here?

4           What is the function of such an animal?

5           A.    It's actually a trained animal that is a  
6 helper animal, not like a service animal you might  
7 see in the airplane, everyone can always get away  
8 with making a label for that, but it's an actual  
9 trained animal that will grab things for you, will  
10 tell you if there's things wrong, or if they are  
11 warning you about something, their individual owner.

12           They're very highly specialized dogs, and I  
13 found with individuals with amputations they just  
14 change a lot of the factors of their well-being, and  
15 also help them with day-to-day activities.

16           Q.    Thank you.

17           Let's move on to diagnostic testing if you  
18 could, that is the next thing, the next graft that  
19 you have.

20           In that diagnostic testing you have first  
21 off an MRI of the knee and hip.

22           What is the purpose of an MRI of the knee  
23 and hip for Mr. Moore?

24           A.    The idea is to get a surgical case, since  
25 I'm projecting he needed a knee and hip replacement,

1 the best imaging we have is an MRI to show best and  
2 totally, so the surgeon's aware of what to avoid, or  
3 what to cut, or what to prepare for the surgery.

4 Q. The MRI is a baseline, so the doctors can  
5 know into the future his condition?

6 A. Well, the idea is, the best way of looking  
7 into a knee without invasive -- anything invasive is  
8 to do an MRI, the best kind of anatomic structure we  
9 can look at, as opposed to opening the knee, see what  
10 you can get.

11 You kind of know as the surgeon to plan an  
12 MRI as the least invasive, best way we know how to  
13 get anatomy structures.

14 Q. In that diagnostic testing, it goes into  
15 some detail on the knee and the hip.

16 Would you explain again to the ladies and  
17 gentlemen of the jury why you believe that this is  
18 not something that may happen, but most likely a  
19 replacement of both Mr. Moore's knee and hip would be  
20 required?

21 A. I'm going to the board?

22 Q. Go to the board.

23 A. Remember, I drew the picture out, so you  
24 all can see.

25 Remember, this area is removed when he's



1 not wearing a prosthesis and not in his wheelchair,  
2 he's going to be putting all the force and weight on  
3 what they call the opposite side, the hip and the  
4 knee, and in my discussions with him he was already  
5 saying he was having hip and knee problems, so based  
6 on my experience with other amputees the likelihood  
7 and probability of a replacement is high.

8 So you need to have preparation for it, you  
9 need to have x-rays yearly to make sure that you know  
10 what the joint space looks like, and even after the  
11 replacement what the hardware looks like.

12 Q. And you didn't say specifically, but is  
13 that also the potential risk is in the ankle as well?

14 A. There's really not good ankle replacement  
15 surgery, so that is why it's not included.

16 Yeah, you are putting a lot of force on the  
17 ankle, but most of the force is going to translate to  
18 the hip and the knee.

19 He's not really complaining of ankle-type  
20 problems when I discussed it with him.

21 Q. We got lab testing and blood work over the  
22 ten-year period of \$4,950.

23 What type of lab work is that?

24 A. It's going to be a complete blood count,  
25 liver function test, PTT, your prothrombin time for

1 bleeding, clotting disorders, given he has poor blood  
2 flow already into his lower extremities, you want to  
3 make sure that all of the functioning of the organs  
4 is appropriately evaluated.

5 Q. And you have x-rays of the knee and hip  
6 from age 72 to 78, and a \$1800 charge.

7 Explain to the ladies and gentlemen of the  
8 jury the functioning and purpose of those x-rays.

9 A. What I just talked about was to make sure  
10 the hardware is intact, hasn't moved, or rotated, or  
11 changed in any way, so you want to yearly look at it  
12 with the orthopedic surgeon that places the knee and  
13 the hip in.

14 Q. And you have x-rays T and L spine for  
15 stimulator location. That is yearly cost of 300, for  
16 a total of \$1800 over a ten-year period.

17 Explain to the ladies and gentlemen of the  
18 jury the purpose of that.

19 A. Okay.

20 I'm going to the board.

21 As you recall, I was talking about the --  
22 this is the brain and spinal cord and nerve roots  
23 come to here, and this was the battery, was the  
24 pacemaker for the generation of electricity into the  
25 spinal dorsal column, so the symptoms of pain are not

1 felt. This battery is kind of like a watch in the  
2 lower lumbar spine area and in the upper thoracic  
3 area. That is the lumbar, was the low back.

4 So you want to make sure the leads don't  
5 migrate or move each year. When you program this  
6 thing, you want to make sure the battery's  
7 appropriate, so you take x-rays of both the thoracic  
8 and lumbar spine to see where the hardware is.

9 Q. And how does that compare, the stimulator,  
10 assuming that it gets worse, would that eliminate the  
11 need for the Oxycontin or Opioids he's taking on a  
12 regular basis?

13 A. That's the point, you need to come off of  
14 Opiates.

15 I think I discussed this before, there's an  
16 Opiate epidemic, and we're slow to realize people are  
17 dying from chronic Opioid use, and it's not good to  
18 be on those chronically, and the stimulator can help  
19 eliminate the need for Opiates.

20 Q. Is it your professional opinion that the  
21 stimulator will do more to alleviate the phantom pain  
22 of the missing limb?

23 A. Right.

24 The Opiates you mean?

25 Q. Correct.

1           A.     Correct.

2           Q.     So per the diagnostic testing over a  
3     ten-year period, you're looking at \$12,250, and based  
4     on your experience and expertise do you think that is  
5     a reasonable cost for that ten-year plan?

6           A.     Correct, yes.

7           Q.     All right.

8                     If you turn -- Let's go to next the  
9     medications.

10                    There's been discussion, in the deposition  
11     there was discussion where counsel talked to you  
12     about the type of medication he was currently taking,  
13     the type of medication you're recommending, and let's  
14     talk about the medication that you are recommending.

15                    So are you aware if Mr. Moore is currently  
16     using any of those medications?

17           A.     No, I don't think so.

18                    Maybe the multi-vitamin.

19           Q.     Would through the medications for the  
20     ladies and gentlemen and explain why these  
21     medications would be to his benefit?

22           A.     All right.

23                    So the plan is to optimize medical care,  
24     and so I'm putting a plan together, this is how I  
25     treat individuals who are like him, not just throwing

1 things in there to throw things in there, and as I  
2 said, before the plan needs be more for medical  
3 probability, and the best way to optimize medical  
4 care, you are adding a dog, a stimulator, everything  
5 I'm putting in there.

6 What Cymbalta is, is an antidepressant  
7 medication, helps with mood stabilization, but it's  
8 also got an advantage in that it also helps with  
9 nerve pain, which is what we think the phantom pain  
10 sensations are also involved with the nerve pain, or  
11 are brain pain, a central process, so what Cymbalta  
12 does is not only calms the emotional content of  
13 people, but also helps with the nervous system.

14 Same with Neurontin. Neurontin is a  
15 medication that has been used for seizure control,  
16 but we found it doesn't do very well for seizures.  
17 What it does do really well for is calming peripheral  
18 nerves. So Neurontin in combination what Cymbalta  
19 really helps with common phantom pain.

20 The reason why you don't just rely on one  
21 medication and treatment only, and you add the  
22 stimulator, you want to attack this in multiple  
23 different areas.

24 The ones I found in my experience is that  
25 if one thing is not the thing that works, you have to

1 go with multiple areas to get the best results.

2 Colace is a stool softener. That is with  
3 all the medications he's taking to make sure he has  
4 proper bowel movements.

5 And then a multi-vitamin because his  
6 overall conditioning is decreased, he hasn't been  
7 exercising, so you need to try to get as many  
8 vitamins in him as you can.

9 Q. And you are not saying that these are for a  
10 ten-year period, these are the medications and the  
11 only medications he will need, it could change as  
12 things go, depending on Mr. Moore, is that correct?

13 A. I can even go into more detail with this.

14 When someone gets a knee or hip  
15 replacement, or gets a spinal cord stimulator  
16 implant, they are typically placed on antibiotics one  
17 or two weeks and may get some pain medications as  
18 well.

19 I'm kind of giving you an overall snapshot,  
20 not going into detail because it gets too cumbersome,  
21 you kind of lose focus on what the real issues are.

22 Q. Something as simple as the Colace stool  
23 softener, it's delicate because -- but the worst  
24 thing for an amputee is if they are constipated or  
25 something, get up go to the bathroom several times

1 when they don't have to, they have to get up, move,  
2 and there's a lot involved on a daily basis, so that  
3 is likely to go over those type of things, but that  
4 is pretty critical for someone in that situation, is  
5 that correct?

6 A. Well, you also have to remember that my job  
7 is also to look at function and how to get someone  
8 safely from the bed to the bathroom, to the shower,  
9 how to get someone safely from the chair to the  
10 bathroom to the shower, how to stay safe in the  
11 shower, how to be safe within their own environment.

12 So you most people don't think about going  
13 to the bathroom.

14 If you really have to go, don't have your  
15 prosthesis on, how do you get up and be safe by  
16 yourself and not fall, which he's already fallen a  
17 couple times, so those are things that go into the  
18 plan and functional analysis for Mr. More Moore and  
19 any individual like him.

20 Q. So doctor you have your ten-year plan, the  
21 medications for \$41,479, correct?

22 A. The Cymbalta will be the expensive one  
23 because there is no generic for it, but I find it's a  
24 very useful medication.

25 Q. Let's talk about that briefly because many

1 people go to the pharmacy, and they are prescribed a  
2 regular medication, but they wind up with the generic  
3 because it's less expensive than some of these  
4 medications don't qualify for generic, haven't been  
5 on the market long enough, is that accurate?

6 A. Well, Colace, multi-vitamins are all  
7 generic, and the Cymbalta is a much more newer  
8 medication, is not generic yet.

9 Q. Thank you.

10 Let's go to supplies if we could.

11 Again, you have -- first of all, you have a  
12 knee RPM machine.

13 What is that, a rental?

14 A. When someone has a knee replacement, which  
15 is different than a hip replacement, we found that if  
16 you just sit there after the replacement and not have  
17 the knee, gently move in what is called  
18 flexion-extension, where you have your knee go back  
19 and forth, so it straightens and bends, we find that  
20 people have better outcomes, and so that is why the  
21 rental unit for a short term, just to make sure the  
22 success of the knee replacement is there.

23 Q. So is that the one where you come out of  
24 surgery, you wake up, and your knee is actually  
25 moving, is that the machine?



1           A.    I hope you don't wake up from surgery with  
2 your knee moving.

3           Q.    After surgery, but in your hospital bed  
4 after surgery, is that the machine they put on to  
5 stimulate movement for ten hours out?

6           A.    Correct.

7           Q.    Okay.

8                   And there's a knee and hip brace for \$450  
9 for the life of the ten-year program. What is that  
10 for?

11          A.    When you replace the knee and the hip, you  
12 have to be very cautious of dislocation, especially  
13 if the injury was just getting up, so after hip  
14 surgery a brace is used to insure the prosthesis  
15 stays in place until it's healed, it goes to the knee  
16 as well to make sure everything is stabilized,  
17 doesn't pop out or go out of place.

18          Q.    The next one is electric wheelchair.

19                   Mr. Moore is here and has a wheelchair.  
20 Are you saying he needs a different chair?

21          A.    Yeah, I'm saying he needs an electric  
22 chair.

23          Q.    Why does he need that?

24          A.    What we talked about before, he has a  
25 history of shoulder problems, and manually pushing

1 his chair around would put a lot more stress on his  
2 shoulder, and then whoever is helping him also has to  
3 put a lot of stress pushing him around.

4 And, you know, it's to be more in the  
5 community and have that community integration, I  
6 think -- or I believe he would be better off with  
7 having an electric wheelchair, it will give him more  
8 more ability, put less strain on his heart.

9 While I do think he needs to exercise with  
10 his prosthesis, I don't think that is the mode of  
11 moving around when he's in a community situation.

12 Q. So you have replacement for two wheelchairs  
13 during this ten-year period, so \$9,220. Is that the  
14 going price for the wheelchair?

15 A. No, that is the manual wheelchair.

16 Q. I apologize.

17 The electric wheelchair replaced every five  
18 years, and they are \$32,352.44 a chair, correct?

19 A. Correct.

20 Q. And that is \$64,740?

21 A. Correct.

22 Q. Is that a reasonable price for an electric  
23 wheelchair?

24 A. That's correct, all the prices are average  
25 value. They can get very expensive, way higher

1 depending the type of wheelchairs you get, so I  
2 wanted the average reasonable cost.

3 Q. So the titanium, all the other lightweight  
4 chairs are a lot more expensive?

5 A. Yeah.

6 If someone is a quadriplegic, can't  
7 maneuver themselves at all, actually they blow air  
8 into a tube, that type of chair is upwards \$100,000  
9 because it has to be very specialized and set for  
10 them, as well as all the equipment with someone who  
11 is a quadriplegic.

12 Q. The manual wheelchair every four years you  
13 have \$9200.

14 If he has an electric chair, why would he  
15 need a manual chair?

16 A. A lot of times for ease.

17 Sometimes it's hard to transport an  
18 electric chair, so you're doing a quick trip  
19 somewhere, having a manual wheelchair gives you  
20 flexibility you may not have with an electric  
21 wheelchair.

22 If you're only going somewhere for a short  
23 distance, not planning on being out all day, you  
24 might take the manual chair.

25 Q. Sometimes will they keep the electric chair

1 in the van, and so they don't have to keep taking it  
2 in and out, and use the manual around the house?

3 A. I found that most people don't, if they are  
4 going to do a trip like that, don't make the effort  
5 to put the electric wheelchair in the van, and if  
6 they do, they might as well just use the electric  
7 wheelchair.

8 It's cumbersome to get it in, so if you're  
9 doing all the work to get it in, you might as well  
10 use it.

11 Q. The next item is you said he's going to  
12 need a prosthetic, and he already has one, right?

13 A. He does.

14 Q. A prosthetic that doesn't work, what is the  
15 value of that?

16 A. It's not it doesn't work, it just doesn't  
17 fit properly, so I guess in essence it doesn't work,  
18 but it's not very useful if you can't use it for  
19 sure.

20 Q. And is this with some work, is that the  
21 type of prosthetic that can work for him, so he  
22 doesn't have the second one, or is your opinion he  
23 needs a completely different type of prosthetic?

24 A. No, he can use the one he has, it just  
25 needs to fit better.

1           These are all the supplies for what he has.

2           Q.     And there's a lot.

3           The cost is \$18,800.97, and that needs to  
4 be replaced every four years, so you have to replace  
5 it twice for \$37,795, and as I understand there's a  
6 lot involved in the prosthetic in terms of cost and  
7 fitting and size and those type of things, is that  
8 correct?

9           A.     Right.

10          That's included in the cost.

11          Q.     But I mean, there are things like sockets  
12 and cushions and knee joint locks, things like that,  
13 those are all expensive items built into the  
14 particular prosthetic, right?

15          A.     And when you talk about the components of  
16 it.

17          Q.     All right.

18          And then we've got a separate item of  
19 sockets that need to be replaced twice for \$44,660.  
20 What are sockets?

21          A.     Well, that is going to be the silicone gel  
22 that needs to be replaced more frequently, typically  
23 because it's going to be connected to the body most  
24 likely, so the prosthetic is one component, then you  
25 have the socket that goes inside the prosthetic

1 component, as well as the socks which are cheap, but  
2 they wear out pretty quickly.

3 Q. All right.

4 And then the socks are \$98.67, 30 pair for  
5 life \$986. Are these the compression socks, or  
6 different types of socks?

7 A. They are more for padding. It goes on the  
8 silicone gel to insure there's a cushion between the  
9 plaster and the silicone, and the body and the  
10 plaster, so kind of like a cushion component.

11 Q. Would 30 pair for a ten-year period be  
12 enough?

13 A. I would think so.

14 Q. When they wear out, do they wear out in a  
15 particular place, or just wear out from use?

16 A. Usually they will wear where the pain is  
17 located.

18 If you remember the drawing, the pin goes  
19 in to the prosthetic, that is usually where it wears  
20 out, or tears, or puts a lot of pressure on it.

21 Q. The last thing, supplies, you have the  
22 walker.

23 What if he has a walker now?

24 A. He said he did, but off to top of my head I  
25 would have to see the report.

1           Q.     So if he has a walker that has to be  
2 replaced every so many years, is that correct?

3           A.     Right.

4                     And the point is, that to be safe it's very  
5 difficult for an amputee to use a cane, and a walker  
6 has four points of support, and when you get up out  
7 of bed, you want to get over to the bathroom in the  
8 middle of the night, it's easier to use a walker by  
9 the side of the bed, or than to put on your  
10 prosthetic, or even get into a wheelchair and wheel  
11 over.

12          Q.     You're suggesting a cane.

13                     Would that also include crutches, they  
14 probably are not the best implements for Mr. Moore?

15          A.     No, because he's already been shown to have  
16 fallen, and you want as many points with the ground,  
17 and the walker makes more sense, that's why I didn't  
18 add a cane or crutches on the plan.

19          Q.     All right.

20                     And so for annual costs you have \$15,944,  
21 and for a ten-year cost \$159,440.

22                     Dr. Fish, when you made your analysis of  
23 the ten-year timeframe, was that from the time of the  
24 amputation, or from the time you initially evaluated  
25 him?

1           A.     The time I saw him.

2                     It wouldn't go from the time of the  
3     amputation because you don't know how someone's going  
4     to respond, and you also don't know what their needs  
5     are, so by the time I actually evaluated him.

6           Q.     That was in July of last year?

7           A.     Correct.

8           Q.     All right.

9                     Let's go to durable medical equipment if we  
10    could.

11                    Now, before we go into detail on this, this  
12    is your recommendation.

13                    Do you know at this point what equipment  
14    Mr. Moore has or doesn't have?

15           A.     I don't have my report in front of me.

16                    I had it listed out, but I would be  
17    guessing at this point.

18                    I know he didn't have a bedside motorized  
19    chair or a shower recliner -- I made a mistake.

20                    We pointed out in the deposition the walker  
21    is in there twice, and electric motorized wheelchair,  
22    and the Roho cushion should have been included in the  
23    other one, so those should be taken out.

24           Q.     For example, on durable medical equipment,  
25    the electric motorized chair is listed, but it



1 doesn't have any cost to it, correct?

2 A. Correct.

3 Q. And the shower recliner, what is that?

4 A. Well, the idea is again that being safe in  
5 the bathroom, and for him to stand and shower is  
6 probably not safe, so you want a bench or recliner he  
7 can actually shower with, or someone help him shower  
8 to make sure he's safe and doesn't fall in the  
9 bathroom.

10 Most people are actually going to fall into  
11 the transfer in the shower, but once you are in the  
12 shower you tend to fall if you don't have the  
13 recliner.

14 Q. For recliner, bedside motorized chair, the  
15 toilet bench, and the walker for transfer, the first  
16 three replaced every two years?

17 A. Correct.

18 Q. And the walker for transfer should be  
19 replaced every five years, correct?

20 A. Right, but that was covered in the other.

21 Q. All right, very good.

22 So you have for durable medical equipment  
23 \$1,058.50, and an annual cost and life expectancy  
24 10,565, correct?

25 A. Minus the walker numbers of 6 to 900.

1 Q. All right. Very good.

2 Let's go to home furnishings and accessory.

3 When you do an evaluation such as this, is  
4 there always a home furnishing accessory component?

5 A. Yes.

6 Q. The first item you have is an adjustable  
7 bed with air mattress.

8 Would you explain to the ladies and  
9 gentlemen of the jury why there needs to be an  
10 adjustable air mattress?

11 A. He's already shown to have skin breakdown  
12 problems, and with poor vascular supply with the  
13 amputation he's not going to be moving around very  
14 well in bed.

15 It's very hard to move yourself around when  
16 you have a missing a limb.

17 So the air mattress will help with the skin  
18 breakdown while he's in bed, and adjustable means you  
19 can inflate it more or less, so that you have the  
20 proper -- to pressurize the component of the bed for  
21 safety of the skin.

22 Q. And the skin breakdown, is that the type of  
23 thing that leads to bed sores?

24 A. Correct.

25 Q. And that can be very difficult for someone

1 who isn't very mobile?

2 A. Right, for someone not mobile, and also you  
3 could have breakdowns on the residual limb as well.

4 Q. So that needs to be replaced every five  
5 years. The initial cost is \$3500, for a total cost  
6 of \$7,000.

7 And after three years why would that bed  
8 need to be replaced?

9 A. Well, the air component to it there all the  
10 time puts a lot of stress on it, so the lining can  
11 breakdown pretty easily.

12 Q. Your next item is home modifications, a  
13 one-time charge of \$80,000, and before you go into  
14 detail on this, I'd advise you Mr. Moore is a former  
15 contractor, he may have some disputes with you on  
16 that to, but in your capacity as a rehab expert would  
17 you please explain to the ladies and gentlemen of the  
18 jury what that 80,000 is?

19 A. I had a discussion with him. He said it  
20 would be a hundred thousand, but I lowered it down  
21 for Nevada for the square footage price, but the idea  
22 is that the current house he's in doesn't fit the  
23 wheelchair, can't get into the closet, can't get into  
24 the bathroom.

25 He needs the walker to get into those

1 places, but if an individual is tired, or having an  
2 extremely hard day, he may need to get the wheelchair  
3 in there, so you have to modify the house to get --  
4 the hallways have to be widened, the doors have to be  
5 widened, the bathrooms have to be changed, it has to  
6 be what we call ADA compatible for disabilities, so  
7 that is a modification of the house.

8 Now, you can buy a house with all these  
9 changes already made that is more expensive than  
10 trying to modify a house.

11 So based on the square footage I came up  
12 with \$80,000 to do the repairs.

13 Q. So the house is currently in functional  
14 with a wheelchair, fair to say it's not functional  
15 for every day use?

16 A. You will probably find most houses are not  
17 functional for wheelchairs.

18 The doors aren't built wide enough.

19 The hallways aren't wide enough.

20 But the house he's in needs to be modified  
21 so, correct.

22 Q. Next item is a lift chair recliner.

23 What is that?

24 A. Well, if you think about it, he has to get  
25 up with one leg, that's the only way to get out of

1 the chair, unless he has the prosthesis, and even  
2 with the prosthesis the way they teach you to get out  
3 of the chair, if I can get up and show you.

4 MR. P. HYMANSON: Court's permission?

5 THE COURT: Yes.

6 THE WITNESS: I don't know if you can all  
7 see.

8 When you get out of the chair, they have  
9 you put your prosthesis straight, and then you have  
10 to push off with one leg because you can't have your  
11 prosthesis bent when you get up, you don't have quad  
12 strength.

13 THE COURT: Obviously the jurors are trying  
14 to stand to see.

15 Can you possibly bring the chair over here?

16 THE WITNESS: Sure.

17 Yeah, happy to.

18 Can you all see?

19 MR. P. HYMANSON: Your Honor, if they can't  
20 see it, they have permission to stand?

21 THE COURT: They were.

22 If they don't have a problem.

23 I was trying to get him into a location  
24 where they could actually see him.

25 THE WITNESS: Mr. Moore's missing his knee,

1 so when you get out of the chair, it's all quad  
2 strength getting up, so what they teach you to do is  
3 keep your leg straight, and really kind of push off  
4 on your left leg, all left leg push, because if you  
5 think about it, if these things, the knee's bent,  
6 it's not going to straighten when you stand, it has  
7 to be straight to push up this way.

8 BY MR. P. HYMANSON:

9 Q. And then if he's not wearing a prosthesis  
10 because it's uncomfortable, how does he stand when he  
11 doesn't have the ability to put the prosthesis on the  
12 ground?

13 A. The same way.

14 Q. Is that more difficult getting out of the  
15 chair?

16 A. Like a one-legged squat, but it's really  
17 hard if you are not strong enough to do it.

18 Q. All right. Thank you.

19 So the lift chair recliner is a reclining  
20 chair that also assists in helping him get up, so it  
21 will help elevate him, correct?

22 A. Right.

23 Q. And you priced that at \$2,000 a chair, and  
24 that is every five years?

25 A. Correct.

1           Q.     Would you explain to the ladies and  
2 gentlemen of the jury the Hoyer lift?

3           A.     What the Hoyer lift is, is really to help  
4 someone helping him because he's -- I don't want to  
5 say heavy, but he's heavy, and trying to get him out  
6 of bed and pull him out is not an easy task to do, so  
7 with the Hoyer lift it allows an individual to place  
8 a harness underneath him, and allows them to pull him  
9 up out of bed if he's not able to do that.

10                   So that needs to be available on bad days,  
11 or having a lot of pain, or not as functional, or if  
12 he's had surgery as well.

13           Q.     And to be able to use a Hoyer lift, does  
14 that also require modifications to the home to be  
15 able to access that?

16           A.     Maybe.

17                   I actually didn't go into his house, but it  
18 will fit in most rooms.

19           Q.     And you say that needs to be replaced every  
20 five years, so that is a \$5,000 cost initially, and  
21 then the second one for \$10,000 cost over a ten-year  
22 period.

23                   The last item you have under accessories is  
24 a van conversion, you have that as a one-time  
25 conversion listed at \$112,000.

1           Would you explain to the ladies and  
2 gentlemen of the jury what type of vehicle is that?

3           A.    So again, the whole plan and the whole idea  
4 for getting anybody that had a devastating injury, to  
5 get them involved with the community and make them  
6 feel they are part of the community and part of  
7 socialization, if you sit around at home all day,  
8 one, it's not fun, makes you miserable, so you try to  
9 get this person to go out and integrate with society,  
10 and if he's going to use an electric wheelchair, it  
11 will be the majority of his long-term use to the  
12 community, like a mall or something like that, you  
13 got be able to get that chair to the place, and so  
14 the van is equipped so that it can fit the electric  
15 wheelchair either into the driver's space, which  
16 probably won't happen, but at least into the van  
17 where it can be stored and go places.

18           Q.   And this would allow him to drive on his  
19 own and be able to access the chair from inside the  
20 van, and be able to go about life?

21           A.    Right.

22                   And don't forget, the chair is not going to  
23 miraculously get into the van, it has to have a lift,  
24 which is an expensive component to get into the van.

25           Q.    And that is \$112,000 for a total on home



1     furnishings and accessories of \$213,000 over a  
2     ten-year period, is that correct?

3             A.     Correct.

4             Q.     Now, let's go next to the home, assistive  
5     care.

6                     I think in your deposition you said his  
7     wife, Mrs. Moore, spends approximately six hours a  
8     day attending or assisting him, is that correct?

9             A.     Right.

10                    I think last time I discussed that an  
11    individual would need at least two hours in the  
12    morning, two hours in the evening, and four hours  
13    broken up through the day for meals.

14             Q.     So in reality this is a six-hour day on  
15    24-hour notice, if Mr. Moore's going to need  
16    assistance during the day, if there's nobody else to  
17    care for him, it's Mrs. Moore?

18             A.     That's true, but I think again coming back  
19    to the plan, you got to be realistic. I want him to  
20    do stuff for himself too. He's just not an invalid  
21    where he can't do anything, so I think you become  
22    much better as a person if you are able to fend for  
23    yourself and not rely on anybody for 24 hours, that's  
24    why the plan doesn't include 24 hours.

25             Q.     You have home health aid. You have a cost

1 of \$18 per hour, that is over a ten-year period,  
2 correct, not any inflation over the ten years, it's  
3 an \$18 an hour fee, correct?

4 A. Actually, when I did his plan back in the  
5 middle of last year, it was 18, but my current plans  
6 are up to 25 now per hour.

7 Q. But for this plan we're talking about is  
8 \$18 an hour?

9 A. Correct.

10 Q. And you have it for eight hours a day for  
11 ten years, correct?

12 A. Correct.

13 Q. And that is a annual cost of \$52,560, and  
14 that is for the ten-year period whether he's going to  
15 need more care as he gets older or not, that is what  
16 you are projecting for this lifecare plan, is that  
17 correct?

18 A. Yes.

19 Q. And that is a total of \$525,600 for the  
20 entire ten-year period, is that right?

21 A. Right.

22 Q. And then you have housekeeping again for  
23 ten years, and a weekly cost of \$80, correct?

24 A. Correct.

25 Q. How did you make that determination?

1           A.     Well, his wife is doing the housekeeping at  
2     this point, he's helping, but when you formulate a  
3     plan, you have to monetize that individual, whether  
4     it's family or not, you can't rely on the family and  
5     can't rely on the fact she will be there for him the  
6     time he's there, so you have to pay somebody, and so  
7     that is where the plan is, the home health aid will  
8     be focused on him, so there's really no time to make  
9     sure the house or laundry and everything else is  
10    done, it has to be done by somebody else, that is why  
11    there is a housekeeping component.

12           Q.     And you factor that into \$4,106 per year  
13    for a ten-year period for \$41,600, correct?

14           A.     Correct.

15           Q.     You have a total under the home assistive  
16    care of \$567,200?

17           A.     Correct.

18           Q.     So to total projected cost as we seen  
19    before, and that is some \$2,021,766, and that is over  
20    a ten-year period, correct?

21           A.     Correct.

22           Q.     So it works out to about \$200,000 a year?

23           A.     Correct.

24           Q.     Based upon your experience and expertise in  
25    this field, your evaluation of Mr. Moore, does that

1 appear to be a reasonable lifecare plan?

2 A. Yes.

3 MR. P. HYMANSON: Dr. Fish, thank you.

4 I have no further questions.

5 MR. ARNTZ: Hold on.

6 MR. P. HYMANSON: Court's indulgence, Your  
7 Honor?

8 THE COURT: That's fine.

9 BY MR. P. HYMANSON:

10 Q. Dr. Fish, are your opinions to a reasonable  
11 degree of medical certainty?

12 A. Yes.

13 MR. P. HYMANSON: Now I say thank you.

14 And I'll past the witness.

15 THE COURT: Thank you.

16 We're going to take our brief recess before  
17 we resume with cross-examination to address one  
18 outstanding issue the Court has with counsel that we  
19 wanted to do after the direct examination of Dr.  
20 Fish.

21 We're going to take a brief recess, no more  
22 than five minutes at this point.

23 (Jury admonished by the Court.)

24 THE COURT: We'll bring you right back in  
25 as soon as we can.

1 (Jury excused from the courtroom.)

2 (Thereupon, the following proceedings were  
3 had out of the presence of the jury.):

4 THE COURT: Dr. Fish, could I have you go  
5 back and wait in one of the ante-rooms?

6 I would appreciate that.

7 It just didn't make sense to take the full  
8 morning break right now because that went fairly  
9 quickly.

10 I don't know how long it will take, but I  
11 thought we would take a larger break between his  
12 testimony and you calling Dr. Lasry, or whoever the  
13 next witness is.

14 So I think I'm going to turn to Mr. Weaver.  
15 Do you need to get something out of your  
16 bag?

17 MR. WEAVER: No.

18 Thank you.

19 THE COURT: You were the one who made this  
20 issue as a concern, a motion basically to ask the  
21 Court to allow for there to be essentially what would  
22 be an exception to what the current status of the law  
23 is in Nevada about being able to inquire as to  
24 Medicare coverage of items, and your argument was  
25 based at that time primarily on opening statements,

1 indicating there were things the Plaintiff could not  
2 pay for and references specifically to wheelchairs  
3 and other things you knew Medicare would pay for, and  
4 that you felt that opened the door, and there was a  
5 concern that in fairness you should be allowed to  
6 have that inquiry.

7 We already laid a foundation a little bit  
8 for what the law is, but just to re-orient of course  
9 as a general rule collateral source, it cannot come  
10 in, in the area of medical malpractice that is not  
11 generally applicable, but when it comes to federal  
12 government substance abuse, whatever you want to call  
13 it, it is still applicable because the statute that  
14 makes collateral source not applicable in medical  
15 malpractice cases also requires a component the  
16 Plaintiff not be able to be asked to repay those  
17 benefits, and that cannot be done when it comes to  
18 Medicare and Medicaid.

19 So we talked a little bit about that, but  
20 we deferred making a decision on that until we heard  
21 some of the testimony of Dr. Fish and how Plaintiffs  
22 elicited that testimony, focusing specifically on for  
23 instance he talked about the manual wheelchair and  
24 electric wheelchair, talked about a plan.

25 I'm not certainly as well-versed as you

1 would be in what is covered by Medicare and what is  
2 not.

3 So now we had that sufficient testimony,  
4 anything else you would like to add to your argument?

5 MR. WEAVER: I think the Court said it very  
6 succinctly.

7 I think the only thing I would add is, we  
8 now have confirmation of Dr. Fish on Friday said  
9 there was some things, quote, unquote, couldn't get  
10 -- meaning Mr. Moore, which implies he couldn't get  
11 them not because physicians haven't ordered them,  
12 which his testimony in his deposition was there was  
13 nothing he couldn't get that was medically-indicated,  
14 physicians couldn't order, they just had not.

15 So in addition to the door being opened in  
16 Mr. Arntz's opening statement to the jury that there  
17 were things he couldn't afford, Dr. Fish I think  
18 implicitly confirmed that by saying on Friday there  
19 were things, quote, unquote, he couldn't get.

20 So what is the jury is going to conclude is  
21 that likely is from the opening statement, where he  
22 can't get, or couldn't get likely, is due to what he  
23 can't afford.

24 So I think the door is open on the issue of  
25 establishing through Dr. Fish what Medicare would pay

1 for and what Medicare wouldn't pay for.

2 Dr. Fish can certainly say that Medicare  
3 wouldn't pay for all of it, which might be true, or  
4 Medicare would only pay for a portion of it, which  
5 might be true, and Dr. Fish has every right to say  
6 what that amount is or what it is he claims in his  
7 deposition. He knows inside and out what Nevada  
8 prices are.

9 So that is why I put it in the report.

10 So I think he's able to address all of that  
11 fairly and too if Medicare is paying, how much of it,  
12 and how much Mr. Moore might have personal  
13 responsibility for.

14 THE COURT: But it's the whole purpose of  
15 collateral source is -- in this case would be  
16 applicable, you're asking for an exception to that.  
17 It's the whole purpose of that is to not inquire, not  
18 allow the jurors to be able to sort of offset  
19 recovery to a Plaintiff because they might be able to  
20 get these things paid by insurance or other  
21 collateral sources.

22 I'm struggling to understand why that  
23 should be allowed here because it seems to be the  
24 exact opposite of the purpose of why we have the rule  
25 to begin with.



1           And I have a second component to that sort  
2 of question, but let me let you reply to that.

3           MR. WEAVER: I think that is a fair  
4 concern.

5           But the concern no longer exists when  
6 Plaintiff opens the door.

7           I mean, it's a policy reason that we can't  
8 as a general proposition introduce Medicare.

9           It's a policy reason that Plaintiff's can't  
10 refer to whether Nurse Practitioner Bartmus and Dr.  
11 Lasry have professional liability coverage, but again  
12 if I were to have stood up here and said to the jury,  
13 don't award any money to Plaintiff because Miss  
14 Bartmus is going to lose her home and her car, Mr.  
15 Arntz would have been up here saying, I opened the  
16 door on an issue that is otherwise precluded from  
17 bringing up.

18           For one thing -- The second thing is, that  
19 we have testimony from Dr. Fish already that Mr.  
20 Moore could have done this to give any impression to  
21 the jury he can't have these things because he can't  
22 afford it is a fraud on the jury.

23           Now I'm not saying that Mr. Moore doesn't  
24 have these things because what they didn't want to do  
25 is have him have them, and then not be able to have

1     them in the lifecare plan, but I don't think it's  
2     fair for the jury to think the reason he hasn't  
3     gotten any of these medically-indicated things that  
4     Dr. Fish says he could have gotten over the last  
5     three years is because he hasn't been able to afford  
6     them.

7             I don't know what the answer is quite  
8     frankly as to why Mr. Moore hasn't talked to his  
9     health care providers about not getting them, or  
10    whether he has, and they just decided they aren't  
11    medically-indicated.

12            I don't know why Dr. Fish hasn't talked  
13    with his medical providers, or ordered them himself  
14    quite frankly, but the fact we're here three years  
15    after this incident, and Dr. Fish is saying all of  
16    these things are medically-indicated today as they  
17    were the day of the amputation, at least most of  
18    them, and he doesn't have them, it gives the jury the  
19    impression not because physicians don't think he  
20    needs them, but because he can't afford them.

21            I just think it's a fraud on the jury to  
22    believe that may be the case.

23            THE COURT:   Okay.

24            That segways into my second question then,  
25    which is:

1                   Generally can you concede the point there  
2                   certainly are components of the lifecare plan of Dr.  
3                   Fish that are not covered by Medicare/Medicaid?

4                   MR. WEAVER:   Yes.

5                   THE COURT:   And/or things he would have to  
6                   come out of pocket for?

7                   MR. WEAVER:   You bet.

8                   THE COURT:   The main thing stood out to me  
9                   is an in-home caregiver.

10                  MR. WEAVER:   You bet.

11                  THE COURT:   So there are things.

12                  MR. WEAVER:   Big ticket things, so that is  
13                  a very expensive thing.

14                  The renovations of the home I would  
15                  certainly agree with, but there are also very  
16                  significant things aren't covered, and that's my  
17                  bigger concern.

18                  So there's no doubt, Your Honor, there are  
19                  parts of the lifecare plan that would not be covered  
20                  by Medicare, and we wouldn't claim they are, but  
21                  there are also other big ticket items that would be,  
22                  and just for example for Dr. Fish to testify as he  
23                  has there are basic safety items that Mr. Moore needs  
24                  getting in and out of the shower, the commode, some  
25                  of the things he testified are safety issues, it's

1 not fair for the jury to think that perhaps Mr. Moore  
2 doesn't have basic safety issues because he can't  
3 afford it.

4 All of those things, the additional medical  
5 equipment, or the vast majority of the durable  
6 equipment, Dr. Fish indicated they are medically  
7 necessary. Dr. Fish would also have to agree they  
8 could be covered under Medicare.

9 It's not only the he can't afford it.

10 The jurors are left to believe every day  
11 Mr. Moore is in danger because he doesn't have basic  
12 safety items, and those basic safety items are things  
13 Medicare would cover if his doctor prescribed them.

14 THE COURT: Can't you just inquire of Mr.  
15 Moore about that?

16 MR. WEAVER: I would love to, but we're not  
17 there yet.

18 THE COURT: Who wants to respond on behalf  
19 of the Plaintiff?

20 Mr. McBride.

21 MR. MC BRIDE: I'm joining in the  
22 arguments.

23 THE COURT: No additional arguments to  
24 make?

25 MR. MC BRIDE: I'm fine.

1 THE COURT: Mr. Hymanson.

2 MR. P. HYMANSON: To allow this discussion  
3 on Medicare at the very least is error.

4 To rule against Medicare, and to allow  
5 counsel to infer Medicare or any other insurance is a  
6 mistrial.

7 In the decades I've spent on that side of  
8 the aisle I've never heard of an argument where you  
9 can piecemeal.

10 The door hasn't been open.

11 They can certainly do some  
12 cross-examination. They can ask some questions, but  
13 the door has not been opened, and you can't --

14 THE COURT: Can we just nail that down?

15 When we were here before, I know you talked  
16 about the potential for the error to be made. I made  
17 them before, and probably will make them again. I am  
18 trying not to make them, and I'd understand your  
19 experience from the other side of the table has been  
20 really different, but I want to hone in on this.

21 The argument was made two-fold, essentially  
22 I don't know what is coming out in the testimony, but  
23 that opening statements made, the argument he does  
24 not have essential items for his lifecare and safety,  
25 and he has to have, which he doesn't have now, and he

1 can't afford it, and it appears there are ample  
2 things he could already have acquired, and/or would  
3 be paid for by other insurers.

4 I get that is collateral source, but it's a  
5 fine line to walk, isn't it, to indicate that as if  
6 there's nothing that he can get until he gets a jury  
7 verdict, that's the difficulty we have here.

8 So we have to hone in.

9 You started earlier in the argument, you  
10 talked about like, look here, we're talking about a  
11 wheelchair of course isn't covered or other things.

12 I'm thinking this argument here is better  
13 suited to be more specific than the view of potential  
14 error.

15 MR. P. HYMANSON: I think Mr. Arntz not  
16 only did the opening statement, but he also reviewed  
17 the opening statement, and I don't think the  
18 representations made by opposing counsel is accurate,  
19 and Mr. Arntz, if you want to make a record on it --

20 THE COURT: I did take a look at the  
21 opening statements because we have them as a Court  
22 exhibit, and Court Exhibit Number 2 is Plaintiff's --  
23 or sorry, Courts Exhibit Number 3 -- I'm looking at a  
24 stamp on number 3 says, Court's Exhibit 3, and it  
25 appears to be the Moore's.

1 MR. MC BRIDE: No, that is actually  
2 Defendants.

3 THE COURT: I'm sorry.

4 I think I just read them in a different  
5 order.

6 Which one is Plaintiff's, 2?

7 MR. ARNTZ: Are you asking for the actual  
8 transcripts, or Power Point?

9 MR. MC BRIDE: The Power Point.

10 THE COURT: The Power Point, I looked at  
11 them because I was trying to go back and remember,  
12 but so Plaintiff, they didn't go in order which they  
13 were provided, it just got logged in, but Court's  
14 Exhibit 4, I got it.

15 So your opening with what went into the  
16 Power Point was not your argument, it was more your  
17 demonstrative, as I recall.

18 Go ahead.

19 MR. ARNTZ: I made one statement about  
20 something he couldn't afford, and was very specific  
21 to a specific wheelchair not covered by Medicare.

22 THE COURT: Do we have that?

23 We have dailies.

24 Does somebody have that for me?

25 MR. WEAVER: I did have it the other day.

1 I'm sorry, Your Honor.

2 THE COURT: If you have it, great.

3 If you don't, you don't.

4 MR. WEAVER: I agree that --

5 THE COURT: When he said he can't afford  
6 it, he was specific to just one thing.

7 MR. WEAVER: He said wheelchair, so I would  
8 agree he used examples, as opposed to saying  
9 everything he needs he can't get.

10 THE COURT: Okay.

11 MR. ARNTZ: This is based on my own  
12 conversation with Mr. Moore where he explained to me  
13 the problem with the wheelchair Medicare would give  
14 him is not feasible for Mrs. Moore to be maneuvering  
15 him with that wheelchair, so that if it's true that  
16 this particular wheelchair is something that they  
17 can't afford right now, and Medicare doesn't cover  
18 it, you can't then extrapolate that into saying the  
19 door's been wide open to all Medicare issues, because  
20 I wasn't talking about something covered by Medicare.

21 THE COURT: I don't have the dailies, but  
22 you all do.

23 So any final argument from the Plaintiffs?

24 MR. P. HYMANSON: Very briefly, Your Honor.

25 If and when these issues have ever come up,



1 I always make as part of the record, the McCrosky  
2 law, 133 Nevada 930 from 2017 where the Court held,  
3 absent application of NRS 42.021 the federal  
4 collateral source payments we revert to the per se  
5 rule in Nevada the collateral source payments may not  
6 be admitted into evidence. See Proctor 112 Nevada.

7 Thus, on remand CTRMC may not introduce  
8 evidence of Medicaid payments made on behalf --

9 THE COURT: I got it right there.

10 THE COURT: That is other aspects.

11 MR. P. HYMANSON: That's why when we get  
12 into area like this, Your Honor, without the  
13 collateral source rule being done properly, we get  
14 the opportunity to come back and try it a second  
15 time.

16 THE COURT: Thank you.

17 MR. WEAVER: You know, I'm not going to say  
18 the same type of things, if the Court's wrong on  
19 this, it would be an appellate issue.

20 Here's our position on this, but here's the  
21 point on this, we don't dispute McCrosky.

22 McCrosky is the law.

23 What we dispute is whether in this instance  
24 McCrosky is applied.

25 If all there were as an issue today is do

1 we introduce to the jury Mr. Moore's past medical  
2 specials paid by Medicare, or arguing about future  
3 Medicare payments, that would be a different story,  
4 that would be McCrosky.

5 That is not what we're talking about.

6 What we're talking about is the case law I  
7 cited to the Court, which I think is crystal clear,  
8 when a subject matter is introduced or opened in  
9 opening statement, not just in general, but in  
10 opening statement, the subject matter becomes fair  
11 game.

12 Why is that?

13 Because you are not allowed to use a policy  
14 argument as a sword and a shield.

15 You are not allowed to infer to the jury an  
16 example that wasn't -- well, the jury wasn't told the  
17 only thing you are going to hear from Dr. Fish is  
18 about a wheelchair that he can't afford.

19 What the beginning of that paragraph was,  
20 was Dr. Fish is going to talk about 2 million dollars  
21 in future medical needs, and how Mr. and Mrs. Moore  
22 need them, and then comes up the wheelchair, which is  
23 the impression to the jury here's an example out of  
24 this 2 million dollar plan, that is just an example.

25 The inference or implication being all of

1 this other stuff they can't afford either, that's  
2 where the issue is different than McCrosky.

3 It's just not fair to say, oh, the basic  
4 law is, don't introduce Medicare, but because you  
5 can't introduce Medicare, we can still say anything  
6 we want you.

7 Again, I agree that it was an example or  
8 two that was used, but that is not the issue.

9 The example was just that, an example that  
10 implied or inferred that there was a whole lot more,  
11 and it's the subject matter that opens the door, it's  
12 not a specific example.

13 Again, it would be the same thing as if we  
14 brought up the jury shouldn't find in favor of  
15 Plaintiffs because Miss Bartmus is going to have to  
16 sell her car, and then I say, well, I only said car,  
17 I didn't say her house.

18 THE COURT: Okay.

19 I think you're both correct obviously, and  
20 the law implies in the circumstances generally, yes,  
21 when a door's open, there are circumstances where in  
22 fairness things should be able to be explored, you  
23 know we must allow that, but I think Plaintiff is  
24 right that we do have to look at McCrosky, and I do  
25 think it applies in this scenario because what I

1 don't perceive is that the opening statement or the  
2 lifecare plan of Dr. Fish truly opened the door to  
3 this inquiry.

4 I know you used that example multiple  
5 times. I don't know what the impact will be if this  
6 is an unfavorable verdict to Nurse Practitioner  
7 Bartmus or Dr. Lastly, and that is not something  
8 coming into the trial, but I think we're comparing  
9 apples to not apples at this point because it's a  
10 different situation to a Plaintiff who's going to be  
11 asking the jury for a particular verdict and trying  
12 to show the jury what that is based on and going  
13 through items by items that is a natural expectation,  
14 and that is necessary, and the reality is that  
15 whether some of those things are covered or not is  
16 collateral source and doesn't come in.

17 It's not the same thing as asking that you  
18 have to do this because of sympathy, for there might  
19 be an inability to pay here, or might be a harm there  
20 if there's a large verdict. It's not the point.

21 The point really is, it's a collateral  
22 source, and just is.

23 I don't believe the door is open to make an  
24 exception to collateral source.

25 This is Medicare.

1           Granted McCrosky was Medicaid, but same  
2     concept, which is Medicare cannot be precluded from  
3     coming back recovering these expenses from the  
4     Plaintiff, and therefore it's collateral source  
5     because it's not a certain fee, they would just get  
6     it and wouldn't have to necessarily repay it, and  
7     ultimately there might by coverage, might not be  
8     coverage, they might have to reimburse.

9           At the end of the day the general concept  
10    and the specific application of collateral source in  
11    medicals is limited to federal subsidies still  
12    applies in this case.

13           I see no basis to indicate that a general  
14    opening the door because an argument is being made  
15    there are some things haven't been paid for that he  
16    can't afford because that is surely true, and even  
17    though certain examples were given that may or may  
18    not have been covered by Medicare, it's just not  
19    enough, there wasn't enough in the opening statement  
20    to open the door and to overcome what is otherwise a  
21    very thorough and well thought through by the  
22    Appellate Court basis upon which we would consider  
23    these types of payments collateral source.

24           So I appreciate the argument.

25           I think you have a right to make it, but

1 ultimately at the end of the day I think it would be  
2 an error truly on my part to allow Dr. Fisg to refer  
3 to what is covered my Medicare and what is not.

4           You will still have the opportunity to find  
5 out what has been obtained at this point and what  
6 hasn't, and why, but to get into a line item of this  
7 is covered by Medicare, this isn't, it's not  
8 appropriate under the circumstances.

9           Generally, again I don't sit here making my  
10 rules because of what I think the Appellate Court  
11 will do, I gave up a long time ago guessing what that  
12 would be, I just try to make the best call, and I  
13 think under this circumstances you do have enough  
14 information in the opening or from testimony of Dr.  
15 Fish would implicate an exception to or a  
16 non-application of collateral source under the  
17 circumstances.

18           MR. WEAVER: Thank you, Your Honor.

19           THE COURT: Thank you for the time.

20           That did take a few minutes.

21           (Thereupon, a discussion was had off the  
22 record.)

23                       (Thereupon, a recess was had.)  
24  
25

1           (Thereupon, the following proceedings were  
2 had out of the presence of the jury.):

3           THE COURT: All right.

4           Anything else before we bring the jurors  
5 back?

6           (Thereupon, a discussion was had off the  
7 record.)

8           THE COURT: All right.

9           (Thereupon, the following proceedings were  
10 had in open court and in the presence of the jury.):

11          THE COURT: Before we resume with the  
12 questions by counsel, Dr. Fish, can you please tell  
13 us for the record you understand you're still under  
14 oath?

15          THE WITNESS: Yes.

16          THE COURT: Thank you.

17          Mr. Weaver.

18          MR. WEAVER: Thank you, Your Honor.

19                               - - - -

20                       **CROSS-EXAMINATION OF DR. DAVID FISH**

21 BY MR. WEAVER:

22          Q. Good afternoon, Dr. Fish.

23                       Welcome back to Las Vegas.

24          A. Thank you.

25          Q. I took your deposition a few months ago,

1 correct?

2 A. Correct.

3 Q. And none of your opinions in this case have  
4 changed, correct?

5 A. I don't think so.

6 Q. None of the factual basis of your opinions  
7 changed, correct?

8 A. No.

9 Q. And none of your opinions have changed  
10 since Friday, correct?

11 A. No.

12 Q. And none of the factual bases for your  
13 opinions have changed since Friday, correct?

14 A. Correct.

15 Q. Could you go to the board for a moment,  
16 please?

17 A. I'd be happy to.

18 Q. Dr. Fish, very briefly, you told us on  
19 Friday about the challenges with somebody who has a  
20 below knee amputation, above the knee amputation, and  
21 I think you told the jury that typically people with  
22 amputations up to the level of the hip have the most  
23 difficulty, is that correct?

24 A. Correct.

25 Q. Why is that?



1           A.     Well, there's a lot more energy required  
2 when you are missing the entire leg. The more leg  
3 you have, the less energy requirements to do your  
4 daily activities.

5           Q.     And could you just very briefly, then I'll  
6 let you get back to your post, could you show us  
7 where the amputation typically is when it's at the  
8 hip?

9           A.     The hip disarticulation?

10          Q.     Yes, sir.

11          A.     Well, can I draw a different image?

12          Q.     Sure.

13          A.     You have your pelvis, and then you have  
14 what is called the acetabulum, which is where the  
15 socket of the hip is, and this is your femur.

16                 Typically it depends on what happens, but  
17 multiple type of cancers of the pelvis you remove the  
18 pelvis at this point here, that is considered a hip  
19 replacement.

20                 You can try to do -- You can do an  
21 interarticular removal of the hip, but that still  
22 leaves the joint space here, and then you have to  
23 fuse it.

24                 So most of the time you are just taking the  
25 entire hip out at this point here.

1 Q. Thank you.

2 That's all I have on that.

3 Thank you.

4 Dr. Fish, in your deposition that I took a  
5 few months ago do you recall me asking you if there  
6 was any additional work you needed to do on this  
7 case?

8 A. Yes, I believe you did ask me that  
9 question.

10 Q. Your answer was, your opinions were  
11 trial-ready, correct?

12 A. Correct.

13 Q. And you haven't been asked to do any  
14 additional work on this case since your opinions were  
15 trial-ready a few months ago, correct?

16 A. Well, I looked at some other documents, but  
17 didn't change my opinions.

18 Q. Okay.

19 Well, when I took your deposition, we went  
20 through all of the documents that you said you needed  
21 in order to have trial-ready opinions, correct?

22 A. Correct.

23 Q. And those documents that you reviewed at  
24 that time were the St. Rose Hospital records related  
25 Mr. Moore's amputation, correct?

1           A.     Correct.

2           Q.     And the records that you reviewed at that  
3 time related to his prosthetics, correct?

4           A.     Correct.

5           Q.     Those are the only medical records that you  
6 reviewed at that time, which you prepared your  
7 opinions to which you're testifying to today,  
8 correct?

9           A.     Medical records, yes.

10          Q.     All right.

11                 And you told Mr. Hymanson on Friday that in  
12 preparation for providing trial testimony you  
13 reviewed all relevant records, correct, meaning those  
14 ones?

15          A.     Correct.

16          Q.     And since that time you have not reviewed  
17 any depositions, correct, other than the ones you  
18 identified in your report, which were Mr. and Mrs.  
19 Moore, correct?

20          A.     That's correct.

21          Q.     And since that time you didn't have any  
22 since October when I took your deposition, you  
23 haven't had any follow-up communications with Mr. or  
24 Mrs. Moore, correct?

25          A.     Correct.

1 Q. And you haven't relied on any oral  
2 representations of Mr. and Mrs. Moore's counsel,  
3 correct?

4 A. Correct.

5 Q. And you haven't examined Mr. Moore again,  
6 correct?

7 A. That's correct.

8 Q. And you never talked to any of the health  
9 care providers, correct?

10 A. Yes, I've not.

11 Correct.

12 Q. And am I correct that you haven't made any  
13 changes to your lifecare plan that was made back in  
14 July?

15 A. Just the one we talked about with the  
16 walker being duplicated.

17 Q. Well, you you haven't made that change,  
18 correct?

19 A. Well, I did in the deposition, but I didn't  
20 do a formalized change on the actual report.

21 Q. So just so I'm clear on this, when I took  
22 your deposition, there were a number of things in  
23 your report that were inaccurate, correct?

24 MR. P. HYMANSON: Objection, Your Honor.

25 THE COURT: Restate it.

1 MR. WEAVER: Sure.

2 BY MR. WEAVER:

3 Q. Do you agree with me -- or let me ask you,  
4 were there a number of things when I took your  
5 deposition that you agreed were inaccurate in your  
6 report?

7 A. I believe we went over a few things, that's  
8 correct.

9 Q. So one of them had to do with the walker,  
10 correct?

11 A. That --

12 Q. Another thing had to do with you said Mr.  
13 Moore should get crutches, and then we talked about  
14 Dr. Jansen saying the crutches would be good for him,  
15 and then you decided he shouldn't have crutches after  
16 all, correct?

17 A. I think that's correct.

18 Q. And then the third thing was a big ticket  
19 item that was tens of thousands of dollars, where in  
20 your report you talked about something Mr. Moore  
21 should have for five to 15 years, even though he's  
22 only going to live ten years, correct?

23 A. Right, I think we talked about that in my  
24 -- on Friday.

25 Q. We also talked about it in your deposition,

1 right?

2 A. That's correct.

3 Q. So even though we talked about all of those  
4 things in your deposition, that were errors, and it  
5 made a substantial difference in the cost of your  
6 lifecare plan, you have never changed and corrected  
7 your lifecare plan to reflect the new correct  
8 amounts, right?

9 A. No, I would disagree.

10 It's not a substantial amount difference,  
11 just an error in terms of the years we talked about,  
12 and I think the walker was \$900, that is not  
13 substantial.

14 Q. It may not be substantial if you are not  
15 paying for it, right?

16 Is it your opinion that it should just be  
17 not worth your time to correct your report from three  
18 months ago that you got paid \$3,000 to do, and I paid  
19 you thousands of dollars in your deposition, it's not  
20 worth your time to correct the report?

21 MR. P. HYMANSON: Your Honor, may we  
22 approach?

23 THE COURT: Yes.

24 (Thereupon, a discussion was had between  
25 Court and counsel at sidebar.)

1 THE COURT: Thank you.

2 The objection is overruled, but go ahead,  
3 proceed.

4 MR. WEAVER: Thank you, Your Honor.

5 BY MR. WEAVER:

6 Q. Just in case I wasn't clear, you have  
7 corrected today and Friday errors in your report that  
8 were already corrected in your deposition, right?

9 A. Yeah, that's correct.

10 Q. What you haven't done since I took your  
11 deposition a few months ago when we talked about all  
12 those errors is to make those corrections into your  
13 report, correct?

14 A. That's correct.

15 Q. So one of those things is crutches, right?

16 A. Correct.

17 Q. One of those things was a walker, correct?

18 A. Correct.

19 Q. And then one of those things -- and we'll  
20 get to it, I just don't remember it off the top of my  
21 head -- had to do with whatever medical services he  
22 would need for up to 15 years, I think it was  
23 injections twice a year for ten years, but you had to  
24 15 years, correct?

25 A. It was five to 15 years, and it was a

1 ten-year block. It just wasn't written correctly in  
2 terms of zero to ten -- it was five to 15.

3 Excuse me.

4 Q. So --

5 A. I didn't feel that was a substantive enough  
6 change would make a difference.

7 It didn't make a difference in the cost, it  
8 was an error on my part in terms of what the years  
9 were, and I didn't feel that really changed anything,  
10 wasn't substantive, and that's why I didn't take the  
11 effort to change it appropriately.

12 I discussed it --

13 Q. When we talked on Friday, there was  
14 discussion about there was going to be corrections to  
15 the numbers, correct?

16 A. Just the years, from five to 15 should have  
17 been zero to ten.

18 Q. Are you saying that just the years were  
19 what was wrong, because they weren't taken out of  
20 some other template or something, but the actual  
21 calculation of the dollar amounts was correct?

22 A. The dollar amounts were correct.

23 Q. All right.

24 So if those corrections were to have been  
25 made, your lifecare plan is accurate, is that fair?



1           A.     That's correct.

2           Q.     And you indicated in response to some of  
3     Mr. Hymanson's questions about the lifecare plan, you  
4     also put this in your report is a dynamic document,  
5     is that correct?

6           A.     That --

7           Q.     So it could change from back in July when  
8     you created it, to October when I took your  
9     deposition, to now three months later when you are  
10    here in trial, if there were any corrections that  
11    needed to be made to the lifecare plan, or any  
12    additions or deletions could have been made, right?

13          A.     They could.

14          Q.     And you haven't made any, is that right?

15          A.     I didn't feel the need to do any, but I  
16    haven't made any.

17          Q.     And if you felt you needed to be done, you  
18    could have, is that right?

19          A.     Yes.

20          Q.     And just to be clear about this, is there  
21    even one opinion in your deposition that you would  
22    correct, or rethink?

23          A.     Such as?

24                 I don't know.

25          Q.     I'm just asking you.

1           A.     I don't know.

2                     We can talk about it if there was  
3 something.

4           Q.     Did you prepare -- You reviewed your  
5 deposition it sounded like to prepare for today,  
6 correct?

7           A.     I did.

8           Q.     Remember in your deposition you held the  
9 opinion that the Defense expert, Dr. Jansen, had --  
10 or does not have insight into amputees, and he's  
11 insulting to amputees because he used the term stump,  
12 instead of residual limb, correct?

13          A.     I did say that.

14          Q.     And you still are as firm in that opinion  
15 as you were a few months ago, is that fair?

16          A.     Yes.

17          Q.     And you also testified in your deposition  
18 that any place in any literature that anybody uses  
19 that term they are as equally insulting and equally  
20 lacking in insight as Dr. Jansen who used it,  
21 correct?

22          A.     I would agree.

23          Q.     And you still hold that opinion, correct?

24          A.     Yes.

25          Q.     And would you hold that opinion even if

1 it's in literature say from UCLA?

2 A. I would think UCLA is using it wrong, and  
3 dit's insulting.

4 Q. And if there's Defense expert Dr. Wilson,  
5 been a vascular surgeon for decades, were to say that  
6 it's commonly used, you would say he and any of his  
7 colleagues who use it also are insulting and lacking  
8 in insight, correct?

9 A. In what?

10 Q. The term of stump, instead of residual  
11 limb?

12 A. Yeah, I believe that is insulting to any  
13 individual.

14 Q. Okay.

15 And if any MVA facilities, or any  
16 Department Of Defense medical facilities, or anybody  
17 working in them, referred to an amputation like Mr.  
18 Moore's left above the knee residual being a stump,  
19 you would say that is equally insulting, correct?

20 A. It is insulting.

21 Q. And lacking in insight with regard to  
22 amputees, correct?

23 A. That's true.

24 Q. Okay.

25 You talked about your experience with

1 prices in Nevada, is that correct?

2 A. Yes.

3 Q. So all of the pricing that you have is  
4 specific to Nevada, is that correct?

5 A. That's correct.

6 Q. Is there anything in any of your pricing  
7 for any items that would be different if you were  
8 retained by the Defense, as opposed to the  
9 Plaintiffs?

10 A. No.

11 Q. It's exactly the same?

12 A. Correct.

13 Q. So if Mr. McBride or I had retained you to  
14 do the lifecare plan, it would be exactly the same as  
15 it is for Mr. Arntz, is that correct?

16 A. That's correct.

17 Q. Can you think of anything at all would be  
18 different if the Defense retained you, versus if the  
19 Plaintiffs have retained you?

20 A. No.

21 Q. So nothing that you would put in a Defense  
22 lifecare plan would be any different or any less, is  
23 that correct?

24 A. The plan is based on an amputee. Not much  
25 you can change because those are the things amputees

1 need, so if I was hired by the Defense, I would say  
2 this is what the person needs, it wouldn't be a  
3 change.

4 Q. So if I were to review any deposition --  
5 Have you testified in Nevada cases before on behalf  
6 of the Defense?

7 A. I have.

8 Q. So for example when it comes to the home  
9 health aid, would I find in your deposition that the  
10 pricing was the same?

11 A. The pricing would be the same.

12 Q. Could you think of any reason that might  
13 not be the same?

14 A. No.

15 Q. We'll get into your report in a minute.  
16 Just a couple more questions.

17 In your CV that you talked to Mr. Hymanson  
18 about -- I did computer word search of your CV. I  
19 didn't see the word amputation or amputee come up  
20 even once in your CV.

21 Does that surprise you?

22 A. No.

23 Q. Why not?

24 A. Most of my research is spine.

25 I have experience with amputees, and I work

1 with them.

2 I haven't done research or talks on  
3 specifically those topics, but if anything would be a  
4 phantom pain, so I don't know if you did a search on  
5 phantom limb pain or spinal cord stimulators, that  
6 might show up.

7 Q. You never authored anything specific to  
8 amputees or amputations, is that fair?

9 A. I would agree with that.

10 Q. You told Mr. Hymanson that you interviewed  
11 Mrs. Moore, correct?

12 A. I didn't really interview her.

13 She was in the room.

14 Q. Are you saying you didn't use the term on  
15 Friday you interviewed her?

16 A. I might have, but I didn't do a formal  
17 interview.

18 She was in the room, so I asked her some  
19 questions, but I don't think I did a formal  
20 interview.

21 Q. She was in the room when?

22 A. When Mr. Moore was there.

23 Q. Do you remember I specifically asked you in  
24 your deposition if you talked to Mrs. Moore, and you  
25 said, no, and not only do -- or did you believe at

1 the time you didn't talk to her, but it was your  
2 custom to not have a family member in the room?

3 A. Yeah, that's true, but I think I may have  
4 said a couple things to her or talked to her, and I  
5 think in the deposition she may not have been in the  
6 room the entire time.

7 Q. What you told Mr. Hymanson in response to  
8 one of his questions he asked you why you talked to  
9 Mrs. Moore, and you said it was important to talk to  
10 her, correct?

11 A. That's true.

12 Q. But when I asked you in your deposition if  
13 you talked to her, you said, no.

14 So did you talk to her, or did you not?

15 A. I'm sure I did because she was there, but I  
16 don't know what the exact question was. It might  
17 have been a different context, I don't know.

18 Q. Well, the context, it's I simply asked you  
19 whether or not in the context of you saying there  
20 needed to be eight hours of care a day, did you talk  
21 to Mrs. Moore, and you said, no.

22 A. Then I must have misspoken.

23 I don't know.

24 Q. Is there any reason we can't rely on what  
25 you said in your deposition?

1           A.     Rely for what?

2           Q.     Rely on what you said in your deposition,  
3     you didn't talk to Ms. Moore, any reason we can't  
4     believe you were telling the truth?

5           A.     No.

6           Q.     Okay.

7                     You didn't correct -- make any corrections  
8     in your deposition after you had time to think about  
9     it and reflect on it, correct?

10          A.     That's true.

11          Q.     And in your report you indicated it was a  
12     thorough report, it doesn't give any indication you  
13     talked to Ms. Moore, correct?

14          A.     I believe that would be correct.

15          Q.     So just on the point of primarily the eight  
16     hours a day, is that to help Mr. Moore, or is that to  
17     help Ms. Moore, or to help both of them?

18          A.     No, only to help Mr. Moore.

19          Q.     So -- Let me back up for a second.

20                    You recall that in your report didn't you  
21     say that Mrs. Moore was providing six hours of help a  
22     day?

23          A.     Correct.

24          Q.     Did Mr. Moore tell you something that lead  
25     you to believe, even though he told you it was



1     referencing six hours a day, you needed to add in two  
2     more hours?

3             A.     I would think people underestimate, and so  
4     I based it on my experience, that's why I came up  
5     with the eight hours.

6             Q.     Why not just rely on what Mr. Moore said,  
7     as opposed to just adding in stuff?

8             A.     Because it's my experience, training,  
9     education, and I take into consideration what they  
10    are saying, but I also know the reality of a lot of  
11    things, and people may be very stoic, don't realize  
12    it, so based on my experience with individuals like  
13    Mr. Moore eight hours a day is the average time that  
14    they need help.

15            Q.     So was Mr. Moore in your discussion with  
16    him, was he as forthcoming in everything as he could  
17    be as far as you were concerned?

18            A.     I hope so.

19            Q.     Was there anything you think he wasn't  
20    forthcoming in?

21            A.     I don't know.

22            Q.     And you met with him for an hour and 15  
23    minutes, correct?

24            A.     Whatever that time was on my chart.

25                    I don't remember.

1           Q.     If your report says, an hour and 15  
2 minutes, any reason we can't believe it's true?

3           A.     No, if that's what I marked down.

4           Q.     So you have testified that Mr. Moore has  
5 needed, and will need, two hours of help in the  
6 morning getting out of bed?

7           A.     Correct.

8           Q.     And what do those two hours consist of  
9 presently?

10          A.     That would be making sure he gets up,  
11 making sure he takes his medication, making sure he  
12 gets out of bed safely, making sure he can go to the  
13 bathroom, making sure he puts on his clothes, if he's  
14 going to put his prosthesis on, which I would assume  
15 he would, to put that on, do all the care that is  
16 necessary to get it prepared to put it on, and then  
17 get him up and going to the bathroom, making sure  
18 he's safe.

19                 Some people like to take showers in the  
20 morning, I don't know if he does it in the morning or  
21 evening, I didn't go into that detail.

22                 Making sure he's safe in the bathroom,  
23 making sure he brushes his teeth and combs his hair,  
24 do all the things he needs, and then get ready for  
25 his day.

1           Q.     Have you now told us everything that Mr.  
2 Moore needs a home health aid for for two hours in  
3 the morning?

4           A.     I think that would be the majority of it.  
5                   Probably little things I might have  
6 forgotten, but that seems to encompass most of the  
7 things an individual needs.

8           Q.     That's what Mr. Moore told you?

9           A.     Partly told me.  
10                   I don't think he told me everything.  
11                   We talked a little bit about what he needed  
12 and what the help he was needing, and how he had  
13 difficulties with the pain in his residual limb, and  
14 so those were things we had in our discussion, and  
15 based on my experience with other individuals like  
16 him these are the things I would recommend for  
17 anybody in this situation.

18          Q.     I'm just talking about all the things Mr.  
19 Moore told you that he needs help with for two hours  
20 in the morning.

21                   Have you told us all those things?

22          A.     I hope so.

23          Q.     And then what were the things Mr. Moore  
24 told you he needed two hours of help with at night?

25          A.     Well, again that is going to be getting

1 ready for bed, getting ready for the bathroom again,  
2 getting to bed, going to be removing the clothes,  
3 removing the prosthesis, brushing teeth, making sure  
4 if he takes a shower at night, because it's been a  
5 long day, he's sweaty during the summertime, might  
6 get a shower, making sure he's safe, and making sure  
7 he's safe in bed, all the things he needs to do, in  
8 case he needs something in the middle of the night.

9 Q. You read his deposition, right?

10 A. I did.

11 Q. And he was asked those type of questions,  
12 what types of things he needs help with.

13 What did he say?

14 A. I would have to look at the deposition.

15 I don't remember it offhand.

16 Q. Was it even most of the things that you are  
17 saying he told you he needs?

18 A. I'd have to see the deposition.

19 MR. P. HYMANSON: Objection, Your Honor.

20 Speculation.

21 THE COURT: Hold on.

22 He answered while you were trying to make  
23 objections.

24 Hold on.

25 What was your objection?

1                   MR. P. HYMANSON: Speculation for this  
2 witness to make a determination on what Mr. Moore may  
3 or may not have said.

4                   THE COURT: All right.

5                   He answered already, but let me overrule  
6 and allow you to finish your answer.

7                   Do you remember what he said?

8                   THE WITNESS: I think I finished.

9                   THE COURT: I know, but he didn't get it  
10 because he was speaking at the same time he was  
11 speaking trying to make his objection.

12                  THE WITNESS: I don't remember.

13                  I got sidetracked.

14                  THE COURT: Ask the question again.

15 BY MR. WEAVER:

16                  Q. You reviewed Mr. Moore's deposition,  
17 correct?

18                  A. I did.

19                  Q. Based on what he said in his deposition,  
20 are you able to tell us what of those things were  
21 articulated in his two hours in the morning he needed  
22 help with, and two hours in the evening he needed  
23 help with?

24                  A. I answered that question.

25                  Q. I'm asking based on what he said in his

1 deposition.

2 A. I don't remember what his deposition said.  
3 I would have to see it.

4 Q. Did you review it to prepare for your trial  
5 testimony?

6 A. I may have looked at it.

7 I don't recall specifically.

8 Q. And then what about the four hours that he  
9 needs help with during the day, he needs a home  
10 health aid in his home?

11 A. Well, during the day you want to be as  
12 productive as possible, make sure you're safe in the  
13 house, also meals prepared, most people eat three  
14 meals a day, so making sure you're safe standing in  
15 the kitchen, making sure that you're lifting  
16 something heavy, that you are not going to compromise  
17 yourself, and then if you have hobbies or doing other  
18 things, other getting prepared to go out of the  
19 house, you got to make sure he's getting in and out  
20 of the house and in and out of his car.

21 The wheelchair, like I said before, the  
22 electric one is not going to go into the driver's  
23 seat, so making sure that wheelchair is up there and  
24 safe too.

25 Then those are going to take up about four

1 hours of your day.

2 Q. Okay.

3 Have you now told us everything Mr. Moore  
4 told you he needs four hours worth of help with in  
5 the home in the morning, at night, and every day?

6 A. I hope so.

7 Q. Dr. Fish, why didn't you talk to any of Mr.  
8 Moore's health care providers?

9 A. I don't know. That option never came up.  
10 There wasn't really a need for it.  
11 I don't think it would have changed my  
12 opinions, and I wasn't confused about anything based  
13 on what I reviewed.

14 Q. So you weren't confused about any of the  
15 medical care Mr. Moore was getting?

16 A. No.

17 Well, if I was confused on anything, it was  
18 the lack of medical care I felt he needed to maximize  
19 his best outcome possible, and so I mean I could call  
20 a doctor, say hey, why don't do you do this for that  
21 person, but that is not my role.

22 My role was to evaluate him and see what he  
23 needed at the time I evaluated him.

24 And I also don't think doctors take too  
25 kindly when you tell them, hey listen, you're not

1 doing something appropriately, you're missing  
2 something.

3 And I wasn't consulted by doctors to make  
4 those opinions either.

5 Q. But you don't even know his doctors were  
6 aware of the fact that you made a medical diagnosis  
7 of Mr. Moore and told Mr. Moore things he needed,  
8 correct?

9 A. All the diagnoses that were made, I didn't  
10 make those, those are already made in the records.

11 Q. You testified -- Go ahead.

12 A. So the care that he had was appropriate.

13 He just needed to be maximized, but I  
14 didn't make up any diagnosis, these are all diagnoses  
15 in his medical chart.

16 Q. You testified on Friday, Dr. Fish, that  
17 when you met with Mr. Moore, you formulated a  
18 diagnosis as to what was going on with him, and then  
19 formulated a medical plan for his future care?

20 A. That's correct.

21 Q. So you just said a moment ago you didn't  
22 make any diagnosis for him.

23 A. I think your question was that I made  
24 diagnoses that weren't in the medical record.

25 I didn't make up anything.



1           It was diagnoses that were already there,  
2   and I confirmed them.

3           Q.    Dr. Fish, so your position is, the  
4   diagnosis that you came up with when you examined Mr.  
5   Moore were already diagnoses in Mr. Moore's medical  
6   records, is that right?

7           A.    That's true.

8           Q.    What medical records did you review again,  
9   where you got those diagnoses?

10          A.    The ones talked about St. Rose Hospital and  
11   the prosthetic records.

12          Q.    The only medical records, Dr. Fish, that  
13   you reviewed that had anything to do with any of Mr.  
14   Moore's diagnoses when you evaluated him in July were  
15   the prosthesis, correct?

16          A.    No, I had all the hospital medical records  
17   and the care that was done.

18          Q.    With all due respect, you didn't.

19                The St. Rose Hospital records related to  
20   the amputation. We went over this in your  
21   deposition, correct?

22          A.    I think so.

23          Q.    And you didn't have the Kindred records you  
24   identified in your deposition, all the records you  
25   had was St. Rose Hospital records and prosthesis

1 records, correct?

2 A. I don't know.

3 Q. We can rely on whatever you said in your  
4 deposition, whatever you put in your report, correct?

5 A. You can look at the deposition.

6 MR. WEAVER: Can we publish the doctor's  
7 deposition.

8 THE COURT: We got several up here.

9 I want to make sure we have it.

10 All right.

11 BY MR. WEAVER:

12 Q. Dr. Fish, you also have your report?

13 A. In one of these binders, I'm assuming.

14 Q. You wouldn't have come today without  
15 bringing your report, would you?

16 A. Those are usually here.

17 Q. But do you have your report with you or  
18 not, sir?

19 A. Electronically.

20 MR. WEAVER: May I approach, Your Honor?

21 THE COURT: You may.

22 So there's no confusion, the report,  
23 doctor, is not an exhibit typically.

24 It might be present in the courtroom, but  
25 it would not be an exhibit.

1           Your testimony is related to that.

2           We do have the deposition published now and  
3 ready to go.

4           For the jury's edification, when you say,  
5 published, it's coming out of a sealed envelope, so  
6 you know what the status it was in when it's  
7 finalized.

8           And that is a formality we have here.

9           So we do have that resolved.

10 BY MR. WEAVER:

11           Q.    Dr. Fish, would you turn to the first page  
12 of your report that has medical evaluation and  
13 records review, you see that?

14           A.    Yes.

15           Q.    Do you see the medical records reviewed in  
16 that accurately reflect the medical records you  
17 reviewed for purposes of your July 19th, 2019 report?

18           A.    Yeah.

19                   It doesn't include the Nevada Comprehensive  
20 Pain Center.

21           Q.    But --

22           A.    I didn't realize that.

23           Q.    Dr. Fish, we talked about in your  
24 deposition you didn't have that Nevada Pain Center  
25 records, correct?

1           A.     Right, I think that is when we talked about  
2     -- when you asked me earlier, were there other  
3     records I got to review, I think that was one of the  
4     records I had.

5           Q.     When you did your lifecare plan, when you  
6     did your report, when I took your deposition, you had  
7     all the records that you felt were relevant to your  
8     review of this case, correct?

9           A.     Correct.

10          Q.     And then are you -- Then do you remember  
11     just a few minutes ago when I went through, said are  
12     there any opinions from your deposition that are  
13     different, and anything from your report that is  
14     different, and you didn't bring up the Nevada Pain  
15     Center records, correct?

16          A.     No, I didn't.

17          Q.     I'm sorry?

18          A.     I did not bring up the Nevada Pain Center.

19          Q.     Do you think it would have been a good idea  
20     to review the Nevada Pain Center records before you  
21     formed your opinions for which you were prepared to  
22     testify at trial when I took your deposition?

23          A.     It would help.

24          Q.     And the reason it would have helped is  
25     because you would have known what Mr. Moore's current

1 treatment was from a pain management specialist that  
2 he used monthly, correct?

3 A. I got it from him too, he was taking  
4 medications, so he was telling me about the care he  
5 received there, so I had all the information I  
6 needed.

7 Q. You testified on Friday that he told you  
8 that he had hip and knee pain, correct?

9 A. That's correct.

10 Q. Now that you reviewed the Nevada Pain  
11 Center records, you didn't see in a single place in  
12 the Nevada Pain Center records where he complained of  
13 knee and hip pain, would you agree with that?

14 A. I would have to see the records.

15 Q. I'm just asking you, based on your  
16 recollection of records you reviewed since your  
17 deposition, did you see anything from Nevada Pain  
18 Center that identified he had knee and hip pain?

19 A. I'd have to see the records.

20 Q. But you can't answer without going through  
21 page by page?

22 A. Correct.

23 Q. You would expect if Mr. Moore was seeing a  
24 pain management specialist since the date of this  
25 incident to the present, that if he had pain in those

1 locations, he would be tell his pain management  
2 physician, correct?

3 A. Not necessarily.

4 Q. Why not?

5 A. Some patients don't bring up some of the  
6 things that bother them because they want to get  
7 they're medication, or just focused on getting in and  
8 out of there, or they're having a very quick visit,  
9 have no time with the physicians.

10 So there's a lot of reasons.

11 Q. So you think that Mr. Moore may not have  
12 brought up the totality of that he has significant  
13 pain, for which you think he should get hundreds of  
14 thousands of dollars because why, why wouldn't he  
15 have brought it up?

16 A. I don't know.

17 MR. P. HYMANSON: Your Honor, objection to  
18 speculation.

19 THE COURT: Sustained as to that last  
20 question.

21 MR. WEAVER: Okay.

22 BY MR. WEAVER:

23 Q. So if Mr. Moore did not bring up to his  
24 pain medication physician where he has significant  
25 pain, would you just be guessing the answers to why

1 he wouldn't?

2 A. I wouldn't know.

3 You would have to ask him.

4 Q. If for example he needed a spinal cord  
5 stimulator, if for example he needed injections in  
6 any location in his body, that is something that a  
7 pain management specialist that he was seeing could  
8 do, correct?

9 A. Not necessarily.

10 Q. Well, you don't know that this pain  
11 management specialist, Dr. Ross, couldn't insert a  
12 spinal cord stimulator, correct?

13 A. I don't know.

14 Q. Do you know whether Mr. Moore has ever  
15 talked to any of his health care providers about any  
16 of the care and treatment you have recommended that  
17 he get?

18 A. You would have to ask him.

19 My feeling would be that he had possibly  
20 discussed some of these things, and either they  
21 didn't understand his complaints, or he wasn't  
22 following through with the symptoms, or he felt  
23 frustrated with the care.

24 Q. What are you basing that on?

25 That is not something you said in your

1 deposition, right?

2 A. I don't know if I was specifically asked  
3 that question in my deposition, but I'm basing it on  
4 -- if I could finish, I'm basing it on the fact I  
5 talked to him, and I know patients like him who have  
6 the same problem when they come to a pain clinic.

7 Q. When you met with Mr. Moore, and you say  
8 you made these diagnoses, and formulated the  
9 treatment plan, obviously you told him these are  
10 things that he needed, right?

11 A. I may have had a discussion with him, but  
12 don't forget, I didn't make up the diagnoses, these  
13 are diagnoses in the chart, so it's not like I just  
14 pulled them out of nowhere, these are common issues  
15 that happen with common people that have amputations,  
16 and so they are not made up by any means.

17 Q. But you made these diagnoses?

18 A. I made the diagnoses that were already in  
19 the chart.

20 Q. If the diagnoses that you identified for  
21 Mr. Moore aren't in his medical records, that means  
22 you made them that day, is that fair?

23 A. I don't know.

24 I wouldn't agree.

25 Q. Why wouldn't you agree with that?



1           If they are not in his medical records, and  
2   you identified them as diagnoses, and they did not  
3   come from you, where did they come from?

4           A.    I would have to look at his medical  
5   records.

6           I'm assuming they are all in the medical  
7   records one, and then two, you know I'm projecting  
8   ten years out for the person.

9           This is not something happens in one day.

10          So when you are projecting out ten years,  
11   you also have to think of what are the pitfalls and  
12   trials and issues come up with somebody has an  
13   amputation like Mr. Moore.

14          So while he may have had complaints to his  
15   providers, and issues, and problems, the providers  
16   are not necessarily looking into the future like I've  
17   been tasked to do, so because of that it's not that  
18   I'm making up a diagnosis, but these are common  
19   things that happen, especially with the complaints he  
20   described in the records.

21          Q.    Sure.

22          Can you say in your deposition -- tell us  
23   if your opinions changed that you assumed Mr. Moore's  
24   health care providers that the date of this incident  
25   to the time of your deposition were competent,

1 correct?

2 A. I don't understand the question.

3 Q. Did you assume that Mr. Moore's current  
4 treating health care providers are competent?

5 A. I would hope so.

6 Q. Do you even know who they are?

7 A. Yeah.

8 Q. Who who is the primary care physician?

9 A. I don't know who his primary care physician  
10 is.

11 Q. You just said you know who they are?

12 A. Well, yeah, it's the surgeon, Dr. Wiencek.

13 The vascular surgeon, I don't have his  
14 name. It's at the bottom of the record.

15 Q. No, my question is:

16 Who is his primary care physician?

17 A. I don't know.

18 Q. I'm sorry?

19 A. I don't know.

20 Q. Who is his pain management physician?

21 A. I think it was a PA he had. I didn't put  
22 the PA's name down.

23 Most of the time they see a physician's  
24 assistant.

25 Q. You don't know who his physician is?

1           A.     I'd have to look at his chart.

2           Q.     Who is his orthopedic surgeon?

3           A.     I don't think he has an orthopedic surgeon.

4                   I think he has a vascular surgeon and a  
5 general surgeon, Dr. Wiencek.

6           Q.     So if on July 29th you would have told Mr.  
7 Moore, Mr. Moore, here are things I think you need  
8 for your safety, here are things I think would  
9 improve your quality of life, here are things that I  
10 think you need medically, given the diagnoses that  
11 I've made of you, is there any reason you can think  
12 of that Mr. Moore wouldn't have passed those along to  
13 his health care providers?

14                   MR. P. HYMANSON:   Again, Your Honor,  
15 speculation as to what Mr. Moore would or would not  
16 have done.

17                   THE COURT:   Rephrase.

18                   MR. WEAVER:   Sure.

19 BY MR. WEAVER:

20           Q.     Did you tell Mr. Moore the things in the  
21 lifecare plan that you felt he needed when you made  
22 the diagnosis and formulated the plan?

23           A.     Well, I didn't make the diagnoses, they  
24 were already in his charts, and I think I had a  
25 discussion with him about what some of the options

1 were for things he could expect to have occurred as  
2 well as what things would be safe for him, but I  
3 don't know if he went on, told his providers that.

4 Q. Dr. Fish, you testified on Friday that  
5 after you examined Mr. Moore, you looked at his  
6 residual limb, at what the issues were, and then  
7 formulated diagnoses as to what was going on with  
8 him, and formulated a medical plan for his future  
9 care.

10 Did you do that after you evaluated Mr.  
11 Moore, or not?

12 A. You mean, the day I evaluated him?

13 Q. At any time from when you said you  
14 diagnoses him and came up with the medical plan for  
15 his future care.

16 A. Sure, I did.

17 Q. So did you tell Mr. Moore anything that you  
18 thought he should ask physicians to prescribe or  
19 order for him?

20 A. I don't think I told him specifically, you  
21 should talk to your physicians about doing this, this  
22 and this.

23 I think I advised him that these were the  
24 things he potentially could do, and it's up to him to  
25 talk to his providers.

1           Q.     If he didn't, and we don't know if he did  
2     or not, all we know is from the medical records if he  
3     didn't, do you have an opinion one way or another as  
4     to why he didn't?

5           A.     You would have to ask him.

6           Q.     Is there anything at all on your lifecare  
7     plan that has to do with medical treatment?

8                     We'll talk about revisions to the home,  
9     we'll talk about all of those things.

10                    Is there anything at all on your lifecare  
11     plan for Mr. Moore for purposes of medical treatment  
12     that you believe any current health care provider  
13     that he's had from the day of this incident to the  
14     present couldn't order for him, or prescribe for him?

15          A.     I don't understand the question.

16          Q.     Sure.

17                    It's long and convoluted.

18                    Let me back up.

19          A.     Right.

20          Q.     Sorry.

21                    You have a laundry list of things that Mr.  
22     Moore needs for purposes of his future care, correct?

23          A.     Correct.

24          Q.     Let's start with this:

25                    Is there a single thing on your lifecare

1 plan that from the day of this incident to today Mr.  
2 Moore has gotten?

3 A. Yeah, I think we talked a little bit about  
4 that, he had the equipment that he had, the walker,  
5 the wheelchair, the cane, the crutches, the reacher,  
6 the hand bars, the shower bench, medication  
7 management.

8 Q. So he's had the durable medical equipment,  
9 the walker, the wheelchair.

10 What kind of wheelchair?

11 A. The manual wheelchair you can see here, and  
12 he's got the prosthesis.

13 He had help in terms of his wife helping  
14 him with his medical care and needs and function.

15 Q. All right.

16 So we've got from the date of the incident  
17 to present things that you got on your lifecare plan  
18 for him a manual wheelchair, walker, attendant care  
19 in the home, hand bars, shower.

20 What did you say, something about the  
21 shower?

22 A. I didn't say, shower.

23 He has his prosthesis.

24 Q. And is his prosthesis properly fitted now?

25 A. I don't know about now.

1                   He's not wearing it today.

2           Q.     Well, remember in your deposition a few  
3 months ago I asked you about the prosthesis, and you  
4 said that you understood he was getting it fitted at  
5 the time.

6                   Do you know one way or another whether it's  
7 been fitted?

8           A.     I don't.

9           Q.     You talked in your deposition a few months  
10 ago that he was in the process of having his electric  
11 wheelchair fitted, correct?

12          A.     I think we discussed that.

13          Q.     Has it been fitted?

14          A.     I don't know.

15          Q.     All right.

16                   So other than the durable medical equipment  
17 that we just listed, and the fact that he's getting  
18 medication management, whose that from?

19          A.     A pain management doctor.

20          Q.     Do you have any reason to believe he's not  
21 getting adequate medication management?

22          A.     I don't know.

23                   His recent records, I haven't seen his  
24 recent records.

25                   As you know, you only get a certain amount

1 of records from a certain amount of time.

2 I don't know what the actual records say  
3 over the last four months.

4 Q. Why didn't you ask for them?

5 A. You know, sir, that we don't usually get  
6 those records. Usually they are cut off at a certain  
7 time frame, so I'm not privy to have those records.

8 Q. You didn't have them before even?

9 A. That is more on point.

10 Q. You got them after your deposition, right?

11 A. That's correct.

12 Q. You didn't have them when you formulated  
13 your lifecare plan, true?

14 A. That's true.

15 Q. All right.

16 So is there a single other thing that you  
17 can think of from your lifecare plan from the day of  
18 the incident to the present that he's gotten, other  
19 than what you articulated just a minute ago?

20 A. I think we covered it.

21 Q. Is there anything on the lifecare plan that  
22 could be ordered by a physician or prescribed by a  
23 physician that Mr. Moore hasn't gotten?

24 MR. P. HYMANSON: Objection.

25 Speculation, Your Honor, as to what another



1 doctor may have done for Mr. Moore.

2 THE COURT: Rephrase, Mr. Weaver.

3 MR. WEAVER: Sure.

4 I'll see if I can ask it a little bit  
5 better better.

6 BY MR. WEAVER:

7 Q. As a physician, is there anything on Mr.  
8 Moore's lifecare plan that you think is  
9 medically-indicated, and you think everything is  
10 medically-indicated, is that fair, or you wouldn't  
11 have had it in there?

12 A. Yes, correct.

13 Q. Anything you think in the lifecare plan Mr.  
14 Moore would not be entitled to by a physician  
15 ordering it or prescribing it, assuming that that  
16 physician is competent and willing to do so?

17 A. Entitled?

18 I don't understand the question.

19 Q. Sure.

20 If Mr. Moore's current treating physicians,  
21 whether it's a PCB, PCP, Dr. Wiencek, cardio-thoracic  
22 surgeon, pain management surgeon, orthopedic surgeon,  
23 anyone else he might be treating with, is there  
24 anything that you can think on their lifecare plan  
25 that if they were to order it, or prescribe it, he

1 wouldn't get?

2 A. I don't really understand what you're  
3 talking about.

4 Sorry, I don't understand your question.

5 Q. Is there anything they can't order for him?

6 A. I would like them to order all of the  
7 things on the plan.

8 Q. I'm sorry?

9 A. I'd like any physician --

10 Q. Like you?

11 A. Sure.

12 Q. So why haven't you ordered any of that for  
13 Mr. Moore?

14 A. That is not my role.

15 Q. Why not?

16 You diagnosed him. Why didn't you order it  
17 for him if he needs it?

18 A. That's not my role.

19 I didn't come in here to be a treating  
20 physician.

21 I didn't come in here to be management for  
22 him.

23 I came in here as a expert in this medical  
24 case for the purposes of the lawsuit.

25 Could I have done that?

1                   Yes, sure I could have done that.

2                   But I don't know if I can take his medical  
3 insurance when I see him, I just don't know the  
4 facts.

5                   I'm at UCLA, he's here in Nevada.

6                   So that's not my understanding, that is not  
7 what the role was when I came in.

8                   But it was to look at the individual and  
9 try to decipher through what that person needs for  
10 the future based on my training and experience and  
11 education and my work with other amputees.

12                  Q.     Fair enough --

13                  THE COURT:   Can I see counsel at the bench  
14 before proceed any further, Mr. Weaver?

15                  (Thereupon, a discussion was had between  
16 Court and counsel at sidebar.)

17                  THE COURT:   Ladies and gentlemen of the  
18 jury, I'm going to need to read you now an  
19 instruction is going to be given to you at the end  
20 of the trial, but I think it's imperative we have  
21 that instruction now in light of some testimony  
22 that was just offered by Dr. Fish.

23                  That instruction that you will by given at  
24 the end of the trial, which of course is entitled and  
25 intended to guide your deliberations as you consider

1 his testimony and proceed, you are not to discuss or  
2 even consider whether or not the Plaintiffs were  
3 carrying insurance to cover their medical bills or  
4 any or damages that Plaintiff had sustained.

5 You are not to discuss, or even consider,  
6 whether or not the Defendants were carrying insurance  
7 that would reimburse them for whatever sum of money  
8 they may be called upon to pay for to Plaintiff.

9 Whether or not either party was insured is  
10 immaterial and should make no difference in any  
11 verdict you may render in this case.

12 Thank you.

13 You may proceed, Mr. Weaver.

14 BY MR. WEAVER:

15 Q. Dr. Fish, I'll move on from this area in  
16 one second, but if you were asked, if you were asked  
17 for it to be part of your role, you could order or  
18 prescribe the things on your lifecare plan that are  
19 medically-indicated for Mr. Moore, is it fair --

20 MR. P. HYMANSON: Your Honor, speculation.

21 What relevance does that have in this case  
22 at all?

23 THE COURT: Your objection is speculation.

24 I understand.

25 Thank you.

1                   Mr. Weaver.

2                   MR. WEAVER:   What I would respond to that  
3   is --

4                   THE COURT:   Without too much detail.

5                   MR. WEAVER:   Dr. Fish told us at length  
6   that he's a physical medicine and rehab physician,  
7   that he diagnosed Mr. Moore and came up with a plan  
8   of things Mr. Moore doesn't have.

9                   All I want to establish is that if he were  
10   asked by Plaintiffs to order things Mr. Moore doesn't  
11   currently have, he could have.

12                  THE COURT:   I have no problem with the  
13   aspect of the question that you base these questions  
14   on.

15                  He's indicated to you they were in the  
16   record.

17                  So again the way the question is formed I  
18   think is improper.

19                  But what things he can do, you can  
20   certainly inquire.

21                  So sustained as to the way the question was  
22   formed.

23                  But you may restate the question.

24

25

1 BY MR. WEAVER:

2 Q. You're a physical medicine and  
3 rehabilitation physician, correct?

4 A. Correct.

5 Q. And you also talked about here and in your  
6 deposition part of that encompasses things like  
7 prosthesis and these type of things, correct?

8 A. Correct.

9 Q. So if we were to go off your report that  
10 you made a diagnosis, correct?

11 A. I made a diagnosis based on the records,  
12 correct.

13 Q. Based on that, you could if you chose, and  
14 if you were asked to, order or prescribe  
15 medically-indicated care for Mr. Moore, correct?

16 A. Anything in this plan is something I would  
17 recommend for any patient like him, and if he were my  
18 patient, this plan would be what I would do for my  
19 patient.

20 Q. Thank you.

21 Let's go through it, if we might, and I'll  
22 go through as quickly as I can, Dr. Fish, some of the  
23 categories.

24 If we could start please with the first  
25 category, which I think is on page 3 of your lifecare

1 plan.

2 A. You have a copy?

3 Okay.

4 Q. So a physiatrist, that is what you are,  
5 correct?

6 A. Correct.

7 Q. You have indicated Mr. Moore should have  
8 one, correct?

9 A. I believe any amputee should have a  
10 physiatrist because we are one of the only few  
11 doctors deal with function and prosthetics, but a  
12 vascular surgeon could do it clearly, but I think  
13 there's an advantage of having a physiatrist.

14 Q. He has a vascular surgeon, correct?

15 A. He does.

16 Q. So Dr. Wiencek could do that role if he  
17 chose, is that fair?

18 A. It's possible.

19 Q. Is there a single thing on this lifecare  
20 plan that Mr. Moore is as far as you know intending  
21 to get based on --

22 MR. P. HYMANSON: Objection, Your Honor.  
23 Speculation as to Mr. Moore.

24 THE COURT: Sustained.

25 Mr. Weaver, any questions you're asking him

1 about what Mr. Moore might do are inappropriate.

2 MR. WEAVER: I'm just asking based on if  
3 you know from having evaluated him.

4 MR. P. HYMANSON: It's still speculation,  
5 Your Honor.

6 MR. WEAVER: Fair enough.

7 THE COURT: It's a different question.

8 You may ask a question about his knowledge,  
9 but beyond that is speculation.

10 Sustained.

11 MR. WEAVER: Thank you, Your Honor.

12 BY MR. WEAVER:

13 Q. So you think Mr. Moore would benefit from a  
14 psychologist, is that correct?

15 A. I know he would.

16 Q. Did you see anywhere in the records where  
17 it was recommended, and he declined?

18 A. You would have to point that out.

19 I don't recall that.

20 Q. Do you recall in his deposition saying he  
21 wouldn't get help from a psychologist in any event?

22 A. I think I do remember something like that.

23 Q. You do, or don't?

24 A. You would have to pull it up, but whether  
25 or not someone that doesn't want help that is



1 appropriate help is a different story.

2 You would have to talk to Mr. Moore about  
3 that.

4 Q. So a lot of things in the lifecare plan are  
5 not things Mr. Moore will necessarily, get so far as  
6 you would get, just things you recommend, correct?

7 A. No, these are things he will get, he should  
8 imminently get.

9 If I speculated that he's not going to get  
10 them at all, why would I put them in the plan?

11 So the plan is designed for him to have  
12 these items.

13 Q. So a treating physician, whether it's Dr.  
14 Wiencek, his orthopedic surgeon, primary care  
15 physician, or someone from the pain management  
16 center, at any time they could have come up with  
17 these things on their own, correct?

18 A. That's true.

19 Q. Or since July in any event had this been  
20 given, your report given, to any one of his health  
21 care providers, or combination of them, they could  
22 have evaluated and ordered or prescribed these  
23 things, fair?

24 A. I don't know.

25 Q. You don't know they couldn't, true?

1           A.     I don't know.

2           Q.     Do you know they've been given to any of  
3 his health care providers?

4           A.     I don't know.

5           Q.     So if we could go to the next page under  
6 page 4, the psychological services, why all the  
7 psychological testing?

8           A.     Well, I think I discussed it last time.

9                   Losing a limb is quite a life-changing  
10 experience, you become less functional, you rely on  
11 other people, you are sitting in a wheelchair, which  
12 is very humbling, you're missing a limb.

13                   It's stressful, it's you are not a whole  
14 person anymore.

15                   Mental health is very important to try to  
16 keep the person's spirits up and realize they can  
17 still go on.

18                   I think all of us can use that at some  
19 point in our life, especially if there's been a  
20 dynamic change to us.

21           Q.     Those are the answers you gave why he needs  
22 the psychotherapy.

23                   My question was:

24                   Why does he need the testing?

25           A.     Again, the testing is important to

1 establish a base lane.

2 Also, to establish what goes on over the  
3 next ten years.

4 So the testing I think I went through,  
5 there's a bunch of difference questions included with  
6 this would help a provider know what the pitfalls  
7 are, and the treatment, and how the medication is  
8 doing, and how Mr. Moore's doing on a day-to-day  
9 basis.

10 Q. So your opinion is, if he's getting  
11 psychiatry care, neuropsychiatrist medication,  
12 management, and psychotherapy on a regular basis, he  
13 would still need almost \$20,000 worth of  
14 psychological testing to assist in that?

15 A. Yes.

16 Q. All right.

17 If we could go to number 5 please, this has  
18 to do with procedures, hospitalizations, surgeries,  
19 and spinal injections.

20 The MBB you told us is the medial block,  
21 basically the preliminary hearing, is that fair?

22 A. Preliminary diagnosis, is the  
23 determination, yes.

24 Q. Below that is the basically \$121,000 with  
25 ablation, is that right?

1           A.     Radio frequency ablation, correct.

2           Q.     That easily can be done by a pain  
3 management specialist if the pain management  
4 specialist thought it was medically-indicated,  
5 correct?

6           A.     A pain management specialist, who do  
7 injections, I don't know that he's just a medication  
8 management individual, I don't have any recent  
9 records to know if they actually been done or not, or  
10 has even been addressed.

11          Q.     They haven't been done, I'll represent that  
12 to you.

13                 But if his pain management specialist is,  
14 among others, an anesthesiologist, it could be done,  
15 is that correct?

16          A.     That's correct.

17          Q.     And then in terms of the right total joint  
18 replacement of the hip and knee, I think you  
19 indicated that he's going to need this \$270,000 worth  
20 of services in a few years because of having some  
21 lift up out of his wheelchair in order to use his  
22 prosthesis, do I have that right?

23          A.     That's part of it.

24                 The other part I can explain if you want.

25          Q.     Sure.

1           A.     It's he has to maneuver on one leg, throws  
2 off his balance, and puts a lot of pressure on the  
3 hip and knee, as we discussed on the chart, and so  
4 that is going to put stress on the joint.

5           Q.     We have already talked about you told the  
6 jury he's going to spend almost all his time in a  
7 wheelchair, right?

8           A.     I think a majority of the time he's going  
9 to be in a wheelchair, but as I discussed, he needs  
10 the exercise, needs to get up, needs to stand, he  
11 needs to feel that he's one with everybody else.

12                    Again, it's very humbling being in a  
13 wheelchair all that time, so you have to have that  
14 option to get up and move around.

15           Q.     But you told the jury most of the time he's  
16 going to spend in a wheelchair, correct?

17           A.     He has to get in and out of the wheelchair,  
18 and in and out of the toilet, and walk around his  
19 house.

20                    You are not -- He's not going to sleep in  
21 the wheelchair either.

22                    So there's transfers that happen every day.

23                    And he may sit on the couch too.

24                    There's various things.

25                    He has a recliner they can put him in as

1 well.

2 So all of this leads to more stress on  
3 those joints.

4 Q. Thank you.

5 But maybe I just misunderstood.

6 I thought what you told us on Friday was,  
7 the reason he's going to need the total joint  
8 replacement and the hip and knee wasn't because of  
9 getting in and out of his wheelchair for transfer to  
10 the toilet for example, it was going because he was  
11 going to either have a prosthesis, or going to be  
12 using his walker, and he was going to put the  
13 pressure on the right knee and the right hip.

14 A. I --

15 Q. In other words, walking around?

16 A. Your question was a little bit convoluted.

17 Q. Let me re-ask it.

18 A. Let me break it down I think what your  
19 trying to say.

20 Q. Let me re-ask it, so I can cut to the  
21 chase, and you answer a question I ask you.

22 I thought you testified that the reason for  
23 the hip and knee replacement is because when he is up  
24 and out of his wheelchair, he's going to put pressure  
25 on his right knee and right hip.

1                   Do I have that right?

2           A.     That it's part of it, correct.

3           Q.     What is the rest?

4           A.     The transfer, putting on the device,  
5     getting to the bathroom, getting to the chair,  
6     putting a lot of weight on that one side because he's  
7     missing the other side, so it's not just using the  
8     prosthesis, although this will also put stress on his  
9     knee and hip.

10          Q.     Fair enough.

11                   In your deposition we had a few months ago  
12     you told he he was going to actually likely use this  
13     prosthesis very little, including because of his  
14     arthrosclerosis and cardiopulmonary condition, is  
15     that fair?

16          A.     I don't know if I said that.

17                   I don't know exactly what I said.

18                   You would have to pull out the deposition,  
19     but my understanding was if I portrayed that he's  
20     going to use the device to get to exercising, to use  
21     the device to walk around, but the majority of the  
22     time he's going to be in the wheelchair if he does  
23     anything out in the community because he's going to  
24     be limited to walking far and sit down at some point.

25          Q.     Do you recall saying in your deposition

1 that you didn't recommend that he did much exercise  
2 or walked very far?

3 A. I'd have to see that.

4 I don't remember that.

5 Q. What about your testimony today, is it your  
6 recommendation he uses his prosthesis for exercise?

7 A. I would recommend that, yes.

8 Q. Okay.

9 So if that's different than what you said  
10 in your deposition, what you said reflected  
11 differently today?

12 A. I don't know what question you asked me  
13 then.

14 Q. If be could go to the next page, please.

15 So here we're talking in the first category  
16 about roughly \$245,000 worth of injections, correct?

17 A. Correct.

18 Q. Are you aware of any accepted literature  
19 that identifies that protein rich platelets or  
20 plasma --

21 A. Platelet-rich plasma.

22 Q. Platelet-rich plasma, right?

23 A. Right.

24 Q. So you're saying, blood taken out of Mr.  
25 Moore and put back into him to help him heal, is that



1 correct?

2 A. Almost.

3 Blood taken out, and then it's spun down to  
4 the plasma level to remove the red blood cells and  
5 some of the other proteins, and it's a plasma  
6 component we found that is a product.

7 Q. I saw in your CV.

8 You gave a talk about this at a YMCA to the  
9 athletes about this?

10 A. I think I did.

11 Q. It's primarily for athletes for enhanced  
12 performance, is that fair?

13 A. No, it's commonly used in all around the  
14 United States to help with joint pain and back pain.

15 Q. So is it your position to the jury that Mr.  
16 Moore medically needs the platelet-rich plasma in  
17 order to tied him over until he gets the hip and knee  
18 replacement?

19 A. Yes.

20 Q. So for \$245,000 is there a reason he  
21 wouldn't just get the hip and knee replacement now,  
22 or is it just he doesn't need it?

23 A. He needs it.

24 I mean, you could -- I just don't think now  
25 would be the time.

1           He is still working on his prosthesis,  
2       still needs some other medical care, he has the pain.

3           To me it makes sense to try the injections  
4       first, which should help him, before going into the  
5       replacement phase.

6           Q.     But if he needs \$245,000 worth of  
7       injections right now, I don't understand why that  
8       would go towards something that is going to be  
9       inevitable anyway.

10          A.     Well, what I can tell you is, the hip and  
11       knee replacement is not an easy thing to do, it's a  
12       stressful situation, you have to go through a complex  
13       surgery, the recovery of that is complex, rehab of  
14       that is complex.

15                When you can come in, get an injection that  
16       takes maybe 10 to 20 minutes to do, and gives you  
17       relief, why would you go through the replacement now,  
18       why don't you go through the injections now.

19          Q.     So the idea is, if he gets this \$245,000  
20       worth of treatment, he won't need the hip and knee  
21       replacement, or just prolonging it for a couple  
22       years?

23          A.     I mean, it's possible he doesn't need it,  
24       but based on my experience amputation patients  
25       eventually get the replacements.

1           Q.     Can you cite us to any medical literature  
2 where this is commonly accepted in your field, or any  
3 other field?

4           A.     Sure.

5           Q.     What is it?

6           A.     There's prosthesis orthotic literature,  
7 there's orthopedic literature, there's physical  
8 rehabilitation literature, there's a lot of  
9 amputations show the over use of stress on the  
10 contralateral joints eventually ends up getting  
11 treatment, so there's tons of literature.

12          Q.     You would at least agree there's -- in  
13 terms of every case how well it works?

14          A.     No.

15          Q.     You think the basic conformity or unanimity  
16 of thinking in the medical community is that  
17 platelet-rich plasma injections work?

18          A.     I mean, there's all kinds of controversial  
19 issues on any kind of medical issues.

20                 Some people argue pace makers don't work,  
21 or even stents don't work for arthrosclerotic hearts,  
22 so there's always literature one way or the other,  
23 but the plethora of literature I've seen with  
24 experience working with individuals is PRP works very  
25 well with people with knee pain, but eventually will

1 need knee replacements.

2 Q. What is the hyaluronic acids I see for  
3 cosmetics?

4 I wasn't aware of injecting it into the hip  
5 and knee.

6 A. That is collagen, a little bit different.

7 Hyaluronic acid is a compound actually  
8 stimulates cardio growth, and so that with PRP as a  
9 combination can help with the joint pain, stiffness  
10 symptoms that can last up to four months.

11 The Rejuviderm, some of the stuff you put  
12 on your face, are not the same thing.

13 You wouldn't want to put the knee injection  
14 into your face.

15 Q. Are you aware of any literature that  
16 identifies they should be used together?

17 A. Yes.

18 Q. You would agree using them together, let  
19 alone individually is controversial, you don't  
20 dispute that in terms of every case?

21 A. No, there's a lot of different types  
22 approaches and a lot of different doctors using the  
23 combination of things that to help the knee pain and  
24 joint pain.

25 Q. And I'm trying to get through this as

1 quickly as we can.

2 We already talked about the spinal cord  
3 stimulator.

4 If Mr. Moore's pain management physician  
5 thought it was medically-indicated, he could do it  
6 himself, or refer him to somewhere here in the  
7 community it would be done, correct?

8 A. I would think so.

9 Q. Okay.

10 So far as you know, that recommendation  
11 hasn't been made, is that fair?

12 A. I don't know.

13 Q. You're not aware of it being made, is that  
14 fair?

15 A. I'm only aware of it since July.

16 I don't have any new records, so I don't  
17 know.

18 Q. As of July, you weren't aware of his pain  
19 management specialist recommending a spinal cord  
20 stimulator, true?

21 A. I don't believe so.

22 Q. If we could go to page 7, please, so the  
23 re-programming of the spinal cord stimulator, is that  
24 basically still within the gambit of the spinal cord  
25 stimulator?

1           In other words, I'm not sure why it's under  
2 therapies.

3           A.    Because that is not included in the kind of  
4 therapeutic realm.

5           The device goes in, but you have to work  
6 the device, that is why it's a re-programming  
7 component.

8           Q.    My question is:  
9                Why is it under therapies?

10          A.    Because it's a therapeutic -- The  
11 implantation on the other page is putting a device  
12 in, but then you have to use the device, that is  
13 where the therapy component comes from.

14          Q.    For purposes of the knee and residual limb  
15 therapy, I missed this, I'm sorry, is this after he  
16 gets the knee replacement on the other side, or  
17 talking currently?

18          A.    Currently, because he's having problems the  
19 at the time I saw him, having problems with his  
20 residual limb, and the prosthesis wasn't fitting, so  
21 I felt it would be important he get some therapy to  
22 understand why the residual limb was not fitting  
23 properly within the prosthesis.

24          Q.    Do you have any understanding one way or  
25 another whether the prosthesis issue has been

1 resolved?

2 A. I don't know.

3 Q. But certainly things like physical therapy  
4 and knee and residual limb therapy, physical therapy  
5 for scar management, all could be ordered or  
6 prescribed by all or any of his current medical  
7 providers, is that true?

8 A. I don't know about anybody.  
9 The providers that deal with amputations.

10 Q. Like Dr. Wiencek?

11 A. True.

12 Q. And then the dog companion with care,  
13 nearly \$30,000, this morning I think you explained  
14 you are not just talking about a comfort care dog, I  
15 think you used the good example on the airplane it  
16 seems like everybody has one now, is there a specific  
17 type of \$30,000 dog companion that is typical?

18 A. Usually Golden Retrievers are the best  
19 animals, but I've seen all different types, depends  
20 on the way they are trained.

21 Q. Did Mr. Moore give you any indication when  
22 you made these recommendations to him whether he  
23 would be interested in that?

24 A. I don't recall.

25 Q. So within the dog companion care you

1 indicated it's roughly 5,000 for the cost of the  
2 training of the dog, is that right?

3 A. I think so.

4 I don't have the rationale on the bottom of  
5 it.

6 Q. Okay.

7 If that's what you put in the report, is  
8 that correct?

9 A. That's correct.

10 Q. And then the monthly maintenance is \$200 a  
11 month, how do you get to that?

12 A. That would be the food, the harnesses, the  
13 continual training, any other equipment the dog  
14 needs.

15 Q. And thankfully for Mr. Moore, and hopefully  
16 for the dog, it will live at least ten years, is that  
17 fair?

18 A. No, they can get a new dog.

19 I didn't put down a new dog would be  
20 necessary because my thought would be they would live  
21 ten years, but these animals can die, and they  
22 usually get a replacement dog, and I didn't factor  
23 that in, I didn't think it was necessary.

24 Again, you're getting into such minute  
25 details, I was trying to get the big picture to



1 everybody at this point.

2 Q. Dr. Fish, you just brought that up. That's  
3 what your report says.

4 So I didn't mean to make it seem like your  
5 report had more detail than it needed, that's just  
6 where I got it from.

7 A. Okay.

8 Q. If we could go to the next page, page 8 has  
9 to do with the diagnostic testing, is that right?

10 A. That's correct.

11 Q. So again, any of this diagnostic testing,  
12 any reason it couldn't be ordered or prescribed by  
13 any of his current treating providers, so far as you  
14 know, if it's medically-indicated?

15 A. I think they could.

16 Q. All right.

17 Thank you, sir.

18 The next page, page 9, these are  
19 medications, correct?

20 A. Yes.

21 Q. And the only thing that Mr. Moore could get  
22 on his own without prescription is a multi-vitamin,  
23 is that right?

24 A. You might be able to get the Colace too.

25 Q. Do you know if he's getting those?

1           A.    I don't.

2           Q.    Did you recommend them?

3           A.    I did.

4           Q.    To him?

5           A.    I may have discussed it with him.

6           Q.    And any of his current health care  
7 providers so far as you know could prescribe the  
8 Cymbalta, Neurontin, if it was medically-indicated,  
9 is that fair?

10          A.    I think so.

11          Q.    All right.

12                The next page under supplies, I'm confused  
13 of about the knee range of motion machine. Is that  
14 what it is?

15          A.    That's correct.

16          Q.    If he's using that post-surgical, correct?

17          A.    Right.

18          Q.    Isn't he going to be using that as part of  
19 any physical therapy he gets after the procedure?

20          A.    No, that is in conjunction.

21          Q.    So that is something you would want him to  
22 be at home with?

23          A.    Right, a rental unit.

24                So when he's not actively participating in  
25 therapy, it's a passive machine, so constantly moving

1 the knee.

2 Q. It's your experience that patients get one  
3 of those prescribed for them after knee replacement  
4 surgery?

5 A. They do at our center.

6 Q. The knee and hip brace we talked about.  
7 The electric wheelchair so far as you told  
8 us in your deposition he had an electric wheelchair,  
9 or was in the process of being fitted for one a few  
10 months ago, is that right?

11 A. I don't know exactly.

12 Q. If that's what the discussion was, do you  
13 have any reason to disagree with it?

14 A. No.

15 Q. And so far as you know -- or I'm sorry, you  
16 don't know one way or another right now what the  
17 status of his prosthetics is, is that correct?

18 A. That's correct.

19 Q. Did you bother to ask his lawyers what the  
20 status of any of this is?

21 A. Bother to ask?

22 Q. Yes.

23 A. No, I don't think it came up.

24 I think it was more about focusing about  
25 the information we had at this point in time.

1 Q. At what point in time?

2 A. When I made the reports and getting ready  
3 for trial.

4 I don't think there was any kind of current  
5 status evaluation. We didn't discuss it, was all the  
6 information was what we had before.

7 Q. But this is a dynamic report you told us,  
8 correct?

9 A. I agree.

10 Q. Could be updated at any time with any new  
11 information, correct?

12 A. I agree.

13 Q. So for you to tell the jury Mr. Moore's  
14 most updated -- the current status and updated  
15 information of what he had and what he needed, do you  
16 see any reason you couldn't ask his lawyer?

17 A. I don't know if that is part of this whole  
18 process.

19 I mean, that's up to you all.

20 I don't know if I have that capability of  
21 doing that.

22 If I did, they would allow me, I would have  
23 said, hey, we want you to see him one more time  
24 before trial, but I didn't know that was part of the  
25 role.

1 Q. You didn't ask, right?

2 A. Well, I don't know if that came up, asked  
3 or not.

4 Q. Did you ask?

5 A. I didn't ask.

6 Q. Did you ask if you could talk to Mr. Moore  
7 about whether in the past six months there's any new  
8 updated information?

9 A. I didn't know I could.

10 Q. Sir, did you ask?

11 A. Well, I didn't know I could, so I didn't  
12 ask.

13 Q. Did you know if you could ask?

14 A. I didn't know.

15 Q. You indicated in your deposition, and I  
16 think you responded to Mr. Hymanson, you think you're  
17 at an advantage over Dr. Jacobson (sic) in his  
18 evaluation -- Jansen, I'm sorry, Dr. Jansen in his  
19 evaluation because you evaluated Mr. Moore, fair?

20 A. I agree.

21 Q. So you knew if you could evaluate Mr. Moore  
22 to be able to formulate diagnoses and a lifecare plan  
23 for him, that you could at least follow-up with him,  
24 does that make sense?

25 A. No, because typically I get one opportunity

1 to see somebody even, when I'm working on the Defense  
2 side, I get one opportunity to see somebody, don't  
3 have multiple options to see them multiple times,  
4 that's not what I've been brought in, and not what I  
5 understood.

6 Q. If you thought you could ask to get updated  
7 information about Mr. Moore, or from Mr. Moore, would  
8 you have?

9 A. I don't know.

10 Q. All right.

11 If we could go to the durable medical  
12 equipment, please.

13 Is there anything -- I'm sorry if I missed  
14 what you told us before.

15 Is there anything other than the walker for  
16 transfers which shouldn't be on here?

17 A. The electronic motorized wheelchair  
18 shouldn't be on there, and it's blank.

19 Q. Sure.

20 Are there any of these things that Mr.  
21 Moore doesn't currently have?

22 A. I don't know.

23 I don't know about current.

24 I only know from when I saw him.

25 Q. Did he have any of these things at the time

1       you saw him?

2               How about looking at your report?

3       A.     A shower bed or shower recliner.

4       Q.     He had at the time?

5       A.     Correct.

6       Q.     What about the bedside commode?

7       A.     No, he didn't have that.

8       Q.     You told us that the bedside commode -- or  
9       did you tell us it is a safety issue?

10      A.     In the middle of the night, yes.

11      Q.     So did you tell him that, especially when  
12     it came to things that were safety issues, that he  
13     really should get them?

14      A.     I think I had a discussion with him to make  
15     him more safe because he's already fallen three  
16     times, so I was concerned about that.

17      Q.     And you brought up the following three  
18     times:

19               Are you aware Mr. Moore's son wasn't aware  
20     he had fallen three times?

21      A.     I'm not aware.

22               MR. P. HYMANSON:   Speculation, Your Honor,  
23     Mr. Moore's son.

24               THE COURT:   He asked whether he's aware.

25               That is a fair question.

1 MR. P. HYMANSON: Withdraw.

2 THE COURT: Was or was not was your  
3 question.

4 The way you said it, it wasn't clear.

5 BY MR. WEAVER:

6 Q. Dr. Fish, are you aware that Mr. Moore's  
7 son testified that he didn't know his father had  
8 fallen?

9 THE COURT: Did or did not?

10 BY MR. WEAVER:

11 Q. Did not know his father had fallen three  
12 times?

13 A. I wasn't aware of that.

14 Q. In the deposition you weren't able to give  
15 us any detail of the falls, correct?

16 A. I just knew he fell.

17 Q. Do you have any additional information that  
18 you can tell us about those falls, other than they  
19 happened?

20 A. Not at this time.

21 Q. All right.

22 If we could just go to the home furnishings  
23 and accessories, please.

24 The adjustable bed with air mattress for  
25 3500, you indicated that he needs one every five



1 years because the air goes out of the mattress?

2 A. No, the equipment goes bad, the air that is  
3 contained in there can defray the mattress.

4 Q. So is it your understanding that these  
5 adjustable beds with air mattresses only last five  
6 years?

7 A. Correct.

8 Q. That's your experience?

9 A. Yes.

10 Q. And then home modifications, you talked to  
11 us in your report and here what needs to be done.

12 Was there anything besides why any of the  
13 doors that need to be done, that was widening?

14 A. Ramps, widening of the doors, widening the  
15 hallways, retrofitting the bathroom with more safety  
16 equipment, and then any other -- getting into the  
17 closet, the closet had to be changed as well.

18 Q. So ramp, widening doors, getting into the  
19 closet, anything else?

20 A. Widening the hallways.

21 Q. So are you --

22 A. And the bathrooms retrofitted to make sure  
23 there are grab bars and space enough to take a  
24 wheelchair if you needed to.

25 Q. Anything else?

1           A.     I think we covered it.

2           Q.     Do you have an opinion on out of the  
3     \$80,000 roughly how much a ramp would cost?

4           A.     Ramps depends on how many stairs he has  
5     going into the space, so ramps can cost anywhere  
6     between \$1,000 to 10,000, maybe 15, depends on the  
7     complexity of the ramp.

8           Q.     If Mr. Moore's son testified that there is  
9     a ramp, would we be able to take that out of the  
10    80,000?

11          A.     If there's a ramp, you can take it out.

12          Q.     By the way, did you see his home?

13          A.     I didn't see his home.

14          Q.     Is it fair to say you're relying on your  
15    experience what with need to be done?

16          A.     No, I'm relying on Mr. Moore telling me  
17    what his house is like and what is missing.

18          Q.     So you relied on Mr. Moore, who is a  
19    contractor, to tell you what with needs to be done,  
20    is that fair?

21          A.     There's an advantage, he's a contractor.  
22                   Yes.

23          Q.     Are you relying on what Mr. Moore told you  
24    needs to be done?

25          A.     I'm relying on Mr. Moore for the things he

1 tells me.

2 Q. And then we talked about the lift chair  
3 recliner to help him get out of the wheelchair, is  
4 that right?

5 A. Not necessarily the wheelchair, it's a  
6 different chair.

7 When he's not in a wheelchair, he's in a  
8 recliner, can get up out of the recliner or whatever  
9 he's doing.

10 Q. Something that would help take the stress  
11 off of the shoulders, or any other body parts, right?

12 A. Yes, and his residual limb, and his  
13 contralateral leg.

14 Q. And what is the Hoyer lift again?

15 A. The harness device would get him out of  
16 bed.

17 Q. And that is the part that I missed, why  
18 can't he get out of bed?

19 A. Like I said, some days he may have a lot  
20 more pain, some days he may not be comfortable, some  
21 days will be harder to pull somebody out, or have  
22 someone pull him out of bed, or help him transfer, so  
23 you want to have that lift available for when they  
24 aren't able to get him out.

25 Q. He never told you he has any difficulty

1 getting out of bed, did he?

2 A. He said he had difficulty with all his  
3 activities of daily living.

4 Q. So he specifically told you that he had  
5 difficulties getting out of the bed to the point he  
6 may need a lift to get him out?

7 A. Correct.

8 Q. He told you that?

9 A. I don't know specifically that, but we  
10 talked about bed mobility, transfers, walking,  
11 getting in and out of the bathroom, getting in and  
12 out of his closet, just standing at a sink, since he  
13 only -- didn't have his prosthesis that fit, so a lot  
14 of different factors we discussed of his activities  
15 of daily living, and bed mobility is one of them.

16 Q. Can you point that out for me in your  
17 report where there was any reference in any way,  
18 shape, or form of him having difficulty getting out  
19 of bed to the point where he needs a \$5,000 lift?

20 A. Well, I think I just discussed some of the  
21 difficulties in his pain and functional difficulties,  
22 so that is his -- My assessment of his overall  
23 difficulties with his residual limb and pain.

24 Q. But I'm asking to show me anywhere in your  
25 report where you talked about any difficulty by him

1 getting in and out of bed.

2 A. It's about transfers and functions, so it's  
3 on page 2 in the chief complaint.

4 Q. Okay.

5 Would you -- I don't see transfer function.  
6 Would you read it?

7 A. Functional difficulties, prolonged sitting,  
8 numbness in buttocks.

9 Q. I'm just talking about --

10 A. I'm trying to answer your question.  
11 You cut me off.

12 THE COURT: Clarify the question, please.

13 BY MR. WEAVER:

14 Q. I'm not asking about getting in and out of  
15 chairs, we've gone over that in all the other  
16 categories.

17 What I'm specifically asking you, Dr. Fish,  
18 is:

19 Would you please tell me where in your  
20 report it says Mr. Moore has difficulty getting out  
21 of bed to the point he needs a \$5,000 lift?

22 A. Well, I tried to explain to you, it's the  
23 whole chief complaint and all the symptoms, and so  
24 getting out of bed, and getting out of a chair, and  
25 transferring to the toilet, and getting in the

1 shower, these are all different functional activities  
2 he's having difficulty with, and he described to me  
3 he's having pain, difficulty and needs help, so it's  
4 listed in the chief complaints.

5 Q. Where is it listed in the chief complaints,  
6 where are you talking about difficulty getting out of  
7 the chair?

8 A. That and the functional difficulties and  
9 the pain he has with the residual limb, and his  
10 pressure and pain in his limb while he's sitting, and  
11 numbness in his buttocks, these are all aspects of  
12 his other -- all functions.

13 Q. But nowhere is there a complaint about  
14 difficult getting out of bed, true?

15 A. I don't know specifically out of bed, but  
16 out of any type of chairs, or bed, or toilet.

17 Q. Can we go to the next page?

18 So we talked about why Mr. Moore needs  
19 eight hours of daily care every day, correct?

20 A. I think we covered it, yes.

21 Q. And then housekeeping, is that things that  
22 you understood Mr. Moore was doing at the time he no  
23 longer can?

24 A. Not that he no longer can, just has  
25 difficulty doing them with all his functional

1 deficits, it's hard to do laundry, cleaning of the  
2 house, making meals, doing dishes, all the things you  
3 would think that a housekeeper would do in tidying  
4 up, he's having a lot of problems with those, that's  
5 why I included that in the plan.

6 Q. Fair enough.

7 Those were things he told you he had been  
8 doing that he no longer can, is that right, that's  
9 true?

10 Q. About the residual limb pain, obviously if  
11 that was a significant issue, it would be something  
12 he would be raising over the last three years with of  
13 all people, a pain management specialist, true?

14 A. You would have to ask him.

15 Q. Can you think of any reason Mr. Moore  
16 wouldn't tell his pain management physician if he was  
17 having residual limb pain?

18 A. The frustrations of not having a limb, the  
19 embarrassment of not having a limb, the pain he has  
20 in his other factors, the fact the medication's  
21 helping him, the difficulty in getting physicians  
22 sometimes to listen to you and your complaints, the  
23 fact the visit may be very quick, he fell, feels  
24 frustrated, a lot of different things can go into  
25 that whole factor him not explaining clearly,

1 depression, anxiety, future care, limitations of what  
2 he's able to do at home.

3 Q. You don't have any evidence of any of those  
4 being a reason Mr. Moore hasn't told the pain  
5 management physician that, correct?

6 A. You would have to ask him.

7 Q. And then with regard to the medication you  
8 brought up, are you aware the pain management records  
9 are reflecting that Mr. Moore's having for lack of a  
10 better term 80 percent feeling better or success on  
11 his medications?

12 A. I'd have to see the record.

13 I don't recall.

14 Q. Would you have to see the records because  
15 you don't even know what pain medication or any  
16 medication he's on?

17 A. Yeah.

18 I know what medications he's on.

19 Q. What?

20 A. He's on Xarelto, Lisinopril, Oxycodone,  
21 aspirin --

22 Q. The success of any of his pain medicine  
23 you're unaware of, is that correct?

24 A. I don't understand.

25 Q. How successful his pain management is, is



1 not something that you are aware of, is that fair?

2 A. I don't understand what are you asking me.

3 Q. I'm asking you, do you have any idea what  
4 his pain management physicians are reporting how he's  
5 feeling with pain management?

6 A. Currently I don't know.

7 You would have to ask him.

8 Q. Is that something you knew at the time you  
9 evaluated him?

10 A. I had discussions with him about his  
11 current symptoms and problems, and his difficulties  
12 with his pain and phantom sensation, so I assume he  
13 would describe it to other providers.

14 Q. And, Dr. Fish, wrapping up in a moment, but  
15 you are a member of the American Academy Of Physical  
16 Medicine And Rehabilitation, correct?

17 A. Correct.

18 Q. And do you subscribe to the expert witness  
19 testimony principles of ethics, have you ever heard  
20 of them?

21 A. No.

22 Q. Okay.

23 Have you ever heard that expert witnesses  
24 who are members of the American Academy Of Physical  
25 Medicine And Rehabilitation have certain guidelines

1 they should follow?

2 MR. P. HYMANSON: Your Honor, may we  
3 approach?

4 THE COURT: Yes.

5 (Thereupon, a discussion was had between  
6 Court and counsel at sidebar.)

7 THE COURT: Thank you.

8 For the record, the objection is overruled,  
9 but with the understanding we talked about.

10 MR. WEAVER: Thank you, Your Honor.

11 Thank you, Dr. Fish.

12 THE WITNESS: You are welcome.

13 THE COURT: Mr. McBride, do you have any  
14 questions for this witness?

15 MR. MC BRIDE: Yes, Your Honor, I think  
16 just one.

17 - - - -

18 **CROSS-EXAMINATION OF DR. DAVID FISH**

19 BY MR. MC BRIDE:

20 Q. I want to assume hypothetically if Mr.  
21 Moore had been admitted to the hospital on December  
22 25, 2016 and started on thrombolytic therapy, but  
23 they were unable to clear the clot, and he would have  
24 required an above the knee amputation on 12:26 or  
25 12:27, would all of the items that you have listed,

1 would those still be items Mr. Moore would be  
2 required to have?

3 A. If he had the amputation?

4 Q. Yes.

5 A. Yes.

6 MR. MC BRIDE: That's all I have.

7 Thank you.

8 THE COURT: Mr. Hymanson, any redirect?

9 MR. P. HYMANSON: Briefly, Your Honor.

10 Thank you.

11 - - - -

12 **REDIRECT EXAMINATION OF DR. DAVID FISH**

13 BY MR. P. HYMANSON:

14 Q. Dr. Fish, I'm going to be quick.

15 You have been up for a long time.

16 Let's clarify a few things.

17 Is it unusual for a patient three years  
18 after they have an unexpected amputation to not have  
19 a lifecare plan in place like the one you are  
20 suggesting?

21 A. Unusual?

22 Q. Yes.

23 A. I don't know what you're asking.

24 Q. I'm asking, everything that you are  
25 recommending, if it hasn't been done yet, should it

1 be done?

2 A. Yes.

3 Q. All right.

4 And if it hasn't been recommended by the  
5 current treaters, does that mean that it's not  
6 necessary?

7 A. No.

8 Q. In your opinion do you think for the  
9 well-being and long-term care of Mr. Moore it's  
10 critical?

11 A. Yes.

12 Q. Have you ever recommended a replacement of  
13 a knee, or hip, or ankle, or elbow prior to trying  
14 some type of medication that alleviates the pain and  
15 allows someone to have a longer period with that  
16 joint?

17 A. It depends on the age of the individual.

18 Typically I'm going to try the conservative  
19 thing and least invasive, and there would be  
20 injections before going to a replacement.

21 Q. And this Dr. Jansen, who -- is he a medical  
22 doctor?

23 A. No, he's not.

24 Q. This gentleman, if I understand, is missing  
25 a leg.

1                   Are you aware of that?

2           A.     I have heard he has.

3           Q.     And apparently from what we've seen  
4           probably as high as the hip.

5           A.     I don't know where his amputation is.

6           Q.     Will that change any of your analyses or  
7           your recommendations to the ladies and gentlemen of  
8           the jury?

9           A.     No.

10          Q.     And when you were captain of the United  
11          States Army, and did you work with amputees during  
12          that time?

13          A.     Well, I was active duty, so we didn't have  
14          amputees.

15          Q.     Okay.

16                   Did you ever refer to anybody in the  
17          military, any patient, that is a nice looking stump?

18          A.     No.

19          Q.     When you did a fellowship in Baltimore --

20          A.     I did my residency at Johns Hopkins.

21          Q.     Probably the one of the most sought after  
22          residencies in the nation?

23          A.     Yeah.

24          Q.     Did you work with amputees then?

25          A.     I did, with Dr. Dillingham, one of the

1       foremost experts on amputations and prosthetics.

2           Q.     Did you ever hear Dr. Dillingham refer to a  
3       patient as that individual with a stump?

4           A.     He would have be so upset with any of the  
5       residents and any of the doctors that would refer to  
6       any individual that had a stump, and it was a  
7       residual limb.

8           Q.     Is it fair to say, if you would have done  
9       that, you would have been potentially a former  
10      resident?

11          A.     He became the chairman of the department,  
12      so yeah, there's certain things you get taught about  
13      respect for individuals, and those are one of the  
14      things I'll never forget.

15          Q.     All right.

16                 And is there anything in your afternoon  
17      discussion with counsel that changes your analysis of  
18      your left hip pain?

19          A.     No.

20          Q.     And the changes that you did not make in  
21      written form to your lifecare plan, they were less  
22      than 1,000, \$2,000, is that correct?

23          A.     Correct.

24          Q.     And you said, if I worked for the Defense,  
25      you wouldn't change anything in terms of how you did

1 your analysis.

2 In fact, you have worked for the Defense,  
3 haven't you?

4 A. I have.

5 Q. In fact, you worked for Mr. Weaver's firm,  
6 Lewis Brisbois?

7 A. Correct.

8 Q. Mr. McBride's firm as an expert?

9 A. I don't know if I worked with Mr. McBride.

10 Q. But you have worked both sides?

11 A. Yes.

12 Q. And whether you're working on the Defense  
13 side or Plaintiff's side, your testimony under oath  
14 doesn't change, does it?

15 A. No.

16 MR. P. HYMANSON: Dr. Fish, thank you.

17 THE COURT: Mr. Weaver, any recross?

18 MR. WEAVER: Thank you, Your Honor.

19 - - - -

20 **RECROSS-EXAMINATION OF DR. DAVID FISH**

21 BY MR. WEAVER:

22 Q. So, Dr. Fish, you have doubled down on how  
23 insulting it is on to refer to residual limb as a  
24 stump, right to the point where Mr. Hymanson's asking  
25 you if you used that term during your residency, you

1 might have got kicked out, that's how bad you think  
2 it is?

3 A. I know Dr. Dillingham, and he was like most  
4 of my mentors in medical school, especially at Johns  
5 Hopkins, sticklers about us being respectful to any  
6 individual with any kind of medical needs, and his  
7 interest mainly was in amputees, and I never used the  
8 word because it was drilled into us on the first day  
9 when we got to the rotations, you never would use  
10 that word out of respect for an individual.

11 Q. We're not just talking about differences of  
12 opinions and the language.

13 It's your testimony to this jury, that it's  
14 so insulting, so outside the norm of a term, that  
15 anybody who uses it like Dr. Jansen doesn't have  
16 insight with amputees, correct?

17 A. I think you're blowing it out of  
18 proportion, one, and being argumentative with me too,  
19 but what I'm saying is, that if someone is going to  
20 say they know much about amputees, and they are an  
21 amputee themselves, I would expect them to have at  
22 least a little bit of knowledge about how to respect  
23 other individual that have residual limbs.

24 If you want to make a big deal about this  
25 one term, that is fine, but you just asked me that



1 based on a lot of different factors with Mr. Jansen,  
2 and one of the things I noticed was the way he  
3 utilized the term.

4 So I don't know why it's such a big deal  
5 today, you're the one brought it up.

6 Q. The reason why I think it's a big deal  
7 today is because you made it a big deal in your your  
8 deposition because he used the term.

9 A. No, I didn't.

10 Q. Unless you're going to sustain another one,  
11 make your own objection --

12 MR. P. HYMANSON: I'll object.

13 Argumentative.

14 MR. WEAVER: I'll move on.

15 THE COURT: It is.

16 Go ahead.

17 BY MR. WEAVER:

18 Q. So you brought up my firm.

19 I want to be clear about this one more  
20 time.

21 You never would have told anybody working  
22 from the Defense that any number that you put on a  
23 lifecare plan here today in Las Vegas, comparing  
24 apples to apples, is anymore expensive than on any  
25 lifecare plan for any Defendant, right?

1           A.     So when I'm asked by the Defense to look at  
2     a lifecare plan, the Defense group always wants to  
3     know what you're on the hook for, and I'm going to  
4     give you the same numbers I gave on the Plaintiff as  
5     I did on Defense.

6           Q.     And you would never have told any lawyer on  
7     the Defense any of those numbers would be any  
8     different, right?

9           A.     The numbers are the numbers because that's  
10    the value of the community in terms of an average,  
11    and the Defense usually asks me, what are we on the  
12    hook for if this person gets all the care, and I tell  
13    them this is what they are on the hook for.

14          Q.     I want to be clear about this.  
15                  You would never have told say within the  
16    last year or two any Defense lawyer a number in any  
17    category that is different than any of those,  
18    specifically a lower number, right?

19          A.     I don't believe I did.

20                 MR. WEAVER:   Thank you.

21                 Thank you, Your Honor.

22                 THE COURT:    Mr. Hymanson.

23                 MR. P. HYMANSON:   Thank you, Your Honor.

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

- - - -

**REDIRECT EXAMINATION OF DR. DAVID**

BY MR. P. HYMANSON:

Q. So, Dr. Fish, you see where this is going, someone is going to come in, have literature in regards to a stump, someone will come in say, I can talk about a stump to a person missing a leg.

Does -- If that is to happen, does that change your opinion in the manner in which you and those that you have worked with over the decades would refer to a patient missing a limb?

A. No, it wouldn't me at all.

MR. P. HYMANSON: Thank you, sir.

THE COURT: Let's see if any of the jurors have questions for this witness.

It looks like we have a few jurors questions.

Go ahead and complete them, and make sure you include your juror name and juror number.

Once you complete them, the marshal will bring them to me.

Will counsel approach please to review the questions?

(Thereupon, a discussion was had between Court and counsel at sidebar.)

1 THE COURT: All right.

2 Dr. Fish, we do have some questions from  
3 the jurors. They appear to all be sort of stand  
4 alone questions, so I'm going to ask them one at a  
5 time.

6 You will respond to the best of your  
7 ability to the jurors, and of course when we are  
8 completed with all the questions, counsel will have  
9 an opportunity to follow-up.

10 The first question:

11 Was his smoking habit a factor in assessing  
12 Mr. Moore's life expectancy for purposes of the life  
13 plan?

14 THE WITNESS: Yes.

15 As you recall when I talked about the  
16 e3xpectation of life, I prefaced it by six years, and  
17 smoking would be a factor.

18 THE COURT: Do you know the approximate  
19 date of the three times that Mr. Moore fell since his  
20 amputation?

21 THE WITNESS: I don't.

22 THE COURT: Is the prosthetic cost on the  
23 chart the cost of new prosthetics, or the cost of  
24 parts slash supplies to fix slash modify Mr. Moore's  
25 existing prosthetic?

1 THE WITNESS: New.

2 We can always go into little details, but  
3 little brings break here, and there it's again to be  
4 detailed, and trying to give you a bigger picture,  
5 these are for new pieces, or a whole unit.

6 THE COURT: Okay.

7 Dr. Fish, how much of the lifecare plan is  
8 directed towards the above the knee amputation and  
9 potential future needs, and how much is directed  
10 towards Mr. Moore's co-morbidity?

11 THE WITNESS: Most of it's going to be  
12 directed at the above knee amputation.

13 The co-morbidity is a factor has to be  
14 dealt with within the plan.

15 THE COURT: Mr. Hymanson, any follow-up  
16 questions with regard to the jurors?

17 MR. P. HYMANSON: None.

18 Compliments to the jurors.

19 No questions, Your Honor.

20 THE COURT: How about Mr. Weaver?

21 MR. WEAVER: Just one moment, Your Honor.

22 THE COURT: Yes.

23 MR. MC BRIDE: Nothing from me, Your Honor.

24 THE COURT: All right.

25 MR. WEAVER: I'm just looking to see what

1 the co-morbidities were.

2 It's such a good question.

3 Thank you, Your Honor.

4 No questions.

5 THE COURT: All right. Thank you.

6 Dr. Fish, your testimony is completed.

7 You are excused.

8 THE WITNESS: Thank you.

9 THE COURT: Ladies and gentlemen of the  
10 jury, we are going to take our evening recess at this  
11 time, and we'll ask you to return tomorrow at 1:30  
12 and resume with testimony at that time.

13 (Jury admonished by the Court.)

14 THE COURT: Thank you.

15 Have a good night.

16 See you tomorrow.

17 (Jury excused from the courtroom.)

18

19

20

21

22

23

24

25

1           (Thereupon, the following proceedings were  
2 had out of the presence of the jury.):

3           THE COURT: Just a couple of quick  
4 housekeeping matters, then I want to have a quick  
5 scheduling decision.

6           Because this most recent thing we  
7 discussed, I wanted to note Court's Exhibit 7 and 8,  
8 those are marked respectively, the recent juror  
9 questions we asked of Dr. Fish.

10          Juror Number 1 had three questions we  
11 asked, and Juror Number 5 had one question.

12          I want to know the questions I did not ask  
13 on jurors number 1's list is Court's Exhibit 7, was  
14 because Juror Number 1 X'd it out, so that is the  
15 juror's mark, not the Court's.

16          We also had a bench conference with Dr.  
17 Fish's examination, this was an objection posed by Mr.  
18 Hymanson during Mr. Weaver's questioning when he was  
19 asking about errors in the report, and whether or not  
20 they had been corrected.

21          The report itself had been re-corrected, or  
22 reprinted, or reissued, however you want to phrase  
23 it, where Mr. Hymanson asked to approach.

24          We had some conversation about what we were  
25 discussing, and I think when we returned, Mr. Weaver

1 sort of clarified what he was asking, and finished  
2 that line of questioning there.

3 I honestly don't remember at this moment  
4 whether I sustained or overruled, but at the end of  
5 the day I think we were able to proceed properly with  
6 question.

7 Mr. Hymanson, any further record on that  
8 bench conference regarding the objection to the  
9 question regarding Dr. Fish, or regarding others in  
10 his report?

11 MR. P. HYMANSON: No, Your Honor.

12 THE COURT: Mr. Weaver.

13 MR. WEAVER: No, Your Honor.

14 THE COURT: The scheduling question then,  
15 do we have a better estimate now how far behind we  
16 are?

17 I know we thought today we would get done  
18 with him, and we were going to take a Defendant's  
19 witness out of order, and I'm guess you figured out  
20 that wasn't going to happen, but what are we looking  
21 at for tomorrow, and how far do we think we are  
22 behind right now?

23 I didn't finish explaining yesterday, I do  
24 not technically have a trial next week. I did have  
25 to send a three to four day criminal trial to



1 overflow. Obviously if you were only going to take  
2 Monday, we can take that trial back, and we are  
3 obligated to take them back if I don't know for sure  
4 about that until Thursday afternoon, before we appear  
5 at the overflow.

6 I'm assuming we're going past Monday of  
7 next week.

8 Any estimates from the Plaintiff how far  
9 behind we are?

10 MR. P. HYMANSON: Do you want to do that  
11 trial?

12 THE COURT: Don't ask me right now.

13 Mr. Arntz, what are we estimating we're at  
14 right now, so we can go to Dr. Lasry and the Moore's,  
15 what else do we have?

16 MR. ARNTZ: Are you calling Wilson?

17 MR. MC BRIDE: Yeah.

18 THE COURT: So --

19 MR. MC BRIDE: Wilson and Dr. Jansen.

20 THE COURT: Out of order then?

21 MR. MC BRIDE: Yes.

22 THE COURT: And then finish.

23 Anybody else besides that?

24 MR. WEAVER: For sure?

25 No.

1 THE COURT: That's them tomorrow, and I  
2 know we talked about taking the Moores on Thursday.

3 We are still trying to figure out a  
4 location. It's one of the things I haven't finished,  
5 but we will figure that out tomorrow to do that, but  
6 it will depend Mr. Moore in the morning or afternoon,  
7 so --

8 MR. ARNTZ: On Thursday?

9 I thought Thursday was a half day.

10 THE COURT: Yeah, that's right.

11 So sorry.

12 The afternoon on Thursday.

13 So then if we end up over into Friday,  
14 would it make a difference?

15 Where are we at?

16 MR. ARNTZ: Maybe a day behind.

17 THE COURT: Okay.

18 MR. MC BRIDE: As it stands right now, Your  
19 Honor, I would agree with that.

20 I would think we can try to push through.

21 The difficulty will be putting our clients  
22 on and getting them off and on.

23 I think at the most I would say we could do  
24 closings by Tuesday, Tuesday afternoon.

25 THE COURT: That is okay.

1 I'll leave the trial in overflow, but  
2 counsel didn't have huge heartburn over that.

3 I don't have any connection to it, other  
4 than it's assigned to me as the criminal docket.

5 When do we think we'll call Mr. Moore, to  
6 have a better idea?

7 MR. ARNTZ: I'm still looking at Thursday.

8 THE COURT: Okay.

9 I understand we can't be certain.

10 MR. ARNTZ: I can be flexible.

11 He may not be able to be flexible.

12 THE COURT: There may not be a dig  
13 difference on Thursday afternoon as Friday.

14 I don't want to ask now for Thursday and  
15 tomorrow go, never mind, make it for Friday.

16 I know upi can be flexible.

17 So are we better served saying Friday  
18 morning, or pretty sure Thursday afternoon, and need  
19 it for Thursday afternoon?

20 I'm trying to get some certainty as much as  
21 possible when you will call him, so I can get that  
22 arranged.

23 MR. MC BRIDE: We have some of our experts  
24 flying in for Friday, so our preference would be if  
25 they can be off and on on Friday, and we do the

1 Plaintiff's on Thursday, plan for that.

2 I think that was kind of our thinking.

3 THE COURT: If that works, that's fine,  
4 we'll secure something for Thursday afternoon.

5 MR. MC BRIDE: Great.

6 MR. ARNTZ: Okay.

7 THE COURT: Anything else?

8 MR. MC BRIDE: I don't think so, Your  
9 Honor.

10 MR. ARNTZ: Thank you.

11 THE COURT: Have a good night.

12 (Proceedings concluded.)

13

14

15

16

17

18

19

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

REPORTER'S CERTIFICATE

I, Bill Nelson, a Certified Court Reporter  
in and for the State of Nevada, hereby certify that  
pursuant to NRS 2398.030 I have not included the  
Social Security number of any person within this  
document.

I further Certify that I am not a relative  
or employee of any party involved in said action, not  
a person financially interested in said action.

\_\_\_\_\_/s/ Bill Nelson\_\_\_\_\_

Bill Nelson, RMR, CCR 191

C E R T I F I C A T E

STATE OF NEVADA )

) SS .

CLARK COUNTY )

I, Bill Nelson, RMR, CCR 191, do hereby  
certify that I reported the foregoing proceedings;  
that the same is true and correct as reflected by my  
original machine shorthand notes taken at said time  
and place.

/s/ Bill Nelson

Bill Nelson, RMR, CCR 191  
Certified Court Reporter  
Las Vegas, Nevada

#	1	5	acids <sup>[1]</sup> - 122:2 acknowledge <sup>[2]</sup> - 11:23, 12:1 acquired <sup>[1]</sup> - 52:2 action <sup>[2]</sup> - 163:11, 163:12 active <sup>[1]</sup> - 147:13 actively <sup>[1]</sup> - 128:24 activities <sup>[5]</sup> - 13:15, 63:4, 138:3, 138:14, 140:1 actual <sup>[5]</sup> - 13:8, 53:7, 66:20, 70:20, 102:2 ADA <sup>[1]</sup> - 34:6 add <sup>[5]</sup> - 19:21, 29:18, 45:4, 45:7, 79:1 adding <sup>[2]</sup> - 19:4, 79:7 addition <sup>[1]</sup> - 45:15 additional <sup>[7]</sup> - 5:24, 6:24, 50:4, 50:23, 64:6, 64:14, 134:17 additions <sup>[1]</sup> - 71:12 address <sup>[5]</sup> - 5:13, 8:10, 9:15, 42:17, 46:10 addressed <sup>[3]</sup> - 4:23, 11:6, 114:10 addresses <sup>[1]</sup> - 5:21 addressing <sup>[1]</sup> - 6:10 adequate <sup>[1]</sup> - 101:21 adjustable <sup>[5]</sup> - 32:6, 32:10, 32:18, 134:24, 135:5 admitted <sup>[3]</sup> - 9:8, 55:6, 144:21 admonished <sup>[2]</sup> - 42:23, 156:13 advantage <sup>[4]</sup> - 19:8, 109:13, 131:17, 136:21 advise <sup>[1]</sup> - 33:14 advised <sup>[1]</sup> - 98:23 afford <sup>[14]</sup> - 45:17, 45:23, 47:22, 48:5, 48:20, 50:3, 50:9, 52:1, 53:20, 54:5, 54:17, 56:18, 57:1, 59:16 afternoon <sup>[10]</sup> - 61:22, 148:16, 159:4, 160:6, 160:12, 160:24, 161:13, 161:18, 161:19, 162:4 age <sup>[2]</sup> - 16:6, 146:17 ago <sup>[14]</sup> - 60:11, 61:25, 64:5, 64:15, 68:18, 69:11, 72:15, 86:21, 90:11, 101:3, 101:10, 102:19, 117:11, 129:10 agree <sup>[17]</sup> - 49:15, 50:7, 54:4, 54:8, 57:7, 67:3, 72:22, 76:9, 91:13, 94:24, 94:25, 121:12, 122:18, 130:9, 130:12, 131:20, 160:19 agreed <sup>[1]</sup> - 67:5 ahead <sup>[7]</sup> - 4:7, 10:10, 53:18, 69:2, 86:11, 151:16, 153:18
#191 <sup>[1]</sup> - 1:24	1 <sup>[2]</sup> - 157:10, 157:14 1's <sup>[1]</sup> - 157:13 1,000 <sup>[1]</sup> - 148:22 10 <sup>[1]</sup> - 120:16 10,000 <sup>[1]</sup> - 136:6 10,565 <sup>[1]</sup> - 31:24 100 <sup>[1]</sup> - 9:7 112 <sup>[1]</sup> - 55:6 12 <sup>[1]</sup> - 3:6 12:26 <sup>[1]</sup> - 144:24 12:27 <sup>[1]</sup> - 144:25 133 <sup>[1]</sup> - 55:2 144-M <sup>[1]</sup> - 3:6 145 <sup>[1]</sup> - 3:6 149-W <sup>[1]</sup> - 3:6 15 <sup>[9]</sup> - 67:21, 69:22, 69:24, 69:25, 70:2, 70:16, 79:22, 80:1, 136:6 153 <sup>[1]</sup> - 3:7 18 <sup>[1]</sup> - 40:5 191 <sup>[3]</sup> - 163:16, 164:10, 164:19 19th <sup>[2]</sup> - 5:7, 89:17 1:30 <sup>[2]</sup> - 1:18, 156:11	5 <sup>[2]</sup> - 113:17, 157:11 5,000 <sup>[1]</sup> - 126:1	
\$		6	
\$1,000 <sup>[1]</sup> - 136:6 \$1,058.50 <sup>[1]</sup> - 31:23 \$10,000 <sup>[1]</sup> - 37:21 \$100,000 <sup>[1]</sup> - 25:8 \$112,000 <sup>[2]</sup> - 37:25, 38:25 \$12,250 <sup>[1]</sup> - 18:3 \$121,000 <sup>[1]</sup> - 113:24 \$15,944 <sup>[1]</sup> - 29:20 \$159,440 <sup>[1]</sup> - 29:21 \$18 <sup>[3]</sup> - 40:1, 40:3, 40:8 \$18,800.97 <sup>[1]</sup> - 27:3 \$1800 <sup>[2]</sup> - 16:6, 16:16 \$2,000 <sup>[2]</sup> - 36:23, 148:22 \$2,021,766 <sup>[1]</sup> - 41:19 \$20,000 <sup>[1]</sup> - 113:13 \$200 <sup>[1]</sup> - 126:10 \$200,000 <sup>[1]</sup> - 41:22 \$213,000 <sup>[1]</sup> - 39:1 \$245,000 <sup>[4]</sup> - 118:16, 119:20, 120:6, 120:19 \$270,000 <sup>[1]</sup> - 114:19 \$3,000 <sup>[1]</sup> - 68:18 \$30,000 <sup>[2]</sup> - 125:13, 125:17 \$32,352.44 <sup>[1]</sup> - 24:18 \$3500 <sup>[1]</sup> - 33:5 \$37,795 <sup>[1]</sup> - 27:5 \$4,106 <sup>[1]</sup> - 41:12 \$4,950 <sup>[1]</sup> - 15:22 \$41,479 <sup>[1]</sup> - 21:21 \$41,600 <sup>[1]</sup> - 41:13 \$44,660 <sup>[1]</sup> - 27:19 \$450 <sup>[1]</sup> - 23:8 \$5,000 <sup>[3]</sup> - 37:20, 138:19, 139:21 \$52,560 <sup>[1]</sup> - 40:13 \$525,600 <sup>[1]</sup> - 40:19 \$567,200 <sup>[1]</sup> - 41:16 \$64,740 <sup>[1]</sup> - 24:20 \$7,000 <sup>[1]</sup> - 33:6 \$80 <sup>[1]</sup> - 40:23 \$80,000 <sup>[3]</sup> - 33:13, 34:12, 136:3 \$9,220 <sup>[1]</sup> - 24:13 \$900 <sup>[1]</sup> - 68:12 \$9200 <sup>[1]</sup> - 25:13 \$98.67 <sup>[1]</sup> - 28:4 \$986 <sup>[1]</sup> - 28:5	2  2 <sup>[5]</sup> - 52:22, 53:6, 56:20, 56:24, 139:3 20 <sup>[1]</sup> - 120:16 2016 <sup>[1]</sup> - 144:22 2017 <sup>[1]</sup> - 55:2 2019 <sup>[3]</sup> - 5:2, 5:7, 89:17 2020 <sup>[2]</sup> - 1:18, 4:1 2398.030 <sup>[1]</sup> - 163:7 24 <sup>[2]</sup> - 39:23, 39:24 24-hour <sup>[1]</sup> - 39:15 24th <sup>[1]</sup> - 5:2 25 <sup>[3]</sup> - 1:11, 40:6, 144:22 29th <sup>[1]</sup> - 97:6	6 <sup>[1]</sup> - 31:25 61-W <sup>[1]</sup> - 3:6	7  7 <sup>[3]</sup> - 123:22, 157:7, 157:13 72 <sup>[1]</sup> - 16:6 78 <sup>[1]</sup> - 16:6
		8	
		8 <sup>[2]</sup> - 127:8, 157:7 80 <sup>[1]</sup> - 142:10 80,000 <sup>[2]</sup> - 33:18, 136:10	
		9	
		9 <sup>[1]</sup> - 127:18 900 <sup>[1]</sup> - 31:25 930 <sup>[1]</sup> - 55:2	
	3	A	
		A-17-766426-C <sup>[1]</sup> - 1:11 ability <sup>[3]</sup> - 24:8, 36:11, 154:7 ablation <sup>[2]</sup> - 113:25, 114:1 able <sup>[26]</sup> - 7:12, 11:8, 37:9, 37:13, 37:15, 38:13, 38:19, 38:20, 39:22, 43:23, 44:16, 46:10, 46:18, 46:19, 47:25, 48:5, 57:22, 83:20, 127:24, 131:22, 134:14, 136:9, 137:24, 142:2, 158:5, 161:11 absent <sup>[1]</sup> - 55:3 abuse <sup>[1]</sup> - 44:12 Academy <sup>[2]</sup> - 143:15, 143:24 accepted <sup>[2]</sup> - 118:18, 121:2 access <sup>[2]</sup> - 37:15, 38:19 accessories <sup>[3]</sup> - 37:23, 39:1, 134:23 accessory <sup>[2]</sup> - 32:2, 32:4 accurate <sup>[3]</sup> - 22:5, 52:18, 70:25 accurately <sup>[1]</sup> - 89:16 acetabulum <sup>[1]</sup> - 63:14 acid <sup>[1]</sup> - 122:7	
	4		
/	4 <sup>[4]</sup> - 1:18, 4:1, 53:14, 112:6 42.021 <sup>[1]</sup> - 55:3		
/s <sup>[2]</sup> - 163:15, 164:18			

<p><b>aid</b> [5] - 39:25, 41:7, 75:9, 81:2, 84:10</p> <p><b>air</b> [9] - 25:7, 32:7, 32:10, 32:17, 33:9, 134:24, 135:1, 135:2, 135:5</p> <p><b>airplane</b> [2] - 13:7, 125:15</p> <p><b>aisle</b> [1] - 51:8</p> <p><b>AL</b> [2] - 1:9, 1:12</p> <p><b>Alissa</b> [1] - 2:7</p> <p><b>alleviate</b> [1] - 17:21</p> <p><b>alleviates</b> [1] - 146:14</p> <p><b>allow</b> [9] - 38:18, 43:21, 46:18, 51:2, 51:4, 57:23, 60:2, 83:6, 130:22</p> <p><b>allowed</b> [4] - 44:5, 46:23, 56:13, 56:15</p> <p><b>allows</b> [3] - 37:7, 37:8, 146:15</p> <p><b>almost</b> [3] - 113:13, 115:6, 119:2</p> <p><b>alone</b> [2] - 122:19, 154:4</p> <p><b>American</b> [2] - 143:15, 143:24</p> <p><b>amount</b> [4] - 46:6, 68:10, 101:25, 102:1</p> <p><b>amounts</b> [3] - 68:8, 70:21, 70:22</p> <p><b>ample</b> [1] - 52:1</p> <p><b>amputation</b> [20] - 29:24, 30:3, 32:13, 48:17, 62:20, 63:7, 64:25, 73:17, 75:19, 87:20, 95:13, 120:24, 144:24, 145:3, 145:18, 147:5, 154:20, 155:8, 155:12</p> <p><b>amputations</b> [7] - 13:13, 62:22, 76:8, 94:15, 121:9, 125:9, 148:1</p> <p><b>amputee</b> [6] - 20:24, 29:5, 74:24, 75:19, 109:9, 150:21</p> <p><b>amputees</b> [14] - 15:6, 72:10, 72:11, 73:22, 74:25, 75:25, 76:8, 105:11, 147:11, 147:14, 147:24, 150:7, 150:16, 150:20</p> <p><b>analyses</b> [1] - 147:6</p> <p><b>analysis</b> [4] - 21:18, 29:22, 148:17, 149:1</p> <p><b>anatomic</b> [1] - 14:8</p> <p><b>anatomy</b> [1] - 14:13</p> <p><b>anesthesiologist</b> [1] - 114:14</p> <p><b>animal</b> [5] - 13:4, 13:5, 13:6, 13:9</p> <p><b>animals</b> [2] - 125:19, 126:21</p> <p><b>ankle</b> [5] - 15:13, 15:14, 15:17, 15:19, 146:13</p> <p><b>ankle-type</b> [1] - 15:19</p> <p><b>annual</b> [3] - 29:20, 31:23,</p>	<p>40:13</p> <p><b>answer</b> [6] - 48:7, 64:10, 83:6, 91:20, 116:21, 139:10</p> <p><b>answered</b> [3] - 82:22, 83:5, 83:24</p> <p><b>answers</b> [2] - 92:25, 112:21</p> <p><b>ante</b> [1] - 43:5</p> <p><b>ante-rooms</b> [1] - 43:5</p> <p><b>antibiotics</b> [1] - 20:16</p> <p><b>antidepressant</b> [1] - 19:6</p> <p><b>anxiety</b> [1] - 142:1</p> <p><b>anyway</b> [1] - 120:9</p> <p><b>apologize</b> [1] - 24:16</p> <p><b>appear</b> [3] - 42:1, 154:3, 159:4</p> <p><b>APPEARANCES</b> [1] - 2:2</p> <p><b>Appellate</b> [2] - 59:22, 60:10</p> <p><b>appellate</b> [1] - 55:19</p> <p><b>apples</b> [4] - 58:9, 151:24</p> <p><b>applicable</b> [4] - 44:11, 44:13, 44:14, 46:16</p> <p><b>application</b> [3] - 55:3, 59:10, 60:16</p> <p><b>applied</b> [1] - 55:24</p> <p><b>applies</b> [2] - 57:25, 59:12</p> <p><b>appreciate</b> [3] - 12:16, 43:6, 59:24</p> <p><b>approach</b> [6] - 12:8, 68:22, 88:20, 144:3, 153:22, 157:23</p> <p><b>approaches</b> [1] - 122:22</p> <p><b>appropriate</b> [5] - 7:12, 17:7, 60:8, 86:12, 111:1</p> <p><b>appropriately</b> [3] - 16:4, 70:11, 86:1</p> <p><b>approximate</b> [1] - 154:18</p> <p><b>area</b> [6] - 14:25, 17:2, 17:3, 44:10, 55:12, 106:15</p> <p><b>areas</b> [2] - 19:23, 20:1</p> <p><b>argue</b> [1] - 121:20</p> <p><b>arguing</b> [1] - 56:2</p> <p><b>argument</b> [15] - 7:19, 7:22, 7:24, 43:24, 45:4, 51:8, 51:21, 51:23, 52:9, 52:12, 53:16, 54:23, 56:14, 59:14, 59:24</p> <p><b>argumentative</b> [2] - 150:18, 151:13</p> <p><b>arguments</b> [3] - 8:5, 50:22, 50:23</p> <p><b>Army</b> [1] - 147:11</p> <p><b>Arntz</b> [7] - 2:3, 10:4, 47:15, 52:15, 52:19, 74:15, 159:13</p> <p><b>ARNTZ</b> [11] - 42:5, 53:7, 53:19, 54:11, 159:16, 160:8, 160:16, 161:7, 161:10, 162:6, 162:10</p> <p><b>Arntz's</b> [1] - 45:16</p>	<p><b>arrange</b> [1] - 11:8</p> <p><b>arranged</b> [1] - 161:22</p> <p><b>arthrosclerosis</b> [1] - 117:14</p> <p><b>arthrosclerotic</b> [1] - 121:21</p> <p><b>articulated</b> [2] - 83:21, 102:19</p> <p><b>aspect</b> [1] - 107:13</p> <p><b>aspects</b> [2] - 55:10, 140:11</p> <p><b>aspirin</b> [1] - 142:21</p> <p><b>assessing</b> [1] - 154:11</p> <p><b>assessment</b> [1] - 138:22</p> <p><b>assigned</b> [1] - 161:4</p> <p><b>assist</b> [1] - 113:14</p> <p><b>assistance</b> [1] - 39:16</p> <p><b>assistant</b> [1] - 96:24</p> <p><b>assisting</b> [1] - 39:8</p> <p><b>assistive</b> [2] - 39:4, 41:15</p> <p><b>assists</b> [1] - 36:20</p> <p><b>assume</b> [4] - 80:14, 96:3, 143:12, 144:20</p> <p><b>assumed</b> [1] - 95:23</p> <p><b>assuming</b> [5] - 17:10, 88:13, 95:6, 103:15, 159:6</p> <p><b>athletes</b> [2] - 119:9, 119:11</p> <p><b>attack</b> [1] - 19:22</p> <p><b>attendant</b> [1] - 100:18</p> <p><b>attending</b> [1] - 39:8</p> <p><b>attention</b> [1] - 6:3</p> <p><b>authored</b> [1] - 76:7</p> <p><b>available</b> [2] - 37:10, 137:23</p> <p><b>average</b> [4] - 24:24, 25:2, 79:13, 152:10</p> <p><b>avoid</b> [1] - 14:2</p> <p><b>award</b> [1] - 47:13</p> <p><b>aware</b> [18] - 14:2, 18:15, 86:6, 118:18, 122:4, 122:15, 123:13, 123:15, 123:18, 133:19, 133:21, 133:24, 134:6, 134:13, 142:8, 143:1, 147:1</p>	<p>110:2, 120:24, 151:1</p> <p><b>baseline</b> [1] - 14:4</p> <p><b>bases</b> [1] - 62:12</p> <p><b>basic</b> [6] - 49:23, 50:2, 50:11, 50:12, 57:3, 121:15</p> <p><b>basing</b> [3] - 93:24, 94:3, 94:4</p> <p><b>basis</b> [7] - 17:12, 21:2, 59:13, 59:22, 62:6, 113:9, 113:12</p> <p><b>bathroom</b> [15] - 20:25, 21:8, 21:10, 21:13, 29:7, 31:5, 31:9, 33:24, 80:13, 80:17, 80:22, 82:1, 117:5, 135:15, 138:11</p> <p><b>bathrooms</b> [2] - 34:5, 135:22</p> <p><b>battery</b> [2] - 16:23, 17:1</p> <p><b>battery's</b> [1] - 17:6</p> <p><b>became</b> [1] - 148:11</p> <p><b>become</b> [2] - 39:21, 112:10</p> <p><b>becomes</b> [1] - 56:10</p> <p><b>bed</b> [33] - 21:8, 23:3, 29:7, 29:9, 32:7, 32:14, 32:18, 32:20, 32:23, 33:7, 37:6, 37:9, 80:6, 80:12, 82:1, 82:2, 82:7, 133:3, 134:24, 137:16, 137:18, 137:22, 138:1, 138:5, 138:10, 138:15, 138:19, 139:1, 139:21, 139:24, 140:14, 140:15, 140:16</p> <p><b>beds</b> [1] - 135:5</p> <p><b>bedside</b> [4] - 30:18, 31:14, 133:6, 133:8</p> <p><b>begin</b> [2] - 12:6, 46:25</p> <p><b>beginning</b> [1] - 56:19</p> <p><b>behalf</b> [4] - 7:24, 50:18, 55:8, 75:5</p> <p><b>behind</b> [4] - 158:15, 158:22, 159:9, 160:16</p> <p><b>belief</b> [1] - 7:11</p> <p><b>below</b> [2] - 62:20, 113:24</p> <p><b>bench</b> [6] - 31:6, 31:15, 100:6, 105:13, 157:16, 158:8</p> <p><b>bends</b> [1] - 22:19</p> <p><b>benefit</b> [2] - 18:21, 110:13</p> <p><b>benefits</b> [1] - 44:17</p> <p><b>bent</b> [2] - 35:11, 36:5</p> <p><b>best</b> [12] - 14:1, 14:6, 14:8, 14:12, 19:3, 20:1, 29:14, 60:12, 85:19, 125:18, 154:6</p> <p><b>Bestick</b> [1] - 2:7</p> <p><b>bet</b> [2] - 49:7, 49:10</p> <p><b>better</b> [12] - 22:20, 24:6, 26:25, 39:22, 52:12, 103:5, 142:10, 158:15, 161:6, 161:17</p> <p><b>between</b> [8] - 10:1, 28:8, 43:11, 68:24, 105:15,</p>
<b>B</b>			
<p><b>bad</b> [3] - 37:10, 135:2, 150:1</p> <p><b>bag</b> [1] - 43:16</p> <p><b>balance</b> [1] - 115:2</p> <p><b>Baltimore</b> [1] - 147:19</p> <p><b>bars</b> [3] - 100:6, 100:19, 135:23</p> <p><b>Bartmus</b> [5] - 7:6, 47:10, 47:14, 57:15, 58:7</p> <p><b>Bartmus'</b> [1] - 6:20</p> <p><b>base</b> [2] - 107:13, 113:1</p> <p><b>based</b> [24] - 7:11, 10:4, 15:5, 18:3, 34:11, 41:24, 43:25, 54:11, 58:12, 74:24, 79:4, 79:12, 81:15, 83:19, 83:25, 85:12, 91:15, 105:10, 108:11, 108:13, 109:21,</p>			



<p>136:6, 144:5, 153:24  <b>beyond</b> [1] - 110:9  <b>big</b> [8] - 49:12, 49:21, 67:18, 126:25, 150:24, 151:4, 151:6, 151:7  <b>bigger</b> [2] - 49:17, 155:4  <b>Bill</b> [6] - 163:5, 163:15, 163:16, 164:10, 164:18, 164:19  <b>BILL</b> [1] - 1:24  <b>billing</b> [3] - 4:16, 5:24, 8:16  <b>bills</b> [4] - 4:16, 5:1, 5:12, 106:3  <b>binders</b> [1] - 88:13  <b>bit</b> [8] - 44:7, 44:19, 81:11, 100:3, 103:4, 116:16, 122:6, 150:22  <b>blank</b> [1] - 132:18  <b>bleeding</b> [1] - 16:1  <b>block</b> [2] - 70:1, 113:20  <b>blood</b> [6] - 15:21, 15:24, 16:1, 118:24, 119:3, 119:4  <b>blow</b> [1] - 25:7  <b>blowing</b> [1] - 150:17  <b>board</b> [5] - 12:8, 14:21, 14:22, 16:20, 62:15  <b>body</b> [4] - 27:23, 28:9, 93:6, 137:11  <b>bother</b> [3] - 92:6, 129:19, 129:21  <b>bottom</b> [2] - 96:14, 126:4  <b>bowel</b> [1] - 20:4  <b>brace</b> [3] - 23:8, 23:14, 129:6  <b>brain</b> [2] - 16:22, 19:11  <b>break</b> [5] - 10:8, 43:8, 43:11, 116:18, 155:3  <b>breakdown</b> [4] - 32:11, 32:18, 32:22, 33:11  <b>breakdowns</b> [1] - 33:3  <b>Breen</b> [1] - 2:3  <b>BRIDE</b> [19] - 4:10, 6:6, 7:2, 7:14, 50:21, 50:25, 53:1, 53:9, 144:15, 144:19, 145:6, 155:23, 159:17, 159:19, 159:21, 160:18, 161:23, 162:5, 162:8  <b>brief</b> [2] - 42:16, 42:21  <b>briefly</b> [5] - 21:25, 54:24, 62:18, 63:5, 145:9  <b>bring</b> [9] - 6:3, 35:15, 42:24, 61:4, 90:14, 90:18, 92:5, 92:23, 153:21  <b>bringing</b> [2] - 47:17, 88:15  <b>brings</b> [1] - 155:3  <b>Brisbois</b> [1] - 149:6  <b>broken</b> [1] - 39:13  <b>brought</b> [9] - 57:14, 92:12, 92:15, 127:2, 132:4, 133:17, 142:8, 151:5, 151:18</p>	<p><b>brushes</b> [1] - 80:23  <b>brushing</b> [1] - 82:3  <b>built</b> [2] - 27:13, 34:18  <b>bunch</b> [1] - 113:5  <b>butl</b> [1] - 43:10  <b>buttocks</b> [2] - 139:8, 140:11  <b>buy</b> [1] - 34:8  <b>BY</b> [24] - 1:23, 12:12, 36:8, 42:9, 61:21, 67:2, 69:5, 83:15, 88:11, 89:10, 92:22, 97:19, 103:6, 106:14, 108:1, 110:12, 134:5, 134:10, 139:13, 144:19, 145:13, 149:21, 151:17, 153:3</p> <p style="text-align: center;"><b>C</b></p> <p><b>calculation</b> [1] - 70:21  <b>calming</b> [1] - 19:17  <b>calms</b> [1] - 19:12  <b>cancers</b> [1] - 63:17  <b>cane</b> [4] - 29:5, 29:12, 29:18, 100:5  <b>cannot</b> [4] - 9:12, 44:9, 44:17, 59:2  <b>capability</b> [1] - 130:20  <b>capacity</b> [1] - 33:16  <b>captain</b> [1] - 147:10  <b>car</b> [4] - 47:14, 57:16, 84:20  <b>cardio</b> [2] - 103:21, 122:8  <b>cardio-thoracic</b> [1] - 103:21  <b>cardiopulmonary</b> [1] - 117:14  <b>care</b> [48] - 5:23, 12:25, 18:23, 19:4, 39:5, 39:17, 40:15, 41:16, 48:9, 66:9, 77:20, 80:15, 85:8, 85:15, 85:18, 86:12, 86:19, 87:17, 91:4, 93:15, 93:16, 93:23, 95:24, 96:4, 96:8, 96:9, 96:16, 97:13, 98:9, 98:15, 99:12, 99:22, 100:14, 100:18, 108:15, 111:14, 111:21, 112:3, 113:11, 120:2, 125:12, 125:14, 125:25, 128:6, 140:19, 142:1, 146:9, 152:12  <b>caregiver</b> [1] - 49:9  <b>carrying</b> [2] - 106:3, 106:6  <b>case</b> [17] - 4:17, 13:24, 46:15, 48:22, 56:6, 59:12, 62:3, 64:7, 64:14, 69:6, 82:8, 90:8, 104:24, 106:11, 106:21, 121:13, 122:20  <b>Case</b> [1] - 1:11  <b>cases</b> [2] - 44:15, 75:5  <b>categories</b> [2] - 108:23, 139:16</p>	<p><b>category</b> [3] - 108:25, 118:15, 152:17  <b>cautious</b> [1] - 23:12  <b>CCR</b> [4] - 1:24, 163:16, 164:10, 164:19  <b>cells</b> [1] - 119:4  <b>Center</b> [8] - 89:20, 89:24, 90:15, 90:18, 90:20, 91:11, 91:12, 91:18  <b>center</b> [2] - 111:16, 129:5  <b>central</b> [1] - 19:11  <b>certain</b> [8] - 59:5, 59:17, 101:25, 102:1, 102:6, 143:25, 148:12, 161:9  <b>certainly</b> [8] - 9:10, 44:25, 46:2, 49:2, 49:15, 51:11, 107:20, 125:3  <b>Certainly</b> [1] - 9:11  <b>certainty</b> [2] - 42:11, 161:20  <b>CERTIFICATE</b> [1] - 163:3  <b>CERTIFIED</b> [1] - 1:24  <b>Certified</b> [2] - 163:5, 164:20  <b>certify</b> [2] - 163:6, 164:11  <b>Certify</b> [1] - 163:10  <b>chair</b> [32] - 21:9, 23:20, 23:22, 24:1, 24:18, 25:8, 25:14, 25:15, 25:18, 25:24, 25:25, 30:19, 30:25, 31:14, 34:22, 35:1, 35:3, 35:8, 35:15, 36:1, 36:15, 36:19, 36:20, 36:23, 38:13, 38:19, 38:22, 117:5, 137:2, 137:6, 139:24, 140:7  <b>chairman</b> [1] - 148:11  <b>chairs</b> [3] - 25:4, 139:15, 140:16  <b>challenges</b> [1] - 62:19  <b>chance</b> [1] - 8:22  <b>change</b> [15] - 13:14, 20:11, 64:17, 66:17, 66:20, 70:6, 70:11, 71:7, 74:25, 75:3, 112:20, 147:6, 148:25, 149:14, 153:9  <b>changed</b> [11] - 16:11, 34:5, 62:4, 62:7, 62:9, 62:13, 68:6, 70:9, 85:11, 95:23, 135:17  <b>changes</b> [4] - 34:9, 66:13, 148:17, 148:20  <b>changing</b> [1] - 112:9  <b>charge</b> [2] - 16:6, 33:13  <b>chart</b> [7] - 79:24, 86:15, 94:13, 94:19, 97:1, 115:3, 154:23  <b>charts</b> [1] - 97:24  <b>chase</b> [1] - 116:21  <b>cheap</b> [1] - 28:1  <b>check</b> [1] - 6:21  <b>chief</b> [4] - 139:3, 139:23, 140:4, 140:5</p>	<p><b>chose</b> [2] - 108:13, 109:17  <b>chronic</b> [1] - 17:17  <b>chronically</b> [1] - 17:18  <b>circumstances</b> [5] - 57:20, 57:21, 60:8, 60:13, 60:17  <b>cite</b> [1] - 121:1  <b>cited</b> [1] - 56:7  <b>claim</b> [2] - 7:9, 49:20  <b>claims</b> [1] - 46:6  <b>clarification</b> [1] - 9:20  <b>clarified</b> [2] - 9:5, 158:1  <b>clarify</b> [2] - 139:12, 145:16  <b>CLARK</b> [2] - 1:6, 164:7  <b>cleaning</b> [1] - 141:1  <b>clear</b> [8] - 56:7, 66:21, 69:6, 71:20, 134:4, 144:23, 151:19, 152:14  <b>clearly</b> [2] - 109:12, 141:25  <b>clerk</b> [2] - 6:22, 9:11  <b>clients</b> [1] - 160:21  <b>clinic</b> [1] - 94:6  <b>closet</b> [5] - 33:23, 135:17, 135:19, 138:12  <b>closings</b> [1] - 160:24  <b>clot</b> [1] - 144:23  <b>clothes</b> [2] - 80:13, 82:2  <b>clotting</b> [1] - 16:1  <b>co</b> [3] - 155:10, 155:13, 156:1  <b>co-morbidities</b> [1] - 156:1  <b>co-morbidity</b> [2] - 155:10, 155:13  <b>Colace</b> [4] - 20:2, 20:22, 22:6, 127:24  <b>collagen</b> [1] - 122:6  <b>collateral</b> [15] - 44:9, 44:14, 46:15, 46:21, 52:4, 55:4, 55:5, 55:13, 58:16, 58:21, 58:24, 59:4, 59:10, 59:23, 60:16  <b>colleagues</b> [1] - 73:7  <b>column</b> [1] - 16:25  <b>combination</b> [4] - 19:18, 111:21, 122:9, 122:23  <b>combs</b> [1] - 80:23  <b>comfort</b> [1] - 125:14  <b>comfortable</b> [1] - 137:20  <b>coming</b> [7] - 4:16, 10:3, 39:18, 51:22, 58:8, 59:3, 89:5  <b>comment</b> [1] - 5:18  <b>commode</b> [3] - 49:24, 133:6, 133:8  <b>common</b> [4] - 19:19, 94:14, 94:15, 95:18  <b>commonly</b> [3] - 73:6, 119:13, 121:2  <b>communications</b> [1] - 65:23  <b>community</b> [10] - 24:5,</p>
--	--	--	--

<p>24:11, 38:5, 38:6, 38:12, 117:23, 121:16, 123:7, 152:10</p> <p><b>companion</b> [4] - 12:25, 125:12, 125:17, 125:25</p> <p><b>compare</b> [1] - 17:9</p> <p><b>comparing</b> [2] - 58:8, 151:23</p> <p><b>compatible</b> [1] - 34:6</p> <p><b>competent</b> [3] - 95:25, 96:4, 103:16</p> <p><b>complained</b> [1] - 91:12</p> <p><b>complaining</b> [1] - 15:19</p> <p><b>complaint</b> [3] - 139:3, 139:23, 140:13</p> <p><b>complaints</b> [6] - 93:21, 95:14, 95:19, 140:4, 140:5, 141:22</p> <p><b>complete</b> [4] - 11:11, 15:24, 153:18, 153:20</p> <p><b>completed</b> [2] - 154:8, 156:6</p> <p><b>completely</b> [1] - 26:23</p> <p><b>completion</b> [1] - 10:1</p> <p><b>complex</b> [3] - 120:12, 120:13, 120:14</p> <p><b>complexity</b> [1] - 136:7</p> <p><b>compliments</b> [1] - 155:18</p> <p><b>component</b> [13] - 27:24, 28:1, 28:10, 32:4, 32:20, 33:9, 38:24, 41:11, 44:15, 47:1, 119:6, 124:7, 124:13</p> <p><b>components</b> [2] - 27:15, 49:2</p> <p><b>compound</b> [1] - 122:7</p> <p><b>Comprehensive</b> [1] - 89:19</p> <p><b>compression</b> [1] - 28:5</p> <p><b>compromise</b> [1] - 84:16</p> <p><b>computer</b> [1] - 75:18</p> <p><b>concede</b> [1] - 49:1</p> <p><b>concept</b> [2] - 59:2, 59:9</p> <p><b>concern</b> [5] - 43:20, 44:5, 47:4, 47:5, 49:17</p> <p><b>concerned</b> [3] - 4:12, 79:17, 133:16</p> <p><b>conclude</b> [1] - 45:20</p> <p><b>concluded</b> [3] - 11:7, 12:3, 162:12</p> <p><b>condition</b> [2] - 14:5, 117:14</p> <p><b>conditioning</b> [1] - 20:6</p> <p><b>conference</b> [2] - 157:16, 158:8</p> <p><b>confirmation</b> [1] - 45:8</p> <p><b>confirmed</b> [2] - 45:18, 87:2</p> <p><b>conformity</b> [1] - 121:15</p> <p><b>confused</b> [4] - 85:12, 85:14, 85:17, 128:12</p> <p><b>confusion</b> [1] - 88:22</p> <p><b>conjunction</b> [1] - 128:20</p> <p><b>connected</b> [1] - 27:23</p> <p><b>connection</b> [1] - 161:3</p>	<p><b>conservative</b> [1] - 146:18</p> <p><b>consider</b> [4] - 59:22, 105:25, 106:2, 106:5</p> <p><b>consideration</b> [1] - 79:9</p> <p><b>considered</b> [1] - 63:18</p> <p><b>consist</b> [1] - 80:8</p> <p><b>constantly</b> [1] - 128:25</p> <p><b>constipated</b> [1] - 20:24</p> <p><b>consulted</b> [1] - 86:3</p> <p><b>contained</b> [1] - 135:3</p> <p><b>content</b> [1] - 19:12</p> <p><b>context</b> [3] - 77:17, 77:18, 77:19</p> <p><b>continual</b> [1] - 126:13</p> <p><b>CONTINUING</b> [1] - 12:11</p> <p><b>contractor</b> [3] - 33:15, 136:19, 136:21</p> <p><b>contralateral</b> [2] - 121:10, 137:13</p> <p><b>control</b> [1] - 19:15</p> <p><b>controversial</b> [2] - 121:18, 122:19</p> <p><b>conversation</b> [2] - 54:12, 157:24</p> <p><b>conversion</b> [2] - 37:24, 37:25</p> <p><b>convoluted</b> [2] - 99:17, 116:16</p> <p><b>copy</b> [3] - 5:8, 7:14, 109:2</p> <p><b>cord</b> [9] - 16:22, 20:15, 76:5, 93:4, 93:12, 123:2, 123:19, 123:23, 123:24</p> <p><b>correct</b> [195] - 12:3, 12:4, 17:25, 18:1, 18:6, 20:12, 21:5, 21:21, 23:6, 24:18, 24:19, 24:21, 24:24, 27:8, 29:2, 30:7, 31:1, 31:2, 31:17, 31:19, 31:24, 32:24, 34:21, 36:21, 36:25, 39:2, 39:3, 39:8, 40:2, 40:3, 40:9, 40:11, 40:12, 40:17, 40:23, 40:24, 41:13, 41:14, 41:17, 41:20, 41:21, 41:23, 57:19, 62:1, 62:2, 62:4, 62:7, 62:10, 62:13, 62:14, 62:23, 62:24, 64:11, 64:12, 64:15, 64:21, 64:22, 64:25, 65:1, 65:3, 65:4, 65:8, 65:13, 65:15, 65:17, 65:19, 65:20, 65:24, 65:25, 66:3, 66:4, 66:6, 66:7, 66:9, 66:11, 66:12, 66:18, 66:23, 67:8, 67:10, 67:16, 67:17, 67:22, 68:2, 68:7, 68:17, 68:20, 69:9, 69:13, 69:14, 69:16, 69:17, 69:18, 69:24, 70:15, 70:21, 70:22, 71:1, 71:5, 71:22, 72:6, 72:12, 72:21, 72:23, 73:8, 73:19, 73:22, 74:1, 74:4, 74:5,</p>	<p>74:12, 74:15, 74:16, 74:23, 76:11, 77:10, 78:7, 78:9, 78:13, 78:14, 78:23, 79:23, 80:7, 83:17, 86:8, 86:20, 87:15, 87:21, 88:1, 88:4, 89:25, 90:8, 90:9, 90:15, 91:2, 91:8, 91:9, 91:22, 92:2, 93:8, 93:12, 96:1, 99:22, 99:23, 101:11, 102:11, 103:12, 108:3, 108:4, 108:7, 108:8, 108:10, 108:12, 108:15, 109:5, 109:6, 109:8, 109:14, 110:14, 111:6, 111:17, 114:1, 114:5, 114:15, 114:16, 115:16, 117:2, 118:16, 118:17, 119:1, 123:7, 126:8, 126:9, 127:10, 127:19, 128:15, 128:16, 129:17, 129:18, 130:8, 130:11, 133:5, 134:15, 135:7, 138:7, 140:19, 142:5, 142:23, 143:16, 143:17, 148:22, 148:23, 149:7, 150:16, 164:12</p> <p><b>corrected</b> [5] - 68:6, 69:7, 69:8, 157:20, 157:21</p> <p><b>corrections</b> [5] - 69:12, 70:14, 70:24, 71:10, 78:7</p> <p><b>correctly</b> [1] - 70:1</p> <p><b>cosmetics</b> [1] - 122:3</p> <p><b>cost</b> [25] - 16:15, 18:5, 25:2, 27:3, 27:6, 27:10, 29:21, 31:1, 31:23, 33:5, 37:20, 37:21, 39:25, 40:13, 40:23, 41:18, 68:5, 70:7, 126:1, 136:3, 136:5, 154:22, 154:23</p> <p><b>costs</b> [2] - 12:23, 29:20</p> <p><b>couch</b> [1] - 115:23</p> <p><b>counsel</b> [17] - 4:18, 8:3, 18:11, 42:18, 51:5, 52:18, 61:12, 66:2, 68:25, 105:13, 105:16, 144:6, 148:17, 153:22, 153:25, 154:8, 161:2</p> <p><b>count</b> [1] - 15:24</p> <p><b>COUNTY</b> [2] - 1:6, 164:7</p> <p><b>couple</b> [5] - 21:17, 75:16, 77:4, 120:21, 157:3</p> <p><b>course</b> [5] - 9:21, 44:8, 52:11, 105:24, 154:7</p> <p><b>Court</b> [21] - 8:6, 9:11, 9:12, 11:10, 42:18, 42:23, 43:21, 45:5, 52:21, 52:22, 55:2, 56:7, 59:22, 60:10, 68:25, 105:16, 144:6, 153:25, 156:13, 163:5, 164:20</p> <p><b>court</b> [2] - 11:2, 61:10</p>	<p><b>COURT</b> [110] - 1:6, 1:24, 4:6, 6:5, 6:8, 6:12, 7:3, 7:16, 8:15, 8:20, 9:10, 9:19, 10:10, 11:3, 11:18, 12:5, 12:9, 35:5, 35:13, 35:21, 42:8, 42:15, 42:24, 43:4, 43:19, 46:14, 48:23, 49:5, 49:8, 49:11, 50:14, 50:18, 50:23, 51:1, 51:14, 52:20, 53:3, 53:10, 53:22, 54:2, 54:5, 54:10, 54:21, 55:9, 55:10, 55:16, 57:18, 60:19, 61:3, 61:8, 61:11, 61:16, 66:25, 68:23, 69:1, 82:21, 83:4, 83:9, 83:14, 88:8, 88:21, 92:19, 97:17, 103:2, 105:13, 105:17, 106:23, 107:4, 107:12, 109:24, 110:7, 133:24, 134:2, 134:9, 139:12, 144:4, 144:7, 144:13, 145:8, 149:17, 151:15, 152:22, 153:14, 154:1, 154:18, 154:22, 155:6, 155:15, 155:20, 155:22, 155:24, 156:5, 156:9, 156:14, 157:3, 158:12, 158:14, 159:12, 159:18, 159:20, 159:22, 160:1, 160:10, 160:17, 160:25, 161:8, 161:12, 162:3, 162:7, 162:11</p> <p><b>Court's</b> [10] - 6:3, 8:1, 35:4, 42:6, 52:24, 53:13, 55:18, 157:7, 157:13, 157:15</p> <p><b>courtroom</b> [3] - 43:1, 88:24, 156:17</p> <p><b>Courts</b> [1] - 52:23</p> <p><b>cover</b> [3] - 50:13, 54:17, 106:3</p> <p><b>coverage</b> [4] - 43:24, 47:11, 59:7, 59:8</p> <p><b>covered</b> [16] - 31:20, 45:1, 49:3, 49:16, 49:19, 50:8, 52:11, 53:21, 54:20, 58:15, 59:18, 60:3, 60:7, 102:20, 136:1, 140:20</p> <p><b>covering</b> [1] - 6:22</p> <p><b>CR</b> [1] - 3:5</p> <p><b>created</b> [1] - 71:8</p> <p><b>criminal</b> [2] - 158:25, 161:4</p> <p><b>critical</b> [2] - 21:4, 146:10</p> <p><b>CROSS</b> [2] - 61:20, 144:18</p> <p><b>cross</b> [4] - 10:2, 10:8, 42:17, 51:12</p> <p><b>cross-examination</b> [2] - 42:17, 51:12</p> <p><b>CROSS-EXAMINATION</b> [2] - 61:20, 144:18</p> <p><b>crutches</b> [7] - 29:13, 29:18,</p>
--	--	---	--

67:13, 67:14, 67:15, 69:15, 100:5 <b>crystal</b> [1] - 56:7 <b>CTRMC</b> [1] - 55:7 <b>cumbersome</b> [2] - 20:20, 26:8 <b>current</b> [15] - 33:22, 40:5, 43:22, 90:25, 96:3, 99:12, 103:20, 125:6, 127:13, 128:6, 130:4, 130:14, 132:23, 143:11, 146:5 <b>cushion</b> [3] - 28:8, 28:10, 30:22 <b>cushions</b> [1] - 27:12 <b>custom</b> [1] - 77:2 <b>cut</b> [4] - 14:3, 102:6, 116:20, 139:11 <b>CV</b> [4] - 75:17, 75:18, 75:20, 119:7 <b>Cymbalta</b> [6] - 19:6, 19:11, 19:18, 21:22, 22:7, 128:8	75:1, 75:6, 132:1, 148:24, 149:2, 149:12, 151:22, 152:1, 152:2, 152:5, 152:7, 152:11, 152:16 <b>deferred</b> [1] - 44:20 <b>deficits</b> [1] - 141:1 <b>defray</b> [1] - 135:3 <b>degree</b> [1] - 42:11 <b>Delaney</b> [1] - 1:17 <b>delay</b> [1] - 10:4 <b>deletions</b> [1] - 71:12 <b>deliberations</b> [1] - 105:25 <b>delicate</b> [1] - 20:23 <b>demonstrative</b> [1] - 53:17 <b>denied</b> [1] - 7:6 <b>department</b> [1] - 148:11 <b>Department</b> [1] - 73:16 <b>deposition</b> [67] - 4:25, 5:2, 18:10, 30:20, 39:6, 45:12, 46:7, 61:25, 64:4, 64:19, 65:22, 66:19, 66:22, 67:5, 67:25, 68:4, 68:19, 69:8, 69:11, 71:9, 71:21, 72:5, 72:8, 72:17, 75:4, 75:9, 76:24, 77:5, 77:12, 77:25, 78:2, 78:8, 82:9, 82:14, 82:18, 83:16, 83:19, 84:1, 84:2, 87:21, 87:24, 88:4, 88:5, 88:7, 89:2, 89:24, 90:6, 90:12, 90:22, 91:17, 94:1, 94:3, 95:22, 95:25, 101:2, 101:9, 102:10, 108:6, 110:20, 117:11, 117:18, 117:25, 118:10, 129:8, 131:15, 134:14, 151:8 <b>depositions</b> [1] - 65:17 <b>depression</b> [1] - 142:1 <b>Dept</b> [1] - 1:11 <b>describe</b> [1] - 143:13 <b>described</b> [2] - 95:20, 140:2 <b>designed</b> [1] - 111:11 <b>detail</b> [9] - 14:15, 20:13, 20:20, 30:11, 33:14, 80:21, 107:4, 127:5, 134:15 <b>detailed</b> [1] - 155:4 <b>details</b> [2] - 126:25, 155:2 <b>determination</b> [3] - 40:25, 83:2, 113:23 <b>devastating</b> [1] - 38:4 <b>device</b> [8] - 117:4, 117:20, 117:21, 124:5, 124:6, 124:11, 124:12, 137:15 <b>diagnosed</b> [2] - 104:16, 107:7 <b>diagnoses</b> [19] - 86:9, 86:14, 86:24, 87:1, 87:5, 87:9, 87:14, 94:8, 94:12, 94:13, 94:17, 94:18, 94:20, 95:2, 97:10, 97:23, 98:7, 98:14,	131:22 <b>diagnosis</b> [10] - 86:6, 86:14, 86:18, 86:22, 87:4, 95:18, 97:22, 108:10, 108:11, 113:22 <b>diagnostic</b> [6] - 13:17, 13:20, 14:14, 18:2, 127:9, 127:11 <b>die</b> [1] - 126:21 <b>difference</b> [8] - 68:5, 68:10, 70:6, 70:7, 106:10, 113:5, 160:14, 161:13 <b>differences</b> [1] - 150:11 <b>different</b> [31] - 19:23, 22:15, 23:20, 26:23, 28:6, 51:20, 53:4, 56:3, 57:2, 58:10, 63:11, 74:7, 74:18, 74:22, 77:17, 90:13, 90:14, 110:7, 111:1, 118:9, 122:6, 122:21, 122:22, 125:19, 137:6, 138:14, 140:1, 141:24, 151:1, 152:8, 152:17 <b>differently</b> [1] - 118:11 <b>difficult</b> [4] - 29:5, 32:25, 36:14, 140:14 <b>difficulties</b> [8] - 81:13, 138:5, 138:21, 138:23, 139:7, 140:8, 143:11 <b>difficulty</b> [13] - 52:7, 62:23, 137:25, 138:2, 138:18, 138:25, 139:20, 140:2, 140:3, 140:6, 140:25, 141:21, 160:21 <b>dig</b> [1] - 161:12 <b>Dillingham</b> [3] - 147:25, 148:2, 150:3 <b>DIRECT</b> [1] - 12:11 <b>direct</b> [1] - 42:19 <b>directed</b> [3] - 155:8, 155:9, 155:12 <b>disabilities</b> [1] - 34:6 <b>disagree</b> [2] - 68:9, 129:13 <b>disarticulation</b> [1] - 63:9 <b>discuss</b> [4] - 5:12, 106:1, 106:5, 130:5 <b>discussed</b> [13] - 15:20, 17:15, 39:10, 70:12, 93:20, 101:12, 112:8, 115:3, 115:9, 128:5, 138:14, 138:20, 157:7 <b>discussing</b> [1] - 157:25 <b>discussion</b> [20] - 6:25, 7:22, 18:10, 18:11, 33:19, 51:2, 60:21, 61:6, 68:24, 70:14, 79:15, 81:14, 94:11, 97:25, 105:15, 129:12, 133:14, 144:5, 148:17, 153:24 <b>discussions</b> [2] - 15:4, 143:10 <b>dishes</b> [1] - 141:2	<b>dislocation</b> [1] - 23:12 <b>disorders</b> [1] - 16:1 <b>dispute</b> [3] - 55:21, 55:23, 122:20 <b>disputes</b> [1] - 33:15 <b>distance</b> [1] - 25:23 <b>DISTRICT</b> [1] - 1:6 <b>dit's</b> [1] - 73:3 <b>docket</b> [1] - 161:4 <b>doctor</b> [7] - 21:20, 50:13, 85:20, 88:23, 101:19, 103:1, 146:22 <b>doctor's</b> [1] - 88:6 <b>doctors</b> [7] - 14:4, 85:24, 86:3, 86:5, 109:11, 122:22, 148:5 <b>document</b> [2] - 71:4, 163:9 <b>documents</b> [3] - 64:16, 64:20, 64:23 <b>dog</b> [13] - 12:25, 13:2, 19:4, 125:12, 125:14, 125:17, 125:25, 126:2, 126:13, 126:16, 126:18, 126:19, 126:22 <b>dogs</b> [1] - 13:12 <b>dollar</b> [3] - 56:24, 70:21, 70:22 <b>dollars</b> [4] - 56:20, 67:19, 68:19, 92:14 <b>done</b> [29] - 5:3, 12:20, 41:10, 44:17, 47:20, 55:13, 69:10, 71:17, 76:2, 87:17, 97:16, 103:1, 104:25, 105:1, 114:2, 114:9, 114:11, 114:14, 123:7, 135:11, 135:13, 136:15, 136:19, 136:24, 145:25, 146:1, 148:8, 158:17 <b>door</b> [12] - 44:4, 45:15, 45:24, 47:6, 47:16, 51:10, 51:13, 57:11, 58:2, 58:23, 59:14, 59:20 <b>door's</b> [2] - 54:19, 57:21 <b>doors</b> [5] - 34:4, 34:18, 135:13, 135:14, 135:18 <b>dorsal</b> [1] - 16:25 <b>double</b> [1] - 6:21 <b>doubled</b> [1] - 149:22 <b>doubt</b> [1] - 49:18 <b>down</b> [9] - 33:20, 51:14, 80:3, 96:22, 116:18, 117:24, 119:3, 126:19, 149:22 <b>DR</b> [7] - 3:5, 12:11, 61:20, 144:18, 145:12, 149:20, 153:2 <b>dr</b> [1] - 3:6 <b>Dr</b> [94] - 4:20, 4:25, 5:3, 7:3, 7:12, 8:8, 8:13, 8:17, 8:19, 9:1, 10:4, 10:10, 11:8,
<b>D</b>			
<b>dailies</b> [2] - 53:23, 54:21 <b>daily</b> [5] - 21:2, 63:4, 138:3, 138:15, 140:19 <b>damages</b> [1] - 106:4 <b>danger</b> [1] - 50:11 <b>DARELL</b> [1] - 1:9 <b>Darell</b> [1] - 5:16 <b>date</b> [4] - 91:24, 95:24, 100:16, 154:19 <b>David</b> [1] - 3:6 <b>DAVID</b> [6] - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2 <b>day's</b> [1] - 6:23 <b>day-to-day</b> [2] - 13:15, 113:8 <b>days</b> [4] - 37:10, 137:19, 137:20, 137:21 <b>deal</b> [8] - 10:1, 10:5, 109:11, 125:9, 150:24, 151:4, 151:6, 151:7 <b>dealt</b> [1] - 155:14 <b>decades</b> [3] - 51:7, 73:5, 153:10 <b>December</b> [1] - 144:21 <b>decided</b> [2] - 48:10, 67:15 <b>decipher</b> [1] - 105:9 <b>decision</b> [2] - 44:20, 157:5 <b>declined</b> [1] - 110:17 <b>decreased</b> [1] - 20:6 <b>Defendant</b> [2] - 7:7, 151:25 <b>Defendant's</b> [1] - 158:18 <b>Defendants</b> [4] - 1:13, 2:6, 53:2, 106:6 <b>Defense</b> [19] - 72:9, 73:4, 73:16, 74:8, 74:18, 74:21,			

<p>11:16, 11:19, 12:14, 29:22, 42:3, 42:10, 42:19, 43:4, 43:12, 44:21, 45:8, 45:17, 45:25, 46:2, 46:5, 47:10, 47:19, 48:4, 48:12, 48:15, 49:2, 49:22, 50:6, 50:7, 56:17, 56:20, 58:2, 58:7, 60:2, 60:14, 61:12, 61:22, 62:18, 64:4, 67:14, 72:9, 72:20, 73:4, 85:7, 86:16, 87:3, 87:12, 88:12, 89:11, 89:23, 93:11, 96:12, 97:5, 98:4, 103:21, 105:22, 106:15, 107:5, 108:22, 109:16, 111:13, 125:10, 127:2, 131:17, 131:18, 134:6, 139:17, 143:14, 144:11, 145:14, 146:21, 147:25, 148:2, 149:16, 149:22, 150:3, 150:15, 153:4, 154:2, 155:7, 156:6, 157:9, 157:16, 158:9, 159:14, 159:19</p> <p><b>draw</b> <sup>[1]</sup> - 63:11</p> <p><b>drawing</b> <sup>[1]</sup> - 28:18</p> <p><b>drew</b> <sup>[1]</sup> - 14:23</p> <p><b>drilled</b> <sup>[1]</sup> - 150:8</p> <p><b>drive</b> <sup>[1]</sup> - 38:18</p> <p><b>driver's</b> <sup>[2]</sup> - 38:15, 84:22</p> <p><b>due</b> <sup>[2]</sup> - 45:22, 87:18</p> <p><b>duplicated</b> <sup>[1]</sup> - 66:16</p> <p><b>durable</b> <sup>[7]</sup> - 30:9, 30:24, 31:22, 50:5, 100:8, 101:16, 132:11</p> <p><b>during</b> <sup>[8]</sup> - 24:13, 39:16, 82:5, 84:9, 84:11, 147:11, 149:25, 157:18</p> <p><b>duty</b> <sup>[1]</sup> - 147:13</p> <p><b>dying</b> <sup>[1]</sup> - 17:17</p> <p><b>dynamic</b> <sup>[3]</sup> - 71:4, 112:20, 130:7</p>	<p><b>elbow</b> <sup>[1]</sup> - 146:13</p> <p><b>electric</b> <sup>[20]</sup> - 23:18, 23:21, 24:7, 24:17, 24:22, 25:14, 25:18, 25:20, 25:25, 26:5, 26:6, 30:21, 30:25, 38:10, 38:14, 44:24, 84:22, 101:10, 129:7, 129:8</p> <p><b>electricity</b> <sup>[1]</sup> - 16:24</p> <p><b>electronic</b> <sup>[1]</sup> - 132:17</p> <p><b>electronically</b> <sup>[1]</sup> - 88:19</p> <p><b>elevate</b> <sup>[1]</sup> - 36:21</p> <p><b>elicited</b> <sup>[1]</sup> - 44:22</p> <p><b>eliminate</b> <sup>[2]</sup> - 17:10, 17:19</p> <p><b>embarrassment</b> <sup>[1]</sup> - 141:19</p> <p><b>emotional</b> <sup>[1]</sup> - 19:12</p> <p><b>employee</b> <sup>[1]</sup> - 163:11</p> <p><b>encompass</b> <sup>[1]</sup> - 81:6</p> <p><b>encompasses</b> <sup>[1]</sup> - 108:6</p> <p><b>end</b> <sup>[7]</sup> - 11:10, 59:9, 60:1, 105:19, 105:24, 158:4, 160:13</p> <p><b>ends</b> <sup>[1]</sup> - 121:10</p> <p><b>energy</b> <sup>[2]</sup> - 63:1, 63:3</p> <p><b>enhanced</b> <sup>[1]</sup> - 119:11</p> <p><b>entire</b> <sup>[6]</sup> - 12:21, 12:23, 40:20, 63:2, 63:25, 77:6</p> <p><b>entitled</b> <sup>[4]</sup> - 7:21, 103:14, 103:17, 105:24</p> <p><b>envelope</b> <sup>[1]</sup> - 89:5</p> <p><b>environment</b> <sup>[1]</sup> - 21:11</p> <p><b>epidemic</b> <sup>[1]</sup> - 17:16</p> <p><b>equally</b> <sup>[3]</sup> - 72:19, 73:19</p> <p><b>equipment</b> <sup>[14]</sup> - 25:10, 30:9, 30:13, 30:24, 31:22, 50:5, 50:6, 100:4, 100:8, 101:16, 126:13, 132:12, 135:2, 135:16</p> <p><b>equipped</b> <sup>[1]</sup> - 38:14</p> <p><b>error</b> <sup>[6]</sup> - 51:3, 51:16, 52:14, 60:2, 68:11, 70:8</p> <p><b>errors</b> <sup>[4]</sup> - 68:4, 69:7, 69:12, 157:19</p> <p><b>especially</b> <sup>[5]</sup> - 23:12, 95:19, 112:19, 133:11, 150:4</p> <p><b>Esq</b> <sup>[6]</sup> - 2:3, 2:4, 2:4, 2:6, 2:6, 2:7</p> <p><b>essence</b> <sup>[1]</sup> - 26:17</p> <p><b>essential</b> <sup>[1]</sup> - 51:24</p> <p><b>essentially</b> <sup>[2]</sup> - 43:21, 51:21</p> <p><b>establish</b> <sup>[3]</sup> - 107:9, 113:1, 113:2</p> <p><b>establishing</b> <sup>[1]</sup> - 45:25</p> <p><b>estimate</b> <sup>[1]</sup> - 158:15</p> <p><b>estimates</b> <sup>[1]</sup> - 159:8</p> <p><b>estimating</b> <sup>[1]</sup> - 159:13</p> <p><b>ET</b> <sup>[2]</sup> - 1:9, 1:12</p> <p><b>ethics</b> <sup>[1]</sup> - 143:19</p> <p><b>evaluate</b> <sup>[3]</sup> - 5:15, 85:22, 131:21</p>	<p><b>evaluated</b> <sup>[11]</sup> - 16:4, 29:24, 30:5, 85:23, 87:14, 98:10, 98:12, 110:3, 111:22, 131:19, 143:9</p> <p><b>evaluation</b> <sup>[8]</sup> - 5:9, 5:20, 32:3, 41:25, 89:12, 130:5, 131:18, 131:19</p> <p><b>evening</b> <sup>[4]</sup> - 39:12, 80:21, 83:22, 156:10</p> <p><b>event</b> <sup>[2]</sup> - 110:21, 111:19</p> <p><b>eventually</b> <sup>[3]</sup> - 120:25, 121:10, 121:25</p> <p><b>evidence</b> <sup>[7]</sup> - 4:15, 7:8, 8:6, 9:16, 55:6, 55:8, 142:3</p> <p><b>exact</b> <sup>[2]</sup> - 46:24, 77:16</p> <p><b>exactly</b> <sup>[4]</sup> - 74:11, 74:14, 117:17, 129:11</p> <p><b>examination</b> <sup>[1]</sup> - 157:17</p> <p><b>examination</b> <sup>[4]</sup> - 5:16, 42:17, 42:19, 51:12</p> <p><b>EXAMINATION</b> <sup>[6]</sup> - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2</p> <p><b>examined</b> <sup>[3]</sup> - 66:5, 87:4, 98:5</p> <p><b>example</b> <sup>[15]</sup> - 30:24, 49:22, 56:16, 56:23, 56:24, 57:7, 57:9, 57:12, 58:4, 75:8, 93:4, 93:5, 116:10, 125:15</p> <p><b>examples</b> <sup>[2]</sup> - 54:8, 59:17</p> <p><b>exception</b> <sup>[4]</sup> - 43:22, 46:16, 58:24, 60:15</p> <p><b>excuse</b> <sup>[1]</sup> - 70:3</p> <p><b>excused</b> <sup>[3]</sup> - 43:1, 156:7, 156:17</p> <p><b>exercise</b> <sup>[4]</sup> - 24:9, 115:10, 118:1, 118:6</p> <p><b>exercising</b> <sup>[2]</sup> - 20:7, 117:20</p> <p><b>exhibit</b> <sup>[3]</sup> - 52:22, 88:23, 88:25</p> <p><b>Exhibit</b> <sup>[7]</sup> - 9:7, 52:22, 52:23, 52:24, 53:14, 157:7, 157:13</p> <p><b>existing</b> <sup>[1]</sup> - 154:25</p> <p><b>exists</b> <sup>[1]</sup> - 47:5</p> <p><b>expect</b> <sup>[4]</sup> - 9:11, 91:23, 98:1, 150:21</p> <p><b>expectancy</b> <sup>[2]</sup> - 31:23, 154:12</p> <p><b>expectation</b> <sup>[1]</sup> - 58:13</p> <p><b>expense</b> <sup>[1]</sup> - 8:16</p> <p><b>expenses</b> <sup>[3]</sup> - 5:19, 7:9, 59:3</p> <p><b>expensive</b> <sup>[9]</sup> - 21:22, 22:3, 24:25, 25:4, 27:13, 34:9, 38:24, 49:13, 151:24</p> <p><b>experience</b> <sup>[18]</sup> - 15:6, 18:4, 19:24, 41:24, 51:19, 73:25, 75:25, 79:4, 79:8, 79:12, 81:15, 105:10, 112:10,</p>	<p>120:24, 121:24, 129:2, 135:8, 136:15</p> <p><b>expert</b> <sup>[8]</sup> - 7:8, 33:16, 72:9, 73:4, 104:23, 143:18, 143:23, 149:8</p> <p><b>expertise</b> <sup>[2]</sup> - 18:4, 41:24</p> <p><b>experts</b> <sup>[2]</sup> - 148:1, 161:23</p> <p><b>explain</b> <sup>[11]</sup> - 13:1, 14:16, 16:7, 16:17, 18:20, 32:8, 33:17, 37:1, 38:1, 114:24, 139:22</p> <p><b>explained</b> <sup>[2]</sup> - 54:12, 125:13</p> <p><b>explaining</b> <sup>[2]</sup> - 141:25, 158:23</p> <p><b>explored</b> <sup>[1]</sup> - 57:22</p> <p><b>extension</b> <sup>[1]</sup> - 22:18</p> <p><b>extrapolate</b> <sup>[1]</sup> - 54:18</p> <p><b>extremely</b> <sup>[1]</sup> - 34:2</p> <p><b>extremities</b> <sup>[1]</sup> - 16:2</p>
<b>F</b>			
			<p><b>face</b> <sup>[2]</sup> - 122:12, 122:14</p> <p><b>facilities</b> <sup>[2]</sup> - 73:15, 73:16</p> <p><b>fact</b> <sup>[10]</sup> - 5:1, 41:5, 48:14, 86:6, 94:4, 101:17, 141:20, 141:23, 149:2, 149:5</p> <p><b>factor</b> <sup>[6]</sup> - 41:12, 126:22, 141:25, 154:11, 154:17, 155:13</p> <p><b>factors</b> <sup>[4]</sup> - 13:14, 138:14, 141:20, 151:1</p> <p><b>facts</b> <sup>[1]</sup> - 105:4</p> <p><b>factual</b> <sup>[2]</sup> - 62:6, 62:12</p> <p><b>fair</b> <sup>[31]</sup> - 34:14, 47:3, 48:2, 50:1, 56:10, 57:3, 70:25, 72:15, 76:8, 94:22, 103:10, 105:12, 106:19, 109:17, 110:6, 111:23, 113:21, 117:10, 117:15, 119:12, 123:11, 123:14, 126:17, 128:9, 131:19, 133:25, 136:14, 136:20, 141:6, 143:1, 148:8</p> <p><b>fairly</b> <sup>[2]</sup> - 43:8, 46:11</p> <p><b>fairness</b> <sup>[2]</sup> - 44:5, 57:22</p> <p><b>fall</b> <sup>[4]</sup> - 21:16, 31:8, 31:10, 31:12</p> <p><b>fallen</b> <sup>[6]</sup> - 21:16, 29:16, 133:15, 133:20, 134:8, 134:11</p> <p><b>falls</b> <sup>[2]</sup> - 134:15, 134:18</p> <p><b>family</b> <sup>[3]</sup> - 41:4, 77:2</p> <p><b>far</b> <sup>[14]</sup> - 7:3, 79:17, 109:20, 111:5, 117:24, 118:2, 123:10, 127:13, 128:7, 129:7, 129:15, 158:15, 158:21, 159:8</p> <p><b>father</b> <sup>[2]</sup> - 134:7, 134:11</p>

<b>favor</b> <sup>[1]</sup> - 57:14 <b>feasible</b> <sup>[1]</sup> - 54:14 <b>February</b> <sup>[2]</sup> - 1:18, 4:1 <b>federal</b> <sup>[3]</sup> - 44:11, 55:3, 59:11 <b>fee</b> <sup>[2]</sup> - 40:3, 59:5 <b>fell</b> <sup>[3]</sup> - 134:16, 141:23, 154:19 <b>fellowship</b> <sup>[1]</sup> - 147:19 <b>felt</b> <sup>[8]</sup> - 17:1, 44:4, 71:17, 85:18, 90:7, 93:22, 97:21, 124:21 <b>femur</b> <sup>[1]</sup> - 63:15 <b>fend</b> <sup>[1]</sup> - 39:22 <b>few</b> <sup>[17]</sup> - 11:6, 60:20, 61:25, 64:5, 64:15, 67:7, 69:11, 72:15, 90:11, 101:2, 101:9, 109:10, 114:20, 117:11, 129:9, 145:16, 153:16 <b>field</b> <sup>[3]</sup> - 41:25, 121:2, 121:3 <b>figure</b> <sup>[2]</sup> - 160:3, 160:5 <b>figured</b> <sup>[1]</sup> - 158:19 <b>filed</b> <sup>[2]</sup> - 4:13, 8:23 <b>final</b> <sup>[1]</sup> - 54:23 <b>finalized</b> <sup>[1]</sup> - 89:7 <b>financially</b> <sup>[1]</sup> - 163:12 <b>fine</b> <sup>[5]</sup> - 42:8, 50:25, 52:5, 150:25, 162:3 <b>finish</b> <sup>[4]</sup> - 83:6, 94:4, 158:23, 159:22 <b>finished</b> <sup>[4]</sup> - 12:20, 83:8, 158:1, 160:4 <b>firm</b> <sup>[4]</sup> - 72:14, 149:5, 149:8, 151:18 <b>first</b> <sup>[11]</sup> - 4:19, 13:20, 22:11, 31:15, 32:6, 89:11, 108:24, 118:15, 120:4, 150:8, 154:10 <b>Fisg</b> <sup>[1]</sup> - 60:2 <b>FISH</b> <sup>[5]</sup> - 12:11, 61:20, 144:18, 145:12, 149:20 <b>Fish</b> <sup>[69]</sup> - 3:6, 4:20, 4:25, 5:3, 7:12, 8:9, 8:13, 8:17, 8:19, 9:1, 10:4, 10:11, 11:8, 11:16, 11:19, 12:14, 29:22, 42:3, 42:10, 42:20, 43:4, 44:21, 45:8, 45:17, 45:25, 46:2, 46:5, 47:19, 48:4, 48:12, 48:15, 49:3, 49:22, 50:6, 50:7, 56:17, 56:20, 58:2, 60:15, 61:12, 61:22, 62:18, 64:4, 85:7, 86:16, 87:3, 87:12, 88:12, 89:11, 89:23, 98:4, 105:22, 106:15, 107:5, 108:22, 127:2, 134:6, 139:17, 143:14, 144:11, 145:14, 149:16, 149:22, 153:4, 154:2, 155:7, 156:6, 157:9, 158:9 <b>Fish's</b> <sup>[3]</sup> - 7:19, 9:23, 157:17 <b>fit</b> <sup>[6]</sup> - 26:17, 26:25, 33:22, 37:18, 38:14, 138:13 <b>fitted</b> <sup>[6]</sup> - 100:24, 101:4, 101:7, 101:11, 101:13, 129:9 <b>fitting</b> <sup>[3]</sup> - 27:7, 124:20, 124:22 <b>five</b> <sup>[12]</sup> - 24:17, 31:19, 33:4, 36:24, 37:20, 42:22, 67:21, 69:25, 70:2, 70:16, 134:25, 135:5 <b>fix</b> <sup>[1]</sup> - 154:24 <b>flexibility</b> <sup>[1]</sup> - 25:20 <b>flexible</b> <sup>[3]</sup> - 161:10, 161:11, 161:16 <b>flexion</b> <sup>[1]</sup> - 22:18 <b>flexion-extension</b> <sup>[1]</sup> - 22:18 <b>flow</b> <sup>[1]</sup> - 16:2 <b>flying</b> <sup>[1]</sup> - 161:24 <b>focus</b> <sup>[1]</sup> - 20:21 <b>focused</b> <sup>[2]</sup> - 41:8, 92:7 <b>focusing</b> <sup>[2]</sup> - 44:22, 129:24 <b>fold</b> <sup>[1]</sup> - 51:21 <b>follow</b> <sup>[6]</sup> - 9:3, 65:23, 131:23, 144:1, 154:9, 155:15 <b>follow-up</b> <sup>[5]</sup> - 9:3, 65:23, 131:23, 154:9, 155:15 <b>following</b> <sup>[8]</sup> - 4:4, 11:1, 43:2, 61:1, 61:9, 93:22, 133:17, 157:1 <b>food</b> <sup>[1]</sup> - 126:12 <b>footage</b> <sup>[2]</sup> - 33:21, 34:11 <b>force</b> <sup>[3]</sup> - 15:2, 15:16, 15:17 <b>foregoing</b> <sup>[1]</sup> - 164:11 <b>foremost</b> <sup>[1]</sup> - 148:1 <b>forget</b> <sup>[3]</sup> - 38:22, 94:12, 148:14 <b>forgotten</b> <sup>[1]</sup> - 81:6 <b>form</b> <sup>[2]</sup> - 138:18, 148:21 <b>formal</b> <sup>[2]</sup> - 76:16, 76:19 <b>formality</b> <sup>[1]</sup> - 89:8 <b>formalized</b> <sup>[1]</sup> - 66:20 <b>formed</b> <sup>[3]</sup> - 90:21, 107:17, 107:22 <b>former</b> <sup>[2]</sup> - 33:14, 148:9 <b>formulate</b> <sup>[2]</sup> - 41:2, 131:22 <b>formulated</b> <sup>[7]</sup> - 86:17, 86:19, 94:8, 97:22, 98:7, 98:8, 102:12 <b>forth</b> <sup>[1]</sup> - 22:19 <b>forthcoming</b> <sup>[2]</sup> - 79:16, 79:20 <b>foundation</b> <sup>[3]</sup> - 4:24, 6:7, 44:7 <b>four</b> <sup>[10]</sup> - 25:12, 27:4, 29:6, 39:12, 84:8, 84:25, 85:4, 102:3, 122:10, 158:25 <b>frame</b> <sup>[1]</sup> - 102:7 <b>frankly</b> <sup>[2]</sup> - 48:8, 48:14 <b>fraud</b> <sup>[2]</sup> - 47:22, 48:21 <b>frequency</b> <sup>[1]</sup> - 114:1 <b>frequently</b> <sup>[1]</sup> - 27:22 <b>Friday</b> <sup>[22]</sup> - 11:10, 12:3, 45:8, 45:18, 62:10, 62:13, 62:19, 65:11, 67:24, 69:7, 70:13, 76:15, 86:16, 91:7, 98:4, 116:6, 160:13, 161:13, 161:15, 161:17, 161:24, 161:25 <b>front</b> <sup>[1]</sup> - 30:15 <b>frustrated</b> <sup>[2]</sup> - 93:23, 141:24 <b>frustrations</b> <sup>[1]</sup> - 141:18 <b>full</b> <sup>[1]</sup> - 43:7 <b>fun</b> <sup>[1]</sup> - 38:8 <b>function</b> <sup>[6]</sup> - 13:4, 15:25, 21:7, 100:14, 109:11, 139:5 <b>functional</b> <sup>[11]</sup> - 21:18, 34:13, 34:14, 34:17, 37:11, 112:10, 138:21, 139:7, 140:1, 140:8, 140:25 <b>functioning</b> <sup>[2]</sup> - 16:3, 16:8 <b>functions</b> <sup>[2]</sup> - 139:2, 140:12 <b>furnishing</b> <sup>[1]</sup> - 32:4 <b>furnishings</b> <sup>[3]</sup> - 32:2, 39:1, 134:22 <b>fuse</b> <sup>[1]</sup> - 63:23 <b>future</b> <sup>[12]</sup> - 5:21, 14:5, 56:2, 56:21, 86:19, 95:16, 98:8, 98:15, 99:22, 105:10, 142:1, 155:9 	<b>grab</b> <sup>[2]</sup> - 13:9, 135:23 <b>graft</b> <sup>[1]</sup> - 13:18 <b>granted</b> <sup>[1]</sup> - 59:1 <b>great</b> <sup>[2]</sup> - 54:2, 162:5 <b>ground</b> <sup>[2]</sup> - 29:16, 36:12 <b>group</b> <sup>[1]</sup> - 152:2 <b>growth</b> <sup>[1]</sup> - 122:8 <b>guess</b> <sup>[2]</sup> - 26:17, 158:19 <b>guessing</b> <sup>[3]</sup> - 30:17, 60:11, 92:25 <b>guide</b> <sup>[1]</sup> - 105:25 <b>guidelines</b> <sup>[1]</sup> - 143:25 
<b>G</b> <b>gambit</b> <sup>[1]</sup> - 123:24 <b>game</b> <sup>[1]</sup> - 56:11 <b>gel</b> <sup>[2]</sup> - 27:21, 28:8 <b>general</b> <sup>[6]</sup> - 44:9, 47:8, 56:9, 59:9, 59:13, 97:5 <b>generally</b> <sup>[4]</sup> - 44:11, 49:1, 57:20, 60:9 <b>generation</b> <sup>[1]</sup> - 16:24 <b>generic</b> <sup>[5]</sup> - 21:23, 22:2, 22:4, 22:7, 22:8 <b>gentleman</b> <sup>[1]</sup> - 146:24 <b>gentlemen</b> <sup>[13]</sup> - 11:4, 13:2, 14:17, 16:7, 16:17, 18:20, 32:9, 33:17, 37:2, 38:2, 105:17, 147:7, 156:9 <b>gently</b> <sup>[1]</sup> - 22:17 <b>given</b> <sup>[10]</sup> - 6:19, 6:24, 16:1, 59:17, 97:10, 105:19, 105:23, 111:20, 112:2 <b>goal</b> <sup>[2]</sup> - 8:8 <b>Golden</b> <sup>[1]</sup> - 125:18 <b>government</b> <sup>[1]</sup> - 44:12 	<b>H</b> <b>habit</b> <sup>[1]</sup> - 154:11 <b>hair</b> <sup>[1]</sup> - 80:23 <b>half</b> <sup>[1]</sup> - 160:9 <b>hallways</b> <sup>[4]</sup> - 34:4, 34:19, 135:15, 135:20 <b>hand</b> <sup>[2]</sup> - 100:6, 100:19 <b>happy</b> <sup>[2]</sup> - 35:17, 62:17 <b>hard</b> <sup>[5]</sup> - 25:17, 32:15, 34:2, 36:17, 141:1 <b>harder</b> <sup>[1]</sup> - 137:21 <b>hardware</b> <sup>[3]</sup> - 15:11, 16:10, 17:8 <b>harm</b> <sup>[1]</sup> - 58:19 <b>harness</b> <sup>[2]</sup> - 37:8, 137:15 <b>harnesses</b> <sup>[1]</sup> - 126:12 <b>head</b> <sup>[2]</sup> - 28:24, 69:21 <b>heal</b> <sup>[1]</sup> - 118:25 <b>healed</b> <sup>[1]</sup> - 23:15 <b>health</b> <sup>[18]</sup> - 5:23, 39:25, 41:7, 48:9, 66:8, 75:9, 81:2, 84:10, 85:8, 93:15, 95:24, 96:4, 97:13, 99:12, 111:20, 112:3, 112:15, 128:6 <b>hear</b> <sup>[3]</sup> - 6:9, 7:23, 148:2 <b>heard</b> <sup>[6]</sup> - 6:15, 44:20, 51:8, 143:19, 143:23, 147:2 <b>hearing</b> <sup>[1]</sup> - 113:21 <b>heart</b> <sup>[1]</sup> - 24:8 <b>heartburn</b> <sup>[1]</sup> - 161:2 <b>hearts</b> <sup>[1]</sup> - 121:21 <b>heavy</b> <sup>[3]</sup> - 37:5, 84:16 <b>held</b> <sup>[3]</sup> - 7:1, 55:2, 72:8 <b>help</b> <sup>[36]</sup> - 13:15, 17:18, 31:7, 32:17, 36:21, 37:3, 78:16, 78:17, 78:18, 78:21, 79:14, 80:5, 81:12, 81:19, 81:24, 82:12, 83:22, 83:23, 84:9, 85:4, 90:23, 100:13, 110:21, 110:25, 111:1, 113:6, 118:25, 119:14, 120:4, 122:9, 122:23, 137:3, 137:10, 137:22, 140:3 

<p><b>helped</b> [1] - 90:24</p> <p><b>helper</b> [1] - 13:6</p> <p><b>helping</b> [6] - 24:2, 36:20, 37:4, 41:2, 100:13, 141:21</p> <p><b>helps</b> [4] - 19:7, 19:8, 19:13, 19:19</p> <p><b>hereby</b> [2] - 163:6, 164:10</p> <p><b>high</b> [2] - 15:7, 147:4</p> <p><b>higherm</b> [1] - 24:25</p> <p><b>highly</b> [1] - 13:12</p> <p><b>himself</b> [3] - 39:20, 48:13, 123:6</p> <p><b>hip</b> [41] - 13:21, 13:23, 13:25, 14:15, 14:19, 15:3, 15:5, 15:18, 16:5, 16:13, 20:14, 22:15, 23:8, 23:11, 23:13, 62:22, 63:8, 63:9, 63:15, 63:18, 63:21, 63:25, 91:8, 91:13, 91:18, 114:18, 115:3, 116:8, 116:13, 116:23, 116:25, 117:9, 119:17, 119:21, 120:10, 120:20, 122:4, 129:6, 146:13, 147:4, 148:18</p> <p><b>hired</b> [1] - 75:1</p> <p><b>history</b> [1] - 23:25</p> <p><b>hobbies</b> [1] - 84:17</p> <p><b>hold</b> [5] - 42:5, 72:23, 72:25, 82:21, 82:24</p> <p><b>home</b> [27] - 12:18, 32:2, 32:4, 33:12, 37:14, 38:7, 38:25, 39:4, 39:25, 41:7, 41:15, 47:14, 49:9, 49:14, 75:8, 81:2, 84:9, 84:10, 85:5, 99:8, 100:19, 128:22, 134:22, 135:10, 136:12, 136:13, 142:2</p> <p><b>hone</b> [2] - 51:20, 52:8</p> <p><b>honestly</b> [1] - 158:3</p> <p><b>Honor</b> [44] - 4:23, 7:15, 8:2, 8:3, 9:4, 10:9, 11:15, 12:7, 35:19, 42:7, 49:18, 54:1, 54:24, 55:12, 60:18, 61:18, 66:24, 68:21, 69:4, 82:19, 88:20, 92:17, 97:14, 102:25, 106:20, 109:22, 110:5, 110:11, 133:22, 144:2, 144:10, 144:15, 145:9, 149:18, 152:21, 152:23, 155:19, 155:21, 155:23, 156:3, 158:11, 158:13, 160:19, 162:9</p> <p><b>Honorable</b> [1] - 1:17</p> <p><b>hook</b> [3] - 152:3, 152:12, 152:13</p> <p><b>hope</b> [6] - 8:9, 23:1, 79:18, 81:22, 85:6, 96:5</p> <p><b>hopefully</b> [1] - 126:15</p> <p><b>Hopkins</b> [2] - 147:20, 150:5</p> <p><b>Hospital</b> [4] - 64:24, 87:10,</p>	<p>87:19, 87:25</p> <p><b>hospital</b> [3] - 23:3, 87:16, 144:21</p> <p><b>hospitalizations</b> [1] - 113:18</p> <p><b>hour</b> [7] - 39:14, 40:1, 40:3, 40:6, 40:8, 79:22, 80:1</p> <p><b>hours</b> [26] - 23:5, 39:7, 39:11, 39:12, 39:23, 39:24, 40:10, 77:20, 78:16, 78:21, 79:1, 79:2, 79:5, 79:13, 80:5, 80:8, 81:2, 81:19, 81:24, 83:21, 83:22, 84:8, 85:1, 85:4, 140:19</p> <p><b>house</b> [17] - 26:2, 33:22, 34:3, 34:7, 34:8, 34:10, 34:13, 34:20, 37:17, 41:9, 57:17, 84:13, 84:19, 84:20, 115:19, 136:17, 141:2</p> <p><b>housekeeper</b> [1] - 141:3</p> <p><b>housekeeping</b> [5] - 40:22, 41:1, 41:11, 140:21, 157:4</p> <p><b>houses</b> [1] - 34:16</p> <p><b>Hoyer</b> [5] - 37:2, 37:3, 37:7, 37:13, 137:14</p> <p><b>huge</b> [1] - 161:2</p> <p><b>humbling</b> [2] - 112:12, 115:12</p> <p><b>hundred</b> [1] - 33:20</p> <p><b>hundreds</b> [1] - 92:13</p> <p><b>hyaluronic</b> [2] - 122:2, 122:7</p> <p><b>HYMANSON</b> [43] - 6:11, 8:1, 8:18, 9:3, 9:15, 10:9, 11:14, 12:7, 12:12, 35:4, 35:19, 36:8, 42:3, 42:6, 42:9, 42:13, 51:2, 52:15, 54:24, 55:11, 66:24, 68:21, 82:19, 83:1, 92:17, 97:14, 102:24, 106:20, 109:22, 110:4, 133:22, 134:1, 144:2, 145:9, 145:13, 149:16, 151:12, 152:23, 153:3, 153:13, 155:17, 158:11, 159:10</p> <p><b>Hymanson</b> [17] - 2:4, 2:4, 6:9, 11:13, 12:6, 51:1, 65:11, 75:17, 76:10, 77:7, 131:16, 145:8, 152:22, 155:15, 157:18, 157:23, 158:7</p> <p><b>Hymanson's</b> [2] - 71:3, 149:24</p> <p><b>hypothetically</b> [1] - 144:20</p> <p style="text-align: center;"><b>I</b></p> <p><b>idea</b> [9] - 13:24, 14:6, 31:4, 33:21, 38:3, 90:19, 120:19, 143:3, 161:6</p> <p><b>identified</b> [5] - 65:18, 87:24,</p>	<p>91:18, 94:20, 95:2</p> <p><b>identifies</b> [2] - 118:19, 122:16</p> <p><b>image</b> [1] - 63:11</p> <p><b>imaging</b> [1] - 14:1</p> <p><b>immaterial</b> [1] - 106:10</p> <p><b>imminently</b> [1] - 111:8</p> <p><b>impact</b> [1] - 58:5</p> <p><b>imperative</b> [1] - 105:20</p> <p><b>implant</b> [1] - 20:16</p> <p><b>implantation</b> [1] - 124:11</p> <p><b>implements</b> [1] - 29:14</p> <p><b>implicate</b> [1] - 60:15</p> <p><b>implication</b> [1] - 56:25</p> <p><b>implicitly</b> [1] - 45:18</p> <p><b>implied</b> [1] - 57:10</p> <p><b>implies</b> [2] - 45:10, 57:20</p> <p><b>important</b> [4] - 77:9, 112:15, 112:25, 124:21</p> <p><b>impression</b> [3] - 47:20, 48:19, 56:23</p> <p><b>improper</b> [1] - 107:18</p> <p><b>improve</b> [1] - 97:9</p> <p><b>IN</b> [1] - 1:6</p> <p><b>in-home</b> [1] - 49:9</p> <p><b>inability</b> [1] - 58:19</p> <p><b>inaccurate</b> [2] - 66:23, 67:5</p> <p><b>inappropriate</b> [1] - 110:1</p> <p><b>incident</b> [7] - 48:15, 91:25, 95:24, 99:13, 100:1, 100:16, 102:18</p> <p><b>include</b> [4] - 29:13, 39:24, 89:19, 153:19</p> <p><b>included</b> [7] - 15:15, 27:10, 30:22, 113:5, 124:3, 141:5, 163:7</p> <p><b>including</b> [1] - 117:13</p> <p><b>independently</b> [1] - 9:13</p> <p><b>indicate</b> [3] - 7:4, 52:5, 59:13</p> <p><b>indicated</b> [22] - 7:11, 45:13, 48:3, 48:11, 48:16, 50:6, 71:2, 78:11, 103:9, 103:10, 106:19, 107:15, 108:15, 109:7, 114:4, 114:19, 123:5, 126:1, 127:14, 128:8, 131:15, 134:25</p> <p><b>indicating</b> [1] - 44:1</p> <p><b>indication</b> [2] - 78:12, 125:21</p> <p><b>individual</b> [16] - 13:11, 21:19, 34:1, 37:7, 39:11, 41:3, 73:13, 81:7, 105:8, 114:8, 146:17, 148:3, 148:6, 150:6, 150:10, 150:23</p> <p><b>individually</b> [1] - 122:19</p> <p><b>individuals</b> [6] - 13:13, 18:25, 79:12, 81:15, 121:24, 148:13</p> <p><b>indulgence</b> [2] - 8:1, 42:6</p> <p><b>inevitable</b> [1] - 120:9</p>	<p><b>infer</b> [2] - 51:5, 56:15</p> <p><b>inference</b> [1] - 56:25</p> <p><b>inferred</b> [1] - 57:10</p> <p><b>inflate</b> [1] - 32:19</p> <p><b>inflation</b> [1] - 40:2</p> <p><b>information</b> [11] - 4:20, 5:24, 60:14, 91:5, 129:25, 130:6, 130:11, 130:15, 131:8, 132:7, 134:17</p> <p><b>informed</b> [1] - 4:19</p> <p><b>initial</b> [1] - 33:5</p> <p><b>injecting</b> [1] - 122:4</p> <p><b>injection</b> [2] - 120:15, 122:13</p> <p><b>injections</b> [10] - 69:23, 93:5, 113:19, 114:7, 118:16, 120:3, 120:7, 120:18, 121:17, 146:20</p> <p><b>injury</b> [2] - 23:13, 38:4</p> <p><b>inquire</b> [4] - 43:23, 46:17, 50:14, 107:20</p> <p><b>inquiry</b> [3] - 9:24, 44:6, 58:3</p> <p><b>insert</b> [1] - 93:11</p> <p><b>inside</b> [3] - 27:25, 38:19, 46:7</p> <p><b>insight</b> [5] - 72:10, 72:20, 73:8, 73:21, 150:16</p> <p><b>instance</b> [2] - 44:23, 55:23</p> <p><b>instead</b> [2] - 72:12, 73:10</p> <p><b>instruction</b> [3] - 105:19, 105:21, 105:23</p> <p><b>insulting</b> [9] - 72:11, 72:19, 73:3, 73:7, 73:12, 73:19, 73:20, 149:23, 150:14</p> <p><b>insurance</b> [6] - 9:8, 46:20, 51:5, 105:3, 106:3, 106:6</p> <p><b>insure</b> [2] - 23:14, 28:8</p> <p><b>insured</b> [1] - 106:9</p> <p><b>insurers</b> [1] - 52:3</p> <p><b>intact</b> [1] - 16:10</p> <p><b>integrate</b> [1] - 38:9</p> <p><b>integration</b> [1] - 24:5</p> <p><b>intend</b> [1] - 4:20</p> <p><b>intended</b> [1] - 105:25</p> <p><b>intending</b> [1] - 109:20</p> <p><b>intention</b> [1] - 8:15</p> <p><b>interarticular</b> [1] - 63:21</p> <p><b>interest</b> [1] - 150:7</p> <p><b>interested</b> [2] - 125:23, 163:12</p> <p><b>interrupt</b> [1] - 6:4</p> <p><b>interview</b> [3] - 76:12, 76:17, 76:20</p> <p><b>interviewed</b> [2] - 76:10, 76:15</p> <p><b>introduce</b> [5] - 47:8, 55:7, 56:1, 57:4, 57:5</p> <p><b>introduced</b> [1] - 56:8</p> <p><b>invalid</b> [1] - 39:20</p> <p><b>invasive</b> [4] - 14:7, 14:12,</p>
--	---	--	---

<p>146:19  <b>involved</b> [5] - 19:10, 21:2, 27:6, 38:5, 163:11  <b>issue</b> [13] - 8:24, 9:24, 42:18, 43:20, 45:24, 47:16, 55:19, 55:25, 57:2, 57:8, 124:25, 133:9, 141:11  <b>issues</b> [13] - 9:5, 20:21, 49:25, 50:2, 54:19, 54:25, 94:14, 95:12, 95:15, 98:6, 121:19, 133:12  <b>item</b> [8] - 26:11, 27:18, 32:6, 33:12, 34:22, 37:23, 60:6, 67:19  <b>items</b> [14] - 9:13, 27:13, 43:24, 49:21, 49:23, 50:12, 51:24, 58:13, 74:7, 111:12, 144:25, 145:1  <b>itself</b> [1] - 157:21</p> <p style="text-align: center;"><b>J</b></p> <p><b>Jacobson</b> [1] - 131:17  <b>Jansen</b> [9] - 67:14, 72:9, 72:20, 131:18, 146:21, 150:15, 151:1, 159:19  <b>JASON</b> [1] - 1:12  <b>JAVS</b> [2] - 6:21, 8:22  <b>job</b> [1] - 21:6  <b>Johns</b> [2] - 147:20, 150:4  <b>join</b> [1] - 11:6  <b>joining</b> [1] - 50:21  <b>joint</b> [10] - 15:10, 27:12, 63:22, 114:17, 115:4, 116:7, 119:14, 122:9, 122:24, 146:16  <b>joints</b> [2] - 116:3, 121:10  <b>Joseph</b> [1] - 2:4  <b>joust</b> [1] - 8:12  <b>judgment</b> [3] - 4:13, 6:17, 7:5  <b>JUDICIAL</b> [1] - 1:6  <b>July</b> [10] - 5:7, 30:6, 66:14, 71:7, 87:14, 89:17, 97:6, 111:19, 123:15, 123:18  <b>juror</b> [3] - 153:19, 157:8  <b>Juror</b> [3] - 157:10, 157:11, 157:14  <b>juror's</b> [1] - 157:15  <b>jurors</b> [12] - 10:6, 35:13, 46:18, 50:10, 61:4, 153:14, 153:16, 154:3, 154:7, 155:16, 155:18, 157:13  <b>jury</b> [44] - 4:5, 11:2, 13:2, 14:17, 16:8, 16:18, 32:9, 33:18, 37:2, 38:2, 42:23, 43:1, 43:3, 45:16, 45:20, 47:12, 47:21, 47:22, 48:2, 48:18, 48:21, 50:1, 52:6,</p>	<p>56:1, 56:15, 56:16, 56:23, 57:14, 58:11, 58:12, 61:2, 61:10, 62:21, 105:18, 115:6, 115:15, 119:15, 130:13, 147:8, 150:13, 156:10, 156:13, 156:17, 157:2  <b>JURY</b> [1] - 1:16  <b>jury's</b> [1] - 89:4</p> <p style="text-align: center;"><b>K</b></p> <p><b>Kathleen</b> [1] - 1:17  <b>keep</b> [4] - 25:25, 26:1, 36:3, 112:16  <b>Keith</b> [1] - 2:6  <b>kicked</b> [1] - 150:1  <b>kind</b> [13] - 14:8, 14:11, 17:1, 20:19, 20:21, 28:10, 36:3, 100:10, 121:19, 124:3, 130:4, 150:6, 162:2  <b>kindly</b> [1] - 85:25  <b>Kindred</b> [1] - 87:23  <b>kinds</b> [1] - 121:18  <b>kitchen</b> [1] - 84:15  <b>knee</b> [58] - 13:21, 13:22, 13:25, 14:7, 14:9, 14:15, 14:19, 15:4, 15:5, 15:18, 16:5, 16:12, 20:14, 22:12, 22:14, 22:17, 22:18, 22:22, 22:24, 23:2, 23:8, 23:11, 23:15, 27:12, 35:25, 62:20, 73:18, 91:8, 91:13, 91:18, 114:18, 115:3, 116:8, 116:13, 116:23, 116:25, 117:9, 119:17, 119:21, 120:11, 120:20, 121:25, 122:1, 122:5, 122:13, 122:23, 124:14, 124:16, 125:4, 128:13, 129:1, 129:3, 129:6, 144:24, 146:13, 155:8, 155:12  <b>knee's</b> [1] - 36:5  <b>knowledge</b> [2] - 110:8, 150:22  <b>known</b> [1] - 90:25  <b>knows</b> [1] - 46:7</p> <p style="text-align: center;"><b>L</b></p> <p><b>lab</b> [2] - 15:21, 15:23  <b>label</b> [1] - 13:8  <b>lack</b> [3] - 7:8, 85:18, 142:9  <b>lacking</b> [3] - 72:20, 73:7, 73:21  <b>ladies</b> [13] - 11:3, 13:1, 14:16, 16:7, 16:17, 18:20, 32:8, 33:17, 37:1, 38:1, 105:17, 147:7, 156:9</p>	<p><b>laid</b> [1] - 44:7  <b>lane</b> [1] - 113:1  <b>language</b> [1] - 150:12  <b>large</b> [1] - 58:20  <b>larger</b> [1] - 43:11  <b>Las</b> [4] - 4:1, 61:23, 151:23, 164:20  <b>Lasry</b> [4] - 7:4, 43:12, 47:11, 159:14  <b>LASRY</b> [1] - 1:12  <b>last</b> [14] - 9:21, 28:21, 30:6, 37:23, 39:10, 40:5, 48:4, 92:19, 102:3, 112:8, 122:10, 135:5, 141:12, 152:16  <b>lastly</b> [1] - 58:7  <b>laundry</b> [3] - 41:9, 99:21, 141:1  <b>law</b> [7] - 43:22, 44:8, 55:2, 55:22, 56:6, 57:4, 57:20  <b>lawsuit</b> [1] - 104:24  <b>lawyer</b> [3] - 130:16, 152:6, 152:16  <b>lawyers</b> [1] - 129:19  <b>lead</b> [1] - 78:24  <b>leads</b> [3] - 17:4, 32:23, 116:2  <b>least</b> [10] - 14:12, 38:16, 39:11, 48:17, 51:3, 121:12, 126:16, 131:23, 146:19, 150:22  <b>leave</b> [1] - 161:1  <b>leaves</b> [1] - 63:22  <b>left</b> [6] - 9:21, 36:4, 50:10, 73:18, 148:18  <b>leg</b> [11] - 34:25, 35:10, 36:3, 36:4, 63:2, 115:1, 137:13, 146:25, 153:7  <b>legged</b> [1] - 36:16  <b>length</b> [1] - 107:5  <b>less</b> [7] - 22:3, 24:8, 32:19, 63:3, 74:22, 112:10, 148:21  <b>level</b> [2] - 62:22, 119:4  <b>Lewis</b> [1] - 149:6  <b>liability</b> [1] - 47:11  <b>life</b> [10] - 23:9, 28:5, 31:23, 38:20, 97:9, 112:9, 112:19, 154:12, 154:16  <b>life-changing</b> [1] - 112:9  <b>lifecare</b> [41] - 5:9, 5:20, 5:21, 40:16, 42:1, 48:1, 49:2, 49:19, 51:24, 58:2, 66:13, 68:6, 68:7, 70:25, 71:3, 71:11, 74:14, 74:22, 90:5, 97:21, 99:6, 99:10, 99:25, 100:17, 102:13, 102:17, 102:21, 103:8, 103:13, 103:24, 106:18, 108:25, 109:19, 111:4, 131:22, 145:19, 148:21, 151:23,</p>	<p>151:25, 152:2, 155:7  <b>lift</b> [14] - 34:22, 36:19, 37:2, 37:3, 37:7, 37:13, 38:23, 114:21, 137:2, 137:14, 137:23, 138:6, 138:19, 139:21  <b>lifting</b> [1] - 84:15  <b>light</b> [1] - 105:21  <b>lightweight</b> [1] - 25:3  <b>likelihood</b> [1] - 15:6  <b>likely</b> [6] - 14:18, 21:3, 27:24, 45:21, 45:22, 117:12  <b>limb</b> [25] - 17:22, 32:16, 33:3, 72:12, 73:11, 76:5, 81:13, 98:6, 112:9, 112:12, 124:14, 124:20, 124:22, 125:4, 137:12, 138:23, 140:9, 140:10, 141:10, 141:17, 141:18, 141:19, 148:7, 149:23, 153:11  <b>limbs</b> [1] - 150:23  <b>limine</b> [1] - 6:16  <b>limitations</b> [1] - 142:1  <b>limited</b> [2] - 59:11, 117:24  <b>line</b> [3] - 52:5, 60:6, 158:2  <b>lining</b> [1] - 33:10  <b>Lisinopril</b> [1] - 142:20  <b>list</b> [2] - 99:21, 157:13  <b>listed</b> [7] - 30:16, 30:25, 37:25, 101:17, 140:4, 140:5, 144:25  <b>listen</b> [2] - 85:25, 141:22  <b>literature</b> [12] - 72:18, 73:1, 118:18, 121:1, 121:6, 121:7, 121:8, 121:11, 121:22, 121:23, 122:15, 153:5  <b>live</b> [3] - 67:22, 126:16, 126:20  <b>liver</b> [1] - 15:25  <b>living</b> [2] - 138:3, 138:15  <b>located</b> [1] - 28:17  <b>location</b> [4] - 16:15, 35:23, 93:6, 160:4  <b>locations</b> [1] - 92:1  <b>locks</b> [1] - 27:12  <b>logged</b> [1] - 53:13  <b>long-term</b> [2] - 38:11, 146:9  <b>look</b> [14] - 7:15, 8:22, 14:9, 16:11, 21:7, 52:10, 52:20, 57:24, 82:14, 88:5, 95:4, 97:1, 105:8, 152:1  <b>looked</b> [4] - 53:10, 64:16, 84:6, 98:5  <b>looking</b> [9] - 14:6, 18:3, 52:23, 95:16, 133:2, 147:17, 155:25, 158:20, 161:7  <b>looks</b> [3] - 15:10, 15:11, 153:16</p>
---	--	---	---

<p><b>lose</b> [2] - 20:21, 47:14  <b>losing</b> [1] - 112:9  <b>love</b> [1] - 50:16  <b>low</b> [1] - 17:3  <b>lower</b> [3] - 16:2, 17:2, 152:18  <b>lowered</b> [1] - 33:20  <b>lumbar</b> [3] - 17:2, 17:3, 17:8</p>	<p><b>McBride</b> [7] - 2:6, 3:2, 7:4, 50:20, 74:13, 144:13, 149:9  <b>McBride's</b> [1] - 149:8  <b>McCrosky</b> [8] - 55:1, 55:21, 55:22, 55:24, 56:4, 57:2, 57:24, 59:1  <b>meals</b> [4] - 39:13, 84:13, 84:14, 141:2  <b>mean</b> [11] - 17:24, 27:11, 47:7, 85:19, 98:12, 119:24, 120:23, 121:18, 127:4, 130:19, 146:5  <b>meaning</b> [2] - 45:10, 65:13  <b>means</b> [3] - 32:18, 94:16, 94:21  <b>medial</b> [1] - 113:20  <b>Medicaid</b> [3] - 44:18, 55:8, 59:1  <b>medical</b> [62] - 4:16, 5:9, 5:12, 5:15, 5:19, 5:20, 7:9, 8:16, 18:23, 19:2, 19:3, 30:9, 30:24, 31:22, 42:11, 44:10, 44:14, 48:13, 50:4, 56:1, 56:21, 65:5, 65:9, 69:21, 73:16, 85:15, 85:18, 86:6, 86:15, 86:19, 86:24, 87:5, 87:8, 87:12, 87:16, 89:12, 89:15, 89:16, 94:21, 95:1, 95:4, 95:6, 98:8, 98:14, 99:2, 99:7, 99:11, 100:8, 100:14, 101:16, 104:23, 105:2, 106:3, 120:2, 121:1, 121:16, 121:19, 125:6, 132:11, 146:21, 150:4, 150:6  <b>medically</b> [15] - 45:13, 48:3, 48:11, 48:16, 50:6, 97:10, 103:9, 103:10, 106:19, 108:15, 114:4, 119:16, 123:5, 127:14, 128:8  <b>medically-indicated</b> [12] - 45:13, 48:3, 48:11, 48:16, 103:9, 103:10, 106:19, 108:15, 114:4, 123:5, 127:14, 128:8  <b>medicals</b> [1] - 59:11  <b>Medicare</b> [31] - 9:24, 43:24, 44:3, 44:18, 45:1, 45:25, 46:1, 46:2, 46:4, 46:11, 47:8, 49:20, 50:8, 50:13, 51:3, 51:4, 51:5, 53:21, 54:13, 54:17, 54:19, 54:20, 56:2, 56:3, 57:4, 57:5, 58:25, 59:2, 59:18, 60:3, 60:7  <b>Medicare/Medicaid</b> [1] - 49:3  <b>medication</b> [22] - 18:12, 18:13, 18:14, 19:7, 19:15, 19:21, 21:24, 22:2, 22:8,</p>	<p>80:11, 92:7, 92:24, 100:6, 101:18, 101:21, 113:7, 113:11, 114:7, 142:7, 142:15, 142:16, 146:14  <b>medication's</b> [1] - 141:20  <b>medications</b> [14] - 18:9, 18:16, 18:19, 18:21, 20:3, 20:10, 20:11, 20:17, 21:21, 22:4, 91:4, 127:19, 142:11, 142:18  <b>Medicine</b> [2] - 143:16, 143:25  <b>medicine</b> [3] - 107:6, 108:2, 142:22  <b>member</b> [2] - 77:2, 143:15  <b>members</b> [1] - 143:24  <b>mental</b> [1] - 112:15  <b>mentioned</b> [1] - 11:7  <b>mentors</b> [1] - 150:4  <b>met</b> [3] - 79:22, 86:17, 94:7  <b>middle</b> [4] - 29:8, 40:5, 82:8, 133:10  <b>might</b> [25] - 13:6, 25:24, 26:6, 26:9, 46:3, 46:5, 46:12, 46:19, 58:18, 58:19, 59:7, 59:8, 75:12, 76:6, 76:16, 77:16, 81:5, 82:5, 88:24, 103:23, 108:21, 110:1, 127:24, 150:1  <b>migrate</b> [1] - 17:5  <b>military</b> [1] - 147:17  <b>million</b> [2] - 56:20, 56:24  <b>mind</b> [1] - 161:15  <b>minus</b> [1] - 31:25  <b>minute</b> [3] - 75:15, 102:19, 126:24  <b>minutes</b> [7] - 6:23, 42:22, 60:20, 79:23, 80:2, 90:11, 120:16  <b>miraculously</b> [1] - 38:23  <b>miserable</b> [1] - 38:8  <b>Miss</b> [2] - 47:13, 57:15  <b>missed</b> [3] - 124:15, 132:13, 137:17  <b>missing</b> [11] - 17:22, 32:16, 35:25, 63:2, 86:1, 112:12, 117:7, 136:17, 146:24, 153:7, 153:11  <b>misspoken</b> [1] - 77:22  <b>mistake</b> [1] - 30:19  <b>mistrial</b> [1] - 51:6  <b>misunderstood</b> [1] - 116:5  <b>mobile</b> [2] - 33:1, 33:2  <b>mobility</b> [2] - 138:10, 138:15  <b>mode</b> [1] - 24:10  <b>modification</b> [1] - 34:7  <b>modifications</b> [3] - 33:12, 37:14, 135:10  <b>modified</b> [1] - 34:20  <b>modify</b> [3] - 34:3, 34:10,</p>	<p>154:24  <b>moment</b> [5] - 62:15, 86:21, 143:14, 155:21, 158:3  <b>Monday</b> [2] - 159:2, 159:6  <b>monetize</b> [1] - 41:3  <b>money</b> [2] - 47:13, 106:7  <b>month</b> [1] - 126:11  <b>monthly</b> [2] - 91:2, 126:10  <b>months</b> [14] - 61:25, 64:5, 64:15, 68:18, 69:11, 71:9, 72:15, 101:3, 101:9, 102:3, 117:11, 122:10, 129:10, 131:7  <b>mood</b> [1] - 19:7  <b>MOORE</b> [1] - 1:9  <b>Moore</b> [116] - 5:16, 13:23, 18:15, 20:12, 21:18, 23:19, 29:14, 30:14, 33:14, 39:7, 39:17, 41:25, 45:10, 46:12, 47:20, 47:23, 48:8, 49:23, 50:1, 50:11, 50:15, 54:12, 54:14, 56:21, 65:19, 65:24, 66:5, 67:13, 67:20, 76:11, 76:22, 76:24, 77:9, 77:21, 78:3, 78:13, 78:16, 78:17, 78:18, 78:21, 78:24, 79:6, 79:13, 79:15, 80:4, 81:2, 81:8, 81:19, 81:23, 83:2, 85:3, 85:15, 86:7, 86:17, 87:5, 91:23, 92:11, 92:23, 93:14, 94:7, 94:21, 95:13, 97:7, 97:12, 97:15, 97:20, 98:5, 98:11, 98:17, 99:11, 99:22, 100:2, 102:23, 103:1, 103:14, 104:13, 106:19, 107:7, 107:8, 107:10, 108:15, 109:7, 109:20, 109:23, 110:1, 110:13, 111:2, 111:5, 118:25, 119:16, 125:21, 126:15, 127:21, 131:6, 131:19, 131:21, 132:7, 132:21, 136:16, 136:18, 136:23, 136:25, 139:20, 140:18, 140:22, 141:15, 142:4, 144:21, 145:1, 146:9, 154:19, 160:6, 161:5  <b>Moore's</b> [31] - 5:23, 11:16, 14:19, 35:25, 39:15, 52:25, 56:1, 64:25, 66:2, 73:18, 83:16, 85:8, 87:5, 87:14, 90:25, 95:23, 96:3, 103:8, 103:20, 113:8, 123:4, 130:13, 133:19, 133:23, 134:6, 136:8, 142:9, 154:12, 154:24, 155:10, 159:14  <b>Moore's</b> [1] - 160:2  <b>morbidity</b> [1] - 156:1</p>
<b>M</b>			
<p><b>machine</b> [6] - 22:12, 22:25, 23:4, 128:13, 128:25, 164:13  <b>main</b> [1] - 49:8  <b>maintenance</b> [1] - 126:10  <b>majority</b> [5] - 38:11, 50:5, 81:4, 115:8, 117:21  <b>makers</b> [1] - 121:20  <b>mall</b> [1] - 38:12  <b>malpractice</b> [2] - 44:10, 44:15  <b>management</b> [29] - 91:1, 91:24, 92:1, 93:7, 93:11, 96:20, 100:7, 101:18, 101:19, 101:21, 103:22, 104:21, 111:15, 113:12, 114:3, 114:6, 114:8, 114:13, 123:4, 123:19, 125:5, 141:13, 141:16, 142:5, 142:8, 142:25, 143:4, 143:5  <b>maneuver</b> [2] - 25:7, 115:1  <b>maneuvering</b> [1] - 54:14  <b>manner</b> [1] - 153:9  <b>manual</b> [9] - 24:15, 25:12, 25:15, 25:19, 25:24, 26:2, 44:23, 100:11, 100:18  <b>manually</b> [1] - 23:25  <b>mark</b> [1] - 157:15  <b>marked</b> [2] - 80:3, 157:8  <b>market</b> [1] - 22:5  <b>marshal</b> [1] - 153:20  <b>materials</b> [1] - 5:6  <b>matter</b> [5] - 9:1, 9:21, 56:8, 56:10, 57:11  <b>matters</b> [2] - 11:6, 157:4  <b>mattress</b> [6] - 32:7, 32:10, 32:17, 134:24, 135:1, 135:3  <b>mattresses</b> [1] - 135:5  <b>maximize</b> [1] - 85:18  <b>maximized</b> [1] - 86:13  <b>MBB</b> [1] - 113:20  <b>MC</b> [19] - 4:10, 6:6, 7:2, 7:14, 50:21, 50:25, 53:1, 53:9, 144:15, 144:19, 145:6, 155:23, 159:17, 159:19, 159:21, 160:18, 161:23, 162:5, 162:8</p>			



<p><b>morbidity</b> [2] - 155:10, 155:13</p> <p><b>morning</b> [12] - 39:12, 43:8, 80:6, 80:20, 81:3, 81:20, 83:21, 85:5, 125:13, 160:6, 161:18</p> <p><b>most</b> [24] - 9:22, 14:18, 15:17, 21:12, 26:3, 27:23, 31:10, 34:16, 37:18, 48:17, 62:22, 63:24, 75:24, 81:6, 82:16, 84:13, 96:23, 115:15, 130:14, 147:21, 150:3, 155:11, 157:6, 160:23</p> <p><b>motion</b> [4] - 7:5, 7:7, 43:20, 128:13</p> <p><b>motions</b> [4] - 4:12, 6:15, 6:16</p> <p><b>motorized</b> [5] - 30:18, 30:21, 30:25, 31:14, 132:17</p> <p><b>move</b> [10] - 9:16, 13:17, 17:5, 21:1, 22:17, 32:15, 106:15, 115:14, 151:14</p> <p><b>moved</b> [1] - 16:10</p> <p><b>movement</b> [1] - 23:5</p> <p><b>movements</b> [1] - 20:4</p> <p><b>moving</b> [5] - 22:25, 23:2, 24:11, 32:13, 128:25</p> <p><b>MR</b> [124] - 4:10, 6:6, 6:11, 7:2, 7:14, 8:1, 8:18, 9:3, 9:15, 10:9, 11:14, 12:7, 12:12, 35:4, 35:19, 36:8, 42:3, 42:5, 42:6, 42:9, 42:13, 43:17, 45:5, 47:3, 49:4, 49:7, 49:10, 49:12, 50:16, 50:21, 50:25, 51:2, 52:15, 53:1, 53:7, 53:9, 53:19, 53:25, 54:4, 54:7, 54:11, 54:24, 55:11, 55:17, 60:18, 61:18, 61:21, 66:24, 67:1, 67:2, 68:21, 69:4, 69:5, 82:19, 83:1, 83:15, 88:6, 88:11, 88:20, 89:10, 92:17, 92:21, 92:22, 97:14, 97:18, 97:19, 102:24, 103:3, 103:6, 106:14, 106:20, 107:2, 107:5, 108:1, 109:22, 110:2, 110:4, 110:6, 110:11, 110:12, 133:22, 134:1, 134:5, 134:10, 139:13, 144:2, 144:10, 144:15, 144:19, 145:6, 145:9, 145:13, 149:16, 149:18, 149:21, 151:12, 151:14, 151:17, 152:20, 152:23, 153:3, 153:13, 155:17, 155:21, 155:23, 155:25, 158:11, 158:13, 159:10, 159:16, 159:17, 159:19, 159:21, 159:24, 160:8,</p>	<p>160:16, 160:18, 161:7, 161:10, 161:23, 162:5, 162:6, 162:8, 162:10</p> <p><b>MRI</b> [6] - 13:21, 13:22, 14:1, 14:4, 14:8, 14:12</p> <p><b>multi</b> [4] - 18:18, 20:5, 22:6, 127:22</p> <p><b>multi-vitamin</b> [3] - 18:18, 20:5, 127:22</p> <p><b>multi-vitamins</b> [1] - 22:6</p> <p><b>multiple</b> [6] - 19:22, 20:1, 58:4, 63:17, 132:3</p> <p><b>must</b> [2] - 57:23, 77:22</p> <p><b>MVA</b> [1] - 73:15</p>	<p>104:17, 105:9, 112:21, 115:9, 115:10, 115:11, 119:16, 119:23, 120:2, 120:6, 126:14, 134:25, 135:11, 136:19, 136:24, 138:19, 139:21, 140:3, 140:18, 150:6, 155:9</p> <p><b>Nelson</b> [6] - 163:5, 163:15, 163:16, 164:10, 164:18, 164:19</p> <p><b>NELSON</b> [1] - 1:24</p> <p><b>nerve</b> [3] - 16:22, 19:9, 19:10</p> <p><b>nerves</b> [1] - 19:18</p> <p><b>nervous</b> [1] - 19:13</p> <p><b>Neurontin</b> [4] - 19:14, 19:18, 128:8</p> <p><b>neuropsychiatrist</b> [1] - 113:11</p> <p><b>NEVADA</b> [2] - 1:6, 164:5</p> <p><b>Nevada</b> [21] - 4:1, 33:21, 43:23, 46:7, 55:2, 55:5, 55:6, 74:1, 74:4, 75:5, 89:19, 89:24, 90:14, 90:18, 90:20, 91:10, 91:12, 91:17, 105:5, 163:6, 164:20</p> <p><b>never</b> [13] - 51:8, 66:8, 68:6, 76:7, 85:9, 137:25, 148:14, 150:7, 150:9, 151:21, 152:6, 152:15, 161:15</p> <p><b>new</b> [10] - 6:24, 68:7, 123:16, 126:18, 126:19, 130:10, 131:7, 154:23, 155:1, 155:5</p> <p><b>newer</b> [1] - 22:7</p> <p><b>next</b> [18] - 13:18, 18:8, 23:18, 26:11, 33:12, 34:22, 39:4, 43:13, 112:5, 113:3, 118:14, 127:8, 127:18, 128:12, 140:17, 158:24, 159:7</p> <p><b>nice</b> [1] - 147:17</p> <p><b>night</b> [8] - 29:8, 81:24, 82:4, 82:8, 85:5, 133:10, 156:15, 162:11</p> <p><b>nobody</b> [1] - 39:16</p> <p><b>non</b> [1] - 60:16</p> <p><b>non-application</b> [1] - 60:16</p> <p><b>none</b> [5] - 62:3, 62:6, 62:9, 62:12, 155:17</p> <p><b>norm</b> [1] - 150:14</p> <p><b>note</b> [1] - 157:7</p> <p><b>notes</b> [1] - 164:13</p> <p><b>nothing</b> [4] - 45:13, 52:6, 74:21, 155:23</p> <p><b>notice</b> [1] - 39:15</p> <p><b>noticed</b> [1] - 151:2</p> <p><b>nowhere</b> [4] - 5:10, 5:12, 94:14, 140:13</p> <p><b>NRS</b> [2] - 55:3, 163:7</p> <p><b>Number</b> [5] - 52:22, 52:23,</p>	<p>157:10, 157:11, 157:14</p> <p><b>number</b> [10] - 52:24, 66:22, 67:4, 113:17, 151:22, 152:16, 152:18, 153:19, 157:13, 163:8</p> <p><b>numbers</b> [6] - 31:25, 70:15, 152:4, 152:7, 152:9</p> <p><b>numbness</b> [2] - 139:8, 140:11</p> <p><b>Nurse</b> [4] - 6:20, 7:5, 47:10, 58:6</p>
<b>O</b>			
<p><b>oath</b> [4] - 11:24, 12:2, 61:14, 149:13</p> <p><b>object</b> [1] - 151:12</p> <p><b>objection</b> [13] - 66:24, 69:2, 82:19, 82:25, 83:11, 92:17, 102:24, 106:23, 109:22, 144:8, 151:11, 157:17, 158:8</p> <p><b>objections</b> [1] - 82:23</p> <p><b>obligated</b> [1] - 159:3</p> <p><b>obtained</b> [1] - 60:5</p> <p><b>obviously</b> [5] - 35:13, 57:19, 94:9, 141:10, 159:1</p> <p><b>occurred</b> [1] - 98:1</p> <p><b>October</b> [3] - 5:2, 65:22, 71:8</p> <p><b>OF</b> [7] - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2, 164:5</p> <p><b>offer</b> [1] - 5:17</p> <p><b>offered</b> [1] - 105:22</p> <p><b>offhand</b> [1] - 82:15</p> <p><b>officially</b> [1] - 11:12</p> <p><b>offset</b> [1] - 46:18</p> <p><b>older</b> [1] - 40:15</p> <p><b>once</b> [3] - 31:11, 75:20, 153:20</p> <p><b>one</b> [78] - 4:6, 4:11, 4:12, 6:20, 7:3, 12:13, 19:20, 19:25, 20:16, 21:22, 22:23, 23:18, 26:12, 26:22, 26:24, 27:24, 30:23, 33:13, 34:25, 35:10, 36:16, 37:21, 37:24, 38:8, 42:17, 43:5, 43:19, 47:18, 53:6, 53:19, 54:6, 66:15, 67:9, 69:15, 69:17, 69:19, 71:21, 77:8, 84:22, 88:13, 90:3, 95:7, 95:9, 99:3, 101:6, 106:16, 109:8, 109:10, 111:20, 115:1, 115:11, 117:6, 121:22, 124:24, 125:16, 129:2, 129:9, 129:16, 130:23, 131:25, 132:2, 134:25, 138:15, 144:16, 145:19, 147:21, 147:25, 148:13,</p>			

150:18, 150:25, 151:2, 151:5, 151:10, 151:19, 154:4, 155:21, 157:11, 160:4 <b>one-legged</b> [1] - 36:16 <b>one-time</b> [2] - 33:13, 37:24 <b>ones</b> [5] - 9:7, 19:24, 65:14, 65:17, 87:10 <b>open</b> [9] - 11:2, 45:24, 51:10, 54:19, 57:21, 58:23, 59:20, 61:10, 120:24 <b>opened</b> [6] - 44:4, 45:15, 47:15, 51:13, 56:8, 58:2 <b>opening</b> [15] - 14:9, 43:25, 45:16, 45:21, 51:23, 52:16, 52:17, 52:21, 53:15, 56:9, 56:10, 58:1, 59:14, 59:19, 60:14 <b>opens</b> [2] - 47:6, 57:11 <b>Opiate</b> [1] - 17:16 <b>Opiates</b> [3] - 17:14, 17:19, 17:24 <b>opinion</b> [14] - 5:17, 17:20, 26:22, 68:16, 71:21, 72:9, 72:14, 72:23, 72:25, 99:3, 113:10, 136:2, 146:8, 153:9 <b>opinions</b> [16] - 42:10, 62:3, 62:6, 62:9, 62:13, 64:10, 64:14, 64:17, 64:21, 65:7, 85:12, 86:4, 90:12, 90:21, 95:23, 150:12 <b>Opioid</b> [1] - 17:17 <b>Opioids</b> [1] - 17:11 <b>opportunity</b> [6] - 9:25, 55:14, 60:4, 131:25, 132:2, 154:9 <b>opposed</b> [4] - 14:9, 54:8, 74:8, 79:7 <b>opposing</b> [1] - 52:18 <b>opposite</b> [2] - 15:3, 46:24 <b>optimize</b> [2] - 18:23, 19:3 <b>option</b> [2] - 85:9, 115:14 <b>options</b> [2] - 97:25, 132:3 <b>oral</b> [1] - 66:1 <b>order</b> [19] - 4:9, 6:21, 45:14, 53:5, 53:12, 64:21, 98:19, 99:14, 103:25, 104:5, 104:6, 104:16, 106:17, 107:10, 108:14, 114:21, 119:17, 158:19, 159:20 <b>ordered</b> [7] - 45:11, 48:13, 102:22, 104:12, 111:22, 125:5, 127:12 <b>ordering</b> [1] - 103:15 <b>orders</b> [2] - 6:15, 8:23 <b>organs</b> [1] - 16:3 <b>orient</b> [1] - 44:8 <b>original</b> [1] - 164:13 <b>originally</b> [1] - 10:3 <b>orthopedic</b> [6] - 16:12, 97:2,	97:3, 103:22, 111:14, 121:7 <b>orthotic</b> [1] - 121:6 <b>otherwise</b> [3] - 7:17, 47:16, 59:20 <b>outcome</b> [1] - 85:19 <b>outcomes</b> [1] - 22:20 <b>outset</b> [1] - 6:2 <b>outside</b> [3] - 4:7, 4:8, 150:14 <b>outstanding</b> [1] - 42:18 <b>overall</b> [3] - 20:6, 20:19, 138:22 <b>overcome</b> [1] - 59:20 <b>overflow</b> [3] - 159:1, 159:5, 161:1 <b>override</b> [1] - 83:5 <b>overruled</b> [3] - 69:2, 144:8, 158:4 <b>overview</b> [2] - 12:20, 12:22 <b>own</b> [6] - 21:11, 38:19, 54:11, 111:17, 127:22, 151:11 <b>owner</b> [1] - 13:11 <b>Oxycodone</b> [1] - 142:20 <b>Oxycontin</b> [1] - 17:11	141:19, 142:4, 142:8, 142:15, 142:22, 142:25, 143:4, 143:5, 143:12, 146:14, 148:18 <b>pair</b> [2] - 28:4, 28:11 <b>paper</b> [1] - 9:13 <b>paragraph</b> [1] - 56:19 <b>part</b> [15] - 9:22, 38:6, 55:1, 60:2, 70:8, 106:17, 108:6, 114:23, 114:24, 117:2, 128:18, 130:17, 130:24, 137:17 <b>partial</b> [3] - 4:13, 6:16, 7:5 <b>participating</b> [1] - 128:24 <b>particular</b> [5] - 4:17, 27:14, 28:15, 54:16, 58:11 <b>parties</b> [1] - 6:14 <b>partly</b> [1] - 81:9 <b>parts</b> [3] - 49:19, 137:11, 154:24 <b>party</b> [2] - 106:9, 163:11 <b>passed</b> [1] - 97:12 <b>passive</b> [1] - 128:25 <b>past</b> [6] - 7:9, 8:16, 42:14, 56:1, 131:7, 159:6 <b>patience</b> [1] - 11:5 <b>patient</b> [7] - 108:17, 108:18, 108:19, 145:17, 147:17, 148:3, 153:11 <b>patients</b> [4] - 92:5, 94:5, 120:24, 129:2 <b>pay</b> [9] - 41:6, 44:2, 44:3, 45:25, 46:1, 46:3, 46:4, 58:19, 106:8 <b>paying</b> [2] - 46:11, 68:15 <b>payments</b> [5] - 55:4, 55:5, 55:8, 56:3, 59:23 <b>PCB</b> [1] - 103:21 <b>PCP</b> [1] - 103:21 <b>pelvis</b> [3] - 63:13, 63:17, 63:18 <b>people</b> [17] - 17:16, 19:13, 21:12, 22:1, 22:20, 26:3, 31:10, 62:21, 79:3, 79:11, 80:19, 84:13, 94:15, 112:11, 121:20, 121:25, 141:13 <b>per</b> [5] - 18:2, 40:1, 40:6, 41:12, 55:4 <b>perceive</b> [1] - 58:1 <b>percent</b> [1] - 142:10 <b>perform</b> [1] - 5:15 <b>performance</b> [1] - 119:12 <b>perhaps</b> [1] - 50:1 <b>period</b> [14] - 15:22, 16:16, 18:3, 20:10, 24:13, 28:11, 37:22, 39:2, 40:1, 40:14, 40:20, 41:13, 41:20, 146:15 <b>peripheral</b> [1] - 19:17	<b>permission</b> [2] - 35:4, 35:20 <b>person</b> [11] - 38:9, 39:22, 75:2, 85:21, 95:8, 105:9, 112:14, 152:12, 153:7, 163:8, 163:12 <b>person's</b> [1] - 112:16 <b>personal</b> [1] - 46:12 <b>pet</b> [1] - 13:2 <b>phantom</b> [6] - 17:21, 19:9, 19:19, 76:4, 76:5, 143:12 <b>pharmacy</b> [1] - 22:1 <b>phase</b> [1] - 120:5 <b>Philip</b> [1] - 2:4 <b>phrase</b> [1] - 157:22 <b>physiatrist</b> [3] - 109:4, 109:10, 109:13 <b>Physical</b> [2] - 143:15, 143:24 <b>physical</b> [6] - 107:6, 108:2, 121:7, 125:3, 125:4, 128:19 <b>physician</b> [21] - 92:2, 92:24, 96:8, 96:9, 96:16, 96:20, 96:25, 102:22, 102:23, 103:7, 103:14, 103:16, 104:9, 104:20, 107:6, 108:3, 111:13, 111:15, 123:4, 141:16, 142:5 <b>physician's</b> [1] - 96:23 <b>physicians</b> [9] - 45:11, 45:14, 48:19, 92:9, 98:18, 98:21, 103:20, 141:21, 143:4 <b>picture</b> [3] - 14:23, 126:25, 155:4 <b>pie</b> [1] - 9:12 <b>piecemeal</b> [1] - 51:9 <b>pieces</b> [1] - 155:5 <b>pin</b> [1] - 28:18 <b>pitfalls</b> [2] - 95:11, 113:6 <b>place</b> [10] - 7:10, 23:15, 23:17, 28:15, 37:7, 38:13, 72:18, 91:11, 145:19, 164:14 <b>placed</b> [1] - 20:16 <b>places</b> [3] - 16:12, 34:1, 38:17 <b>Plaintiff</b> [15] - 7:25, 44:1, 44:16, 46:19, 47:6, 47:13, 50:19, 53:12, 57:23, 58:10, 59:4, 106:4, 106:8, 152:4, 159:8 <b>Plaintiff's</b> [6] - 7:9, 47:9, 52:22, 53:6, 149:13, 162:1 <b>Plaintiffs</b> [9] - 1:10, 2:3, 44:21, 54:23, 57:15, 74:9, 74:19, 106:2, 107:10 <b>plan</b> [73] - 5:9, 5:21, 12:21, 14:11, 18:5, 18:23, 18:24, 19:2, 21:18, 21:20, 29:18, 38:3, 39:19, 39:24, 40:4,
---	---	--	---

<p>40:7, 40:16, 41:3, 41:7, 42:1, 44:24, 48:1, 49:2, 49:19, 56:24, 58:2, 66:13, 68:6, 68:7, 70:25, 71:3, 71:11, 74:14, 74:22, 74:24, 86:19, 90:5, 94:9, 97:21, 97:22, 98:8, 98:14, 99:7, 99:11, 100:1, 100:17, 102:13, 102:17, 102:21, 103:8, 103:13, 103:24, 104:7, 106:18, 107:7, 108:16, 108:18, 109:1, 109:20, 111:4, 111:10, 111:11, 131:22, 141:5, 145:19, 148:21, 151:23, 151:25, 152:2, 154:13, 155:7, 155:14, 162:1</p> <p><b>planning</b> [1] - 25:23</p> <p><b>plans</b> [1] - 40:5</p> <p><b>plasma</b> [7] - 118:20, 118:21, 118:22, 119:4, 119:5, 119:16, 121:17</p> <p><b>plaster</b> [2] - 28:9, 28:10</p> <p><b>platelet</b> [4] - 118:21, 118:22, 119:16, 121:17</p> <p><b>platelet-rich</b> [4] - 118:21, 118:22, 119:16, 121:17</p> <p><b>platelets</b> [1] - 118:19</p> <p><b>plethora</b> [1] - 121:23</p> <p><b>plus</b> [1] - 9:7</p> <p><b>pocket</b> [1] - 49:6</p> <p><b>point</b> [28] - 8:13, 17:13, 29:4, 30:13, 30:17, 41:2, 42:22, 49:1, 55:21, 58:9, 58:20, 58:21, 60:5, 63:18, 63:25, 78:15, 102:9, 110:18, 112:19, 117:24, 127:1, 129:25, 130:1, 138:5, 138:16, 138:19, 139:21, 149:24</p> <p><b>Point</b> [4] - 53:8, 53:9, 53:10, 53:16</p> <p><b>pointed</b> [1] - 30:20</p> <p><b>points</b> [3] - 8:4, 29:6, 29:16</p> <p><b>policy</b> [3] - 47:7, 47:9, 56:13</p> <p><b>poor</b> [2] - 16:1, 32:12</p> <p><b>pop</b> [1] - 23:17</p> <p><b>portion</b> [1] - 46:4</p> <p><b>portrayed</b> [1] - 117:19</p> <p><b>posed</b> [1] - 157:17</p> <p><b>position</b> [3] - 55:20, 87:3, 119:15</p> <p><b>possible</b> [5] - 84:12, 85:19, 109:18, 120:23, 161:21</p> <p><b>possibly</b> [2] - 35:15, 93:19</p> <p><b>post</b> [2] - 63:6, 128:16</p> <p><b>post-surgical</b> [1] - 128:16</p> <p><b>potential</b> [4] - 15:13, 51:16, 52:13, 155:9</p> <p><b>potentially</b> [2] - 98:24, 148:9</p>	<p><b>Power</b> [4] - 53:8, 53:9, 53:10, 53:16</p> <p><b>Practitioner</b> [4] - 6:20, 7:6, 47:10, 58:6</p> <p><b>precluded</b> [2] - 47:16, 59:2</p> <p><b>prefaced</b> [1] - 154:16</p> <p><b>preference</b> [1] - 161:24</p> <p><b>prejudice</b> [1] - 7:6</p> <p><b>preliminary</b> [2] - 113:21, 113:22</p> <p><b>preparation</b> [2] - 15:8, 65:12</p> <p><b>prepare</b> [4] - 14:3, 72:4, 72:5, 84:4</p> <p><b>prepared</b> [6] - 7:4, 65:6, 80:16, 84:13, 84:18, 90:21</p> <p><b>prescribe</b> [6] - 98:18, 99:14, 103:25, 106:18, 108:14, 128:7</p> <p><b>prescribed</b> [7] - 22:1, 50:13, 102:22, 111:22, 125:6, 127:12, 129:3</p> <p><b>prescribing</b> [1] - 103:15</p> <p><b>prescription</b> [1] - 127:22</p> <p><b>presence</b> [8] - 4:5, 4:7, 4:8, 11:2, 43:3, 61:2, 61:10, 157:2</p> <p><b>present</b> [5] - 88:24, 91:25, 99:14, 100:17, 102:18</p> <p><b>presently</b> [1] - 80:9</p> <p><b>pressure</b> [5] - 28:20, 115:2, 116:13, 116:24, 140:10</p> <p><b>pressurize</b> [1] - 32:20</p> <p><b>pretty</b> [5] - 12:13, 21:4, 28:2, 33:11, 161:18</p> <p><b>price</b> [3] - 24:14, 24:22, 33:21</p> <p><b>priced</b> [1] - 36:23</p> <p><b>prices</b> [3] - 24:24, 46:8, 74:1</p> <p><b>pricing</b> [4] - 74:3, 74:6, 75:10, 75:11</p> <p><b>primarily</b> [3] - 43:25, 78:15, 119:11</p> <p><b>primary</b> [4] - 96:8, 96:9, 96:16, 111:14</p> <p><b>principles</b> [1] - 143:19</p> <p><b>privy</b> [1] - 102:7</p> <p><b>probability</b> [2] - 15:7, 19:3</p> <p><b>problem</b> [5] - 4:22, 35:22, 54:13, 94:6, 107:12</p> <p><b>problems</b> [9] - 15:5, 15:20, 23:25, 32:12, 95:15, 124:18, 124:19, 141:4, 143:11</p> <p><b>procedure</b> [1] - 128:19</p> <p><b>procedures</b> [1] - 113:18</p> <p><b>proceed</b> [5] - 69:3, 105:14, 106:1, 106:13, 158:5</p> <p><b>proceedings</b> [8] - 4:4, 11:1, 43:2, 61:1, 61:9, 157:1, 162:12, 164:11</p>	<p><b>Proceedings</b> [1] - 1:19</p> <p><b>process</b> [4] - 19:11, 101:10, 129:9, 130:18</p> <p><b>Proctor</b> [1] - 55:6</p> <p><b>product</b> [1] - 119:6</p> <p><b>productive</b> [1] - 84:12</p> <p><b>professional</b> [2] - 17:20, 47:11</p> <p><b>program</b> [2] - 17:5, 23:9</p> <p><b>programming</b> [2] - 123:23, 124:6</p> <p><b>projected</b> [2] - 12:23, 41:18</p> <p><b>projecting</b> [4] - 13:25, 40:16, 95:7, 95:10</p> <p><b>prolonged</b> [1] - 139:7</p> <p><b>prolonging</b> [1] - 120:21</p> <p><b>proper</b> [2] - 20:4, 32:20</p> <p><b>properly</b> [5] - 26:17, 55:13, 100:24, 124:23, 158:5</p> <p><b>proportion</b> [1] - 150:18</p> <p><b>proposition</b> [1] - 47:8</p> <p><b>prosthesis</b> [30] - 15:1, 21:15, 23:14, 24:10, 35:1, 35:2, 35:9, 35:11, 36:9, 36:11, 80:14, 82:3, 87:15, 87:25, 100:12, 100:23, 100:24, 101:3, 108:7, 114:22, 116:11, 117:8, 117:13, 118:6, 120:1, 121:6, 124:20, 124:23, 124:25, 138:13</p> <p><b>prosthetic</b> [13] - 26:12, 26:14, 26:21, 26:23, 27:6, 27:14, 27:24, 27:25, 28:19, 29:10, 87:11, 154:22, 154:25</p> <p><b>prosthetics</b> [5] - 65:3, 109:11, 129:17, 148:1, 154:23</p> <p><b>protein</b> [1] - 118:19</p> <p><b>proteins</b> [1] - 119:5</p> <p><b>prothrombin</b> [1] - 15:25</p> <p><b>provide</b> [1] - 7:12</p> <p><b>provided</b> [2] - 4:25, 53:13</p> <p><b>provider</b> [2] - 99:12, 113:6</p> <p><b>providers</b> [20] - 5:23, 48:9, 48:13, 66:9, 85:8, 93:15, 95:15, 95:24, 96:4, 97:13, 98:3, 98:25, 111:21, 112:3, 125:7, 125:9, 127:13, 128:7, 143:13</p> <p><b>providing</b> [2] - 65:12, 78:21</p> <p><b>PRP</b> [2] - 121:24, 122:8</p> <p><b>psychiatry</b> [1] - 113:11</p> <p><b>psychological</b> [3] - 112:6, 112:7, 113:14</p> <p><b>psychologist</b> [2] - 110:14, 110:21</p> <p><b>psychotherapy</b> [2] - 112:22, 113:12</p>	<p><b>PTT</b> [1] - 15:25</p> <p><b>publish</b> [1] - 88:6</p> <p><b>published</b> [2] - 89:2, 89:5</p> <p><b>pull</b> [6] - 37:6, 37:8, 110:24, 117:18, 137:21, 137:22</p> <p><b>pulled</b> [1] - 94:14</p> <p><b>purpose</b> [6] - 13:22, 16:8, 16:18, 46:14, 46:17, 46:24</p> <p><b>purposes</b> [6] - 89:17, 99:11, 99:22, 104:24, 124:14, 154:12</p> <p><b>pursuant</b> [1] - 163:7</p> <p><b>push</b> [5] - 35:10, 36:3, 36:4, 36:7, 160:20</p> <p><b>pushing</b> [2] - 23:25, 24:3</p> <p><b>put</b> [29] - 8:13, 23:4, 24:1, 24:3, 24:8, 26:5, 29:9, 35:9, 36:11, 46:9, 71:4, 74:21, 80:14, 80:15, 80:16, 88:4, 96:21, 111:10, 115:4, 115:25, 116:12, 116:24, 117:8, 118:25, 122:11, 122:13, 126:7, 126:19, 151:22</p> <p><b>puts</b> [4] - 28:20, 33:10, 80:13, 115:2</p> <p><b>putting</b> [8] - 15:2, 15:16, 18:24, 19:5, 117:4, 117:6, 124:11, 160:21</p>
<b>Q</b>			
<p><b>quad</b> [2] - 35:11, 36:1</p> <p><b>quadriplegic</b> [2] - 25:6, 25:11</p> <p><b>qualify</b> [1] - 22:4</p> <p><b>quality</b> [1] - 97:9</p> <p><b>questioning</b> [2] - 157:18, 158:2</p> <p><b>questions</b> [24] - 42:4, 51:12, 61:12, 71:3, 75:16, 76:19, 77:8, 82:11, 107:13, 109:25, 113:5, 144:14, 153:15, 153:17, 153:23, 154:2, 154:4, 154:8, 155:16, 155:19, 156:4, 157:9, 157:10, 157:12</p> <p><b>quick</b> [6] - 25:18, 92:8, 141:23, 145:14, 157:3, 157:4</p> <p><b>quickly</b> [4] - 28:2, 43:9, 108:22, 123:1</p> <p><b>quite</b> [3] - 48:7, 48:14, 112:9</p> <p><b>quote</b> [2] - 45:9, 45:19</p>			
<b>R</b>			
<p><b>radio</b> [1] - 114:1</p> <p><b>raise</b> [1] - 7:7</p>			

<p><b>raising</b> [2] - 8:25, 141:12</p> <p><b>ramp</b> [5] - 135:18, 136:3, 136:7, 136:9, 136:11</p> <p><b>ramps</b> [3] - 135:14, 136:4, 136:5</p> <p><b>range</b> [1] - 128:13</p> <p><b>rather</b> [2] - 6:3, 8:12</p> <p><b>rationale</b> [1] - 126:4</p> <p><b>rays</b> [5] - 15:9, 16:5, 16:8, 16:14, 17:7</p> <p><b>RCR</b> [1] - 3:5</p> <p><b>RDR</b> [1] - 3:5</p> <p><b>re</b> [7] - 11:25, 44:8, 116:17, 116:20, 123:23, 124:6, 157:21</p> <p><b>re-ask</b> [2] - 116:17, 116:20</p> <p><b>re-corrected</b> [1] - 157:21</p> <p><b>re-orient</b> [1] - 44:8</p> <p><b>re-programming</b> [2] - 123:23, 124:6</p> <p><b>re-swear</b> [1] - 11:25</p> <p><b>reach</b> [1] - 11:20</p> <p><b>reacher</b> [1] - 100:5</p> <p><b>read</b> [5] - 7:18, 53:4, 82:9, 105:18, 139:6</p> <p><b>ready</b> [10] - 10:5, 10:6, 64:11, 64:15, 64:21, 80:24, 82:1, 89:3, 130:2</p> <p><b>real</b> [1] - 20:21</p> <p><b>realistic</b> [1] - 39:19</p> <p><b>reality</b> [3] - 39:14, 58:14, 79:10</p> <p><b>realize</b> [4] - 17:16, 79:11, 89:22, 112:16</p> <p><b>really</b> [16] - 15:14, 15:19, 19:17, 19:19, 21:14, 36:3, 36:16, 37:3, 41:8, 51:20, 58:21, 70:9, 76:12, 85:10, 104:2, 133:13</p> <p><b>realm</b> [1] - 124:4</p> <p><b>reason</b> [22] - 6:19, 7:1, 19:20, 47:7, 47:9, 48:2, 75:12, 77:24, 78:3, 80:2, 90:24, 97:11, 101:20, 116:7, 116:22, 119:20, 127:12, 129:13, 130:16, 141:15, 142:4, 151:6</p> <p><b>reasonable</b> [5] - 18:5, 24:22, 25:2, 42:1, 42:10</p> <p><b>reasonableness</b> [3] - 4:15, 5:18, 5:25</p> <p><b>reasons</b> [1] - 92:10</p> <p><b>rebuttal</b> [2] - 5:3, 5:4</p> <p><b>recalled</b> [1] - 11:11</p> <p><b>received</b> [1] - 91:5</p> <p><b>recent</b> [5] - 101:23, 101:24, 114:8, 157:6, 157:8</p> <p><b>recess</b> [4] - 42:16, 42:21, 60:23, 156:10</p> <p><b>recliner</b> [12] - 30:19, 31:3,</p>	<p>31:6, 31:13, 31:14, 34:22, 36:19, 115:25, 133:3, 137:3, 137:8</p> <p><b>reclining</b> [1] - 36:19</p> <p><b>recollection</b> [1] - 91:16</p> <p><b>recommend</b> [6] - 81:16, 108:17, 111:6, 118:1, 118:7, 128:2</p> <p><b>recommendation</b> [3] - 30:12, 118:6, 123:10</p> <p><b>recommendations</b> [2] - 125:22, 147:7</p> <p><b>recommended</b> [4] - 93:16, 110:17, 146:4, 146:12</p> <p><b>recommending</b> [4] - 18:13, 18:14, 123:19, 145:25</p> <p><b>record</b> [15] - 6:8, 6:13, 11:23, 12:1, 52:19, 55:1, 60:22, 61:7, 61:13, 86:24, 96:14, 107:16, 142:12, 144:8, 158:7</p> <p><b>records</b> [51] - 5:10, 5:15, 9:4, 64:24, 65:2, 65:5, 65:9, 65:13, 86:10, 87:6, 87:8, 87:11, 87:12, 87:16, 87:19, 87:23, 87:24, 87:25, 88:1, 89:13, 89:15, 89:16, 89:25, 90:3, 90:4, 90:7, 90:15, 90:20, 91:11, 91:12, 91:14, 91:16, 91:19, 94:21, 95:1, 95:5, 95:7, 95:20, 99:2, 101:23, 101:24, 102:1, 102:2, 102:6, 102:7, 108:11, 110:16, 114:9, 123:16, 142:8, 142:14</p> <p><b>recovering</b> [1] - 59:3</p> <p><b>recovery</b> [2] - 46:19, 120:13</p> <p><b>recross</b> [1] - 149:17</p> <p><b>RECROSS</b> [1] - 149:20</p> <p><b>RECROSS-EXAMINATION</b> [1] - 149:20</p> <p><b>red</b> [1] - 119:4</p> <p><b>redacted</b> [1] - 9:9</p> <p><b>redaction</b> [1] - 9:6</p> <p><b>redactions</b> [1] - 9:17</p> <p><b>redirect</b> [1] - 145:8</p> <p><b>REDIRECT</b> [2] - 145:12, 153:2</p> <p><b>refer</b> [8] - 47:10, 60:2, 123:6, 147:16, 148:2, 148:5, 149:23, 153:11</p> <p><b>reference</b> [1] - 138:17</p> <p><b>references</b> [2] - 9:8, 44:2</p> <p><b>referencing</b> [1] - 79:1</p> <p><b>referred</b> [1] - 73:17</p> <p><b>reflect</b> [3] - 68:7, 78:9, 89:16</p> <p><b>reflected</b> [2] - 118:10, 164:12</p> <p><b>reflecting</b> [1] - 142:9</p> <p><b>regard</b> [4] - 8:10, 73:21, 142:7, 155:16</p>	<p><b>regarding</b> [4] - 5:24, 158:8, 158:9</p> <p><b>regards</b> [1] - 153:6</p> <p><b>regular</b> [3] - 17:12, 22:2, 113:12</p> <p><b>rehab</b> [3] - 33:16, 107:6, 120:13</p> <p><b>rehabilitation</b> [2] - 108:3, 121:8</p> <p><b>Rehabilitation</b> [2] - 143:16, 143:25</p> <p><b>reimburse</b> [2] - 59:8, 106:7</p> <p><b>reissued</b> [1] - 157:22</p> <p><b>Rejuviderm</b> [1] - 122:11</p> <p><b>related</b> [4] - 64:24, 65:3, 87:19, 89:1</p> <p><b>relative</b> [1] - 163:10</p> <p><b>relevance</b> [1] - 106:21</p> <p><b>relevant</b> [3] - 6:25, 65:13, 90:7</p> <p><b>relied</b> [2] - 66:1, 136:18</p> <p><b>relief</b> [1] - 120:17</p> <p><b>rely</b> [10] - 19:20, 39:23, 41:4, 41:5, 77:24, 78:1, 78:2, 79:6, 88:3, 112:10</p> <p><b>relying</b> [4] - 136:14, 136:16, 136:23, 136:25</p> <p><b>remand</b> [1] - 55:7</p> <p><b>remember</b> [18] - 14:23, 14:25, 21:6, 28:18, 53:11, 69:20, 72:8, 76:23, 79:25, 82:15, 83:7, 83:12, 84:2, 90:10, 101:2, 110:22, 118:4, 158:3</p> <p><b>removal</b> [1] - 63:21</p> <p><b>remove</b> [2] - 63:17, 119:4</p> <p><b>removed</b> [1] - 14:25</p> <p><b>removing</b> [2] - 82:2, 82:3</p> <p><b>render</b> [1] - 106:11</p> <p><b>renovations</b> [1] - 49:14</p> <p><b>rental</b> [3] - 22:13, 22:21, 128:23</p> <p><b>repairs</b> [1] - 34:12</p> <p><b>repay</b> [2] - 44:16, 59:6</p> <p><b>rephrase</b> [2] - 97:17, 103:2</p> <p><b>replace</b> [2] - 23:11, 27:4</p> <p><b>replaced</b> [10] - 24:17, 27:4, 27:19, 27:22, 29:2, 31:16, 31:19, 33:4, 33:8, 37:19</p> <p><b>replacement</b> [26] - 13:25, 14:19, 15:7, 15:11, 15:14, 20:15, 22:14, 22:15, 22:16, 22:22, 24:12, 63:19, 114:18, 116:8, 116:23, 119:18, 119:21, 120:5, 120:11, 120:17, 120:21, 124:16, 126:22, 129:3, 146:12, 146:20</p> <p><b>replacements</b> [2] - 120:25, 122:1</p>	<p><b>reply</b> [1] - 47:2</p> <p><b>report</b> [47] - 5:3, 5:4, 5:8, 7:15, 7:20, 8:14, 28:25, 30:15, 46:9, 65:18, 66:20, 66:23, 67:6, 67:20, 68:17, 68:20, 69:7, 69:13, 71:4, 75:15, 78:11, 78:12, 78:20, 80:1, 88:4, 88:12, 88:15, 88:17, 88:22, 89:12, 89:17, 90:6, 90:13, 108:9, 111:20, 126:7, 127:3, 127:5, 130:7, 133:2, 135:11, 138:17, 138:25, 139:20, 157:19, 157:21, 158:10</p> <p><b>REPORTED</b> [1] - 1:23</p> <p><b>reported</b> [1] - 164:11</p> <p><b>REPORTER</b> [1] - 1:24</p> <p><b>Reporter</b> [2] - 163:5, 164:20</p> <p><b>Reporter's</b> [1] - 1:19</p> <p><b>REPORTER'S</b> [1] - 163:3</p> <p><b>reporting</b> [1] - 143:4</p> <p><b>reports</b> [1] - 130:2</p> <p><b>represent</b> [1] - 114:11</p> <p><b>representations</b> [3] - 7:17, 52:18, 66:2</p> <p><b>reprinted</b> [1] - 157:22</p> <p><b>requested</b> [1] - 5:4</p> <p><b>require</b> [1] - 37:14</p> <p><b>required</b> [4] - 14:20, 63:1, 144:24, 145:2</p> <p><b>requirements</b> [1] - 63:3</p> <p><b>requires</b> [1] - 44:15</p> <p><b>research</b> [2] - 75:24, 76:2</p> <p><b>residencies</b> [1] - 147:22</p> <p><b>residency</b> [2] - 147:20, 149:25</p> <p><b>resident</b> [1] - 148:10</p> <p><b>residents</b> [1] - 148:5</p> <p><b>residual</b> [18] - 33:3, 72:12, 73:10, 73:18, 81:13, 98:6, 124:14, 124:20, 124:22, 125:4, 137:12, 138:23, 140:9, 141:10, 141:17, 148:7, 149:23, 150:23</p> <p><b>resolved</b> [2] - 89:9, 125:1</p> <p><b>respect</b> [4] - 87:18, 148:13, 150:10, 150:22</p> <p><b>respectful</b> [1] - 150:5</p> <p><b>respectively</b> [1] - 157:8</p> <p><b>respond</b> [4] - 30:4, 50:18, 107:2, 154:6</p> <p><b>responded</b> [1] - 131:16</p> <p><b>response</b> [4] - 6:10, 6:24, 71:2, 77:7</p> <p><b>responsibility</b> [1] - 46:13</p> <p><b>responsible</b> [1] - 9:12</p> <p><b>rest</b> [1] - 117:3</p> <p><b>restate</b> [2] - 66:25, 107:23</p> <p><b>results</b> [1] - 20:1</p> <p><b>resume</b> [3] - 42:17, 61:11,</p>
---	--	---	---

<p>156:12  <b>resuming</b> [1] - 11:22  <b>retained</b> [4] - 74:8, 74:13, 74:18, 74:19  <b>rethink</b> [1] - 71:22  <b>Retrievers</b> [1] - 125:18  <b>retrofitted</b> [1] - 135:22  <b>retrofitting</b> [1] - 135:15  <b>return</b> [3] - 8:9, 11:9, 156:11  <b>returned</b> [1] - 157:25  <b>returning</b> [1] - 12:16  <b>revert</b> [1] - 55:4  <b>review</b> [11] - 7:20, 8:16, 9:12, 75:4, 84:4, 87:8, 89:13, 90:3, 90:8, 90:20, 153:22  <b>reviewed</b> [16] - 5:7, 5:11, 52:16, 64:23, 65:2, 65:6, 65:13, 65:16, 72:4, 83:16, 85:13, 87:13, 89:15, 89:17, 91:10, 91:16  <b>revisions</b> [1] - 99:8  <b>rich</b> [5] - 118:19, 118:21, 118:22, 119:16, 121:17  <b>risk</b> [1] - 15:13  <b>RMR</b> [4] - 1:24, 163:16, 164:10, 164:19  <b>Robert</b> [1] - 2:6  <b>Roho</b> [1] - 30:22  <b>role</b> [8] - 85:21, 85:22, 104:14, 104:18, 105:7, 106:17, 109:16, 130:25  <b>room</b> [5] - 76:13, 76:18, 76:21, 77:2, 77:6  <b>rooms</b> [2] - 37:18, 43:5  <b>roots</b> [1] - 16:22  <b>Rose</b> [4] - 64:24, 87:10, 87:19, 87:25  <b>Ross</b> [1] - 93:11  <b>rotated</b> [1] - 16:10  <b>rotations</b> [1] - 150:9  <b>roughly</b> [3] - 118:16, 126:1, 136:3  <b>RPM</b> [1] - 22:12  <b>rule</b> [5] - 44:9, 46:24, 51:4, 55:5, 55:13  <b>rules</b> [1] - 60:10</p> <p style="text-align: center;"><b>S</b></p> <p><b>safe</b> [16] - 21:10, 21:11, 21:15, 29:4, 31:4, 31:6, 31:8, 80:18, 80:22, 82:6, 82:7, 84:12, 84:14, 84:24, 98:2, 133:15  <b>safely</b> [3] - 21:8, 21:9, 80:12  <b>safety</b> [11] - 32:21, 49:23, 49:25, 50:2, 50:12, 51:24, 97:8, 133:9, 133:12, 135:15</p>	<p><b>save</b> [1] - 8:21  <b>saw</b> [5] - 30:1, 119:7, 124:19, 132:24, 133:1  <b>scar</b> [1] - 125:5  <b>scenario</b> [1] - 57:25  <b>scheduling</b> [2] - 157:5, 158:14  <b>school</b> [1] - 150:4  <b>se</b> [1] - 55:4  <b>sealed</b> [1] - 89:5  <b>search</b> [2] - 75:18, 76:4  <b>seat</b> [2] - 11:21, 84:23  <b>second</b> [8] - 26:22, 37:21, 47:1, 47:18, 48:24, 55:14, 78:19, 106:16  <b>secure</b> [1] - 162:4  <b>Security</b> [1] - 163:8  <b>see</b> [45] - 12:17, 13:7, 14:9, 14:24, 17:8, 28:25, 35:7, 35:14, 35:18, 35:20, 35:24, 55:6, 59:13, 75:19, 82:18, 84:3, 85:22, 89:13, 89:15, 91:11, 91:14, 91:17, 91:19, 96:23, 100:11, 103:4, 105:3, 105:13, 110:16, 118:3, 122:2, 130:16, 130:23, 132:1, 132:2, 132:3, 136:12, 136:13, 139:5, 142:12, 142:14, 153:4, 153:14, 155:25, 156:16  <b>seeing</b> [2] - 91:23, 93:7  <b>seem</b> [1] - 127:4  <b>segways</b> [1] - 48:24  <b>seizure</b> [1] - 19:15  <b>seizures</b> [1] - 19:16  <b>sell</b> [1] - 57:16  <b>send</b> [1] - 158:25  <b>sensation</b> [1] - 143:12  <b>sensations</b> [1] - 19:10  <b>sense</b> [4] - 29:17, 43:7, 120:3, 131:24  <b>separate</b> [1] - 27:18  <b>served</b> [1] - 161:17  <b>service</b> [1] - 13:6  <b>services</b> [3] - 69:21, 112:6, 114:20  <b>set</b> [1] - 25:9  <b>sets</b> [1] - 12:18  <b>several</b> [2] - 20:25, 88:8  <b>shape</b> [1] - 138:18  <b>shield</b> [1] - 56:14  <b>short</b> [2] - 22:21, 25:22  <b>shorthand</b> [1] - 164:13  <b>shoulder</b> [2] - 23:25, 24:2  <b>shoulders</b> [1] - 137:11  <b>show</b> [7] - 14:1, 35:3, 58:12, 63:6, 76:6, 121:9, 138:24  <b>shower</b> [20] - 21:8, 21:10, 21:11, 30:19, 31:3, 31:5,</p>	<p>31:7, 31:11, 31:12, 49:24, 82:4, 82:6, 100:6, 100:19, 100:21, 100:22, 133:3, 140:1  <b>showers</b> [1] - 80:19  <b>shown</b> [2] - 29:15, 32:11  <b>sic</b> [1] - 131:17  <b>side</b> [10] - 15:3, 29:9, 51:7, 51:19, 117:6, 117:7, 124:16, 132:2, 149:13  <b>sidebar</b> [4] - 68:25, 105:16, 144:6, 153:25  <b>sides</b> [1] - 149:10  <b>sidetracked</b> [1] - 83:13  <b>signed</b> [1] - 6:18  <b>significant</b> [4] - 49:16, 92:12, 92:24, 141:11  <b>silicone</b> [3] - 27:21, 28:8, 28:9  <b>simple</b> [1] - 20:22  <b>simply</b> [1] - 77:18  <b>single</b> [4] - 91:11, 99:25, 102:16, 109:19  <b>sink</b> [1] - 138:12  <b>sit</b> [5] - 22:16, 38:7, 60:9, 115:23, 117:24  <b>sitting</b> [3] - 112:11, 139:7, 140:10  <b>situation</b> [5] - 21:4, 24:11, 58:10, 81:17, 120:12  <b>six</b> [6] - 39:7, 39:14, 78:21, 79:1, 131:7, 154:16  <b>six-hour</b> [1] - 39:14  <b>size</b> [1] - 27:7  <b>skin</b> [4] - 32:11, 32:17, 32:21, 32:22  <b>slash</b> [2] - 154:24  <b>sleep</b> [1] - 115:20  <b>slow</b> [1] - 17:16  <b>slugfest</b> [1] - 8:5  <b>smoking</b> [2] - 154:11, 154:17  <b>snapshot</b> [1] - 20:19  <b>Social</b> [1] - 163:8  <b>socialization</b> [1] - 38:7  <b>society</b> [1] - 38:9  <b>socket</b> [2] - 27:25, 63:15  <b>sockets</b> [3] - 27:11, 27:19, 27:20  <b>socks</b> [4] - 28:1, 28:4, 28:5, 28:6  <b>softener</b> [2] - 20:2, 20:23  <b>someone</b> [18] - 20:14, 21:4, 21:7, 21:9, 22:14, 25:6, 25:10, 31:7, 32:25, 33:2, 37:4, 110:25, 111:15, 137:22, 146:15, 150:19, 153:5, 153:6  <b>sometimes</b> [3] - 25:17, 25:25, 141:22  <b>somewhere</b> [3] - 25:19,</p>	<p>25:22, 123:6  <b>son</b> [4] - 133:19, 133:23, 134:7, 136:8  <b>soon</b> [1] - 42:25  <b>sores</b> [1] - 32:23  <b>sorry</b> [13] - 52:23, 53:3, 54:1, 90:17, 96:18, 99:20, 104:4, 104:8, 124:15, 129:15, 131:18, 132:13, 160:11  <b>sort</b> [4] - 46:18, 47:1, 154:3, 158:1  <b>sought</b> [1] - 147:21  <b>sounded</b> [1] - 72:5  <b>source</b> [14] - 44:9, 44:14, 46:15, 52:4, 55:4, 55:5, 55:13, 58:16, 58:22, 58:24, 59:4, 59:10, 59:23, 60:16  <b>sources</b> [1] - 46:21  <b>space</b> [5] - 15:10, 38:15, 63:22, 135:23, 136:5  <b>speaking</b> [2] - 83:10, 83:11  <b>specialist</b> [10] - 91:1, 91:24, 93:7, 93:11, 114:3, 114:4, 114:6, 114:13, 123:19, 141:13  <b>specialized</b> [2] - 13:12, 25:9  <b>specials</b> [1] - 56:2  <b>specific</b> [9] - 52:13, 53:20, 53:21, 54:6, 57:12, 59:10, 74:4, 76:7, 125:16  <b>specifically</b> [16] - 5:1, 5:14, 12:24, 15:12, 44:2, 44:22, 76:3, 76:23, 84:7, 94:2, 98:20, 138:4, 138:9, 139:17, 140:15, 152:18  <b>speculated</b> [1] - 111:9  <b>speculation</b> [11] - 82:20, 83:1, 92:18, 97:15, 102:25, 106:20, 106:23, 109:23, 110:4, 110:9, 133:22  <b>spend</b> [2] - 115:6, 115:16  <b>spends</b> [1] - 39:7  <b>spent</b> [1] - 51:7  <b>spinal</b> [11] - 16:22, 16:25, 20:15, 76:5, 93:4, 93:12, 113:19, 123:2, 123:19, 123:23, 123:24  <b>spine</b> [4] - 16:14, 17:2, 17:8, 75:24  <b>spirits</b> [1] - 112:16  <b>spun</b> [1] - 119:3  <b>square</b> [2] - 33:21, 34:11  <b>squat</b> [1] - 36:16  <b>ss</b> [1] - 164:6  <b>St</b> [4] - 64:24, 87:10, 87:19, 87:25  <b>stabilization</b> [1] - 19:7  <b>stabilized</b> [1] - 23:16  <b>stairs</b> [1] - 136:4  <b>stamp</b> [1] - 52:24</p>
---	--	---	--

<p><b>stand</b> <sup>[9]</sup> - 11:17, 11:20, 31:5, 35:14, 35:20, 36:6, 36:10, 115:10, 154:3</p> <p><b>standing</b> <sup>[3]</sup> - 6:12, 84:14, 138:12</p> <p><b>stands</b> <sup>[1]</sup> - 160:18</p> <p><b>start</b> <sup>[2]</sup> - 99:24, 108:24</p> <p><b>started</b> <sup>[2]</sup> - 52:9, 144:22</p> <p><b>State</b> <sup>[1]</sup> - 163:6</p> <p><b>STATE</b> <sup>[1]</sup> - 164:5</p> <p><b>statement</b> <sup>[9]</sup> - 45:16, 45:21, 52:16, 52:17, 53:19, 56:9, 56:10, 58:1, 59:19</p> <p><b>statements</b> <sup>[3]</sup> - 43:25, 51:23, 52:21</p> <p><b>States</b> <sup>[2]</sup> - 119:14, 147:11</p> <p><b>states</b> <sup>[1]</sup> - 5:14</p> <p><b>status</b> <sup>[6]</sup> - 43:22, 89:6, 129:17, 129:20, 130:5, 130:14</p> <p><b>statute</b> <sup>[1]</sup> - 44:13</p> <p><b>stay</b> <sup>[1]</sup> - 21:10</p> <p><b>stays</b> <sup>[1]</sup> - 23:15</p> <p><b>stents</b> <sup>[1]</sup> - 121:21</p> <p><b>sticklers</b> <sup>[1]</sup> - 150:5</p> <p><b>stiffness</b> <sup>[1]</sup> - 122:9</p> <p><b>still</b> <sup>[24]</sup> - 6:22, 9:1, 9:5, 9:6, 9:17, 11:23, 12:2, 44:13, 57:5, 59:11, 60:4, 61:13, 63:21, 72:14, 72:23, 110:4, 112:17, 113:13, 120:1, 120:2, 123:24, 145:1, 160:3, 161:7</p> <p><b>stimulate</b> <sup>[1]</sup> - 23:5</p> <p><b>stimulates</b> <sup>[1]</sup> - 122:8</p> <p><b>stimulator</b> <sup>[13]</sup> - 16:15, 17:9, 17:18, 17:21, 19:4, 19:22, 20:15, 93:5, 93:12, 123:3, 123:20, 123:23, 123:25</p> <p><b>stimulators</b> <sup>[1]</sup> - 76:5</p> <p><b>stoic</b> <sup>[1]</sup> - 79:11</p> <p><b>stood</b> <sup>[2]</sup> - 47:12, 49:8</p> <p><b>stool</b> <sup>[2]</sup> - 20:2, 20:22</p> <p><b>stored</b> <sup>[1]</sup> - 38:17</p> <p><b>story</b> <sup>[2]</sup> - 56:3, 111:1</p> <p><b>straight</b> <sup>[3]</sup> - 35:9, 36:3, 36:7</p> <p><b>straighten</b> <sup>[1]</sup> - 36:6</p> <p><b>straightens</b> <sup>[1]</sup> - 22:19</p> <p><b>strain</b> <sup>[1]</sup> - 24:8</p> <p><b>strength</b> <sup>[2]</sup> - 35:12, 36:2</p> <p><b>stress</b> <sup>[8]</sup> - 24:1, 24:3, 33:10, 115:4, 116:2, 117:8, 121:9, 137:10</p> <p><b>stressful</b> <sup>[2]</sup> - 112:13, 120:12</p> <p><b>strong</b> <sup>[1]</sup> - 36:17</p> <p><b>structure</b> <sup>[1]</sup> - 14:8</p> <p><b>structures</b> <sup>[1]</sup> - 14:13</p> <p><b>struggling</b> <sup>[1]</sup> - 46:22</p> <p><b>stuff</b> <sup>[4]</sup> - 39:20, 57:1, 79:7, 122:11</p>	<p><b>stump</b> <sup>[9]</sup> - 72:11, 73:10, 73:18, 147:17, 148:3, 148:6, 149:24, 153:6, 153:7</p> <p><b>subject</b> <sup>[3]</sup> - 56:8, 56:10, 57:11</p> <p><b>submitted</b> <sup>[1]</sup> - 6:14</p> <p><b>subscribe</b> <sup>[1]</sup> - 143:18</p> <p><b>subsidies</b> <sup>[1]</sup> - 59:11</p> <p><b>substance</b> <sup>[1]</sup> - 44:12</p> <p><b>substantial</b> <sup>[4]</sup> - 68:5, 68:10, 68:13, 68:14</p> <p><b>substantive</b> <sup>[2]</sup> - 70:5, 70:10</p> <p><b>success</b> <sup>[3]</sup> - 22:22, 142:10, 142:22</p> <p><b>successful</b> <sup>[1]</sup> - 142:25</p> <p><b>succinctly</b> <sup>[1]</sup> - 45:6</p> <p><b>sufficient</b> <sup>[1]</sup> - 45:3</p> <p><b>suggesting</b> <sup>[2]</sup> - 29:12, 145:20</p> <p><b>suited</b> <sup>[1]</sup> - 52:13</p> <p><b>sum</b> <sup>[1]</sup> - 106:7</p> <p><b>summary</b> <sup>[3]</sup> - 4:13, 6:16, 7:5</p> <p><b>summertime</b> <sup>[1]</sup> - 82:5</p> <p><b>sun</b> <sup>[1]</sup> - 12:18</p> <p><b>supplement</b> <sup>[1]</sup> - 7:21</p> <p><b>supplies</b> <sup>[5]</sup> - 22:10, 27:1, 28:21, 128:12, 154:24</p> <p><b>supply</b> <sup>[1]</sup> - 32:12</p> <p><b>support</b> <sup>[2]</sup> - 7:8, 29:6</p> <p><b>surely</b> <sup>[1]</sup> - 59:16</p> <p><b>surgeon</b> <sup>[15]</sup> - 14:11, 16:12, 73:5, 96:12, 96:13, 97:2, 97:3, 97:4, 97:5, 103:22, 109:12, 109:14, 111:14</p> <p><b>surgeon's</b> <sup>[1]</sup> - 14:2</p> <p><b>surgeries</b> <sup>[1]</sup> - 113:18</p> <p><b>surgery</b> <sup>[10]</sup> - 14:3, 15:15, 22:24, 23:1, 23:3, 23:4, 23:14, 37:12, 120:13, 129:4</p> <p><b>surgical</b> <sup>[2]</sup> - 13:24, 128:16</p> <p><b>surprise</b> <sup>[1]</sup> - 75:21</p> <p><b>sustain</b> <sup>[1]</sup> - 151:10</p> <p><b>sustained</b> <sup>[6]</sup> - 92:19, 106:4, 107:21, 109:24, 110:10, 158:4</p> <p><b>swear</b> <sup>[1]</sup> - 11:25</p> <p><b>sweaty</b> <sup>[1]</sup> - 82:5</p> <p><b>sword</b> <sup>[1]</sup> - 56:14</p> <p><b>sympathy</b> <sup>[1]</sup> - 58:18</p> <p><b>symptoms</b> <sup>[5]</sup> - 16:25, 93:22, 122:10, 139:23, 143:11</p> <p><b>system</b> <sup>[1]</sup> - 19:13</p>	<p><b>task</b> <sup>[1]</sup> - 37:6</p> <p><b>tasked</b> <sup>[1]</sup> - 95:17</p> <p><b>taught</b> <sup>[1]</sup> - 148:12</p> <p><b>teach</b> <sup>[2]</sup> - 35:2, 36:2</p> <p><b>tears</b> <sup>[1]</sup> - 28:20</p> <p><b>technically</b> <sup>[1]</sup> - 158:24</p> <p><b>teeth</b> <sup>[2]</sup> - 80:23, 82:3</p> <p><b>template</b> <sup>[1]</sup> - 70:20</p> <p><b>ten</b> <sup>[33]</sup> - 12:22, 15:22, 16:16, 18:3, 18:5, 20:10, 21:20, 23:5, 23:9, 24:13, 28:11, 29:21, 29:23, 37:21, 39:2, 40:1, 40:2, 40:11, 40:14, 40:20, 40:23, 41:13, 41:20, 67:22, 69:23, 70:1, 70:2, 70:17, 95:8, 95:10, 113:3, 126:16, 126:21</p> <p><b>ten-year</b> <sup>[19]</sup> - 15:22, 16:16, 18:3, 18:5, 20:10, 21:20, 23:9, 24:13, 28:11, 29:21, 29:23, 37:21, 39:2, 40:1, 40:14, 40:20, 41:13, 41:20, 70:1</p> <p><b>tend</b> <sup>[1]</sup> - 31:12</p> <p><b>tens</b> <sup>[1]</sup> - 67:19</p> <p><b>term</b> <sup>[13]</sup> - 22:21, 38:11, 72:11, 72:19, 73:10, 76:14, 142:10, 146:9, 149:25, 150:14, 150:25, 151:3, 151:8</p> <p><b>terms</b> <sup>[13]</sup> - 4:14, 8:6, 9:22, 27:6, 68:11, 70:2, 70:8, 100:13, 114:17, 121:13, 122:20, 148:25, 152:10</p> <p><b>test</b> <sup>[1]</sup> - 15:25</p> <p><b>testified</b> <sup>[11]</sup> - 49:25, 72:17, 75:5, 80:4, 86:11, 86:16, 91:7, 98:4, 116:22, 134:7, 136:8</p> <p><b>testify</b> <sup>[2]</sup> - 49:22, 90:22</p> <p><b>testifying</b> <sup>[1]</sup> - 65:7</p> <p><b>testimony</b> <sup>[28]</sup> - 4:14, 6:4, 7:8, 7:13, 9:23, 10:1, 11:11, 11:22, 12:2, 43:12, 44:21, 44:22, 45:3, 45:12, 47:19, 51:22, 60:14, 65:12, 84:5, 89:1, 105:21, 106:1, 118:5, 143:19, 149:13, 150:13, 156:6, 156:12</p> <p><b>testing</b> <sup>[12]</sup> - 13:17, 13:20, 14:14, 15:21, 18:2, 112:7, 112:24, 112:25, 113:4, 113:14, 127:9, 127:11</p> <p><b>thankfully</b> <sup>[1]</sup> - 126:15</p> <p><b>THE</b> <sup>[122]</sup> - 1:6, 4:6, 6:5, 6:8, 6:12, 7:3, 7:16, 8:15, 8:20, 9:10, 9:19, 10:10, 11:3, 11:18, 12:4, 12:5, 12:9, 35:5, 35:6, 35:13, 35:16, 35:21, 35:25, 42:8, 42:15,</p>	<p>42:24, 43:4, 43:19, 46:14, 48:23, 49:5, 49:8, 49:11, 50:14, 50:18, 50:23, 51:1, 51:14, 52:20, 53:3, 53:10, 53:22, 54:2, 54:5, 54:10, 54:21, 55:9, 55:10, 55:16, 57:18, 60:19, 61:3, 61:8, 61:11, 61:15, 61:16, 66:25, 68:23, 69:1, 82:21, 83:4, 83:8, 83:9, 83:12, 83:14, 88:8, 88:21, 92:19, 97:17, 103:2, 105:13, 105:17, 106:23, 107:4, 107:12, 109:24, 110:7, 133:24, 134:2, 134:9, 139:12, 144:4, 144:7, 144:12, 144:13, 145:8, 149:17, 151:15, 152:22, 153:14, 154:1, 154:14, 154:18, 154:21, 154:22, 155:1, 155:6, 155:11, 155:15, 155:20, 155:22, 155:24, 156:5, 156:8, 156:9, 156:14, 157:3, 158:12, 158:14, 159:12, 159:18, 159:20, 159:22, 160:1, 160:10, 160:17, 160:25, 161:8, 161:12, 162:3, 162:7, 162:11</p> <p><b>themselves</b> <sup>[2]</sup> - 25:7, 150:21</p> <p><b>therapeutic</b> <sup>[2]</sup> - 124:4, 124:10</p> <p><b>therapies</b> <sup>[3]</sup> - 12:24, 124:2, 124:9</p> <p><b>therapist</b> <sup>[1]</sup> - 12:19</p> <p><b>therapy</b> <sup>[9]</sup> - 124:13, 124:15, 124:21, 125:3, 125:4, 128:19, 128:25, 144:22</p> <p><b>therefore</b> <sup>[1]</sup> - 59:4</p> <p><b>Thereupon</b> <sup>[13]</sup> - 4:4, 11:1, 43:2, 60:21, 60:23, 61:1, 61:6, 61:9, 68:24, 105:15, 144:5, 153:24, 157:1</p> <p><b>they've</b> <sup>[1]</sup> - 112:2</p> <p><b>thinking</b> <sup>[3]</sup> - 52:12, 121:16, 162:2</p> <p><b>third</b> <sup>[1]</sup> - 67:18</p> <p><b>thoracic</b> <sup>[3]</sup> - 17:2, 17:7, 103:21</p> <p><b>thorough</b> <sup>[2]</sup> - 59:21, 78:12</p> <p><b>thousand</b> <sup>[1]</sup> - 33:20</p> <p><b>thousands</b> <sup>[3]</sup> - 67:19, 68:19, 92:14</p> <p><b>three</b> <sup>[16]</sup> - 31:16, 33:7, 48:5, 48:14, 68:17, 71:9, 84:13, 133:15, 133:17, 133:20, 134:11, 141:12, 145:17, 154:19, 157:10, 158:25</p> <p><b>thrombolytic</b> <sup>[1]</sup> - 144:22</p>
<p style="text-align: center;"><b>T</b></p>			
		<p><b>table</b> <sup>[1]</sup> - 51:19</p> <p><b>talks</b> <sup>[2]</sup> - 5:10, 76:2</p>	

<p><b>throw</b> <sup>[1]</sup> - 19:1  <b>throwing</b> <sup>[1]</sup> - 18:25  <b>throws</b> <sup>[1]</sup> - 115:1  <b>Thursday</b> <sup>[12]</sup> - 159:4, 160:2, 160:8, 160:9, 160:12, 161:7, 161:13, 161:14, 161:18, 161:19, 162:1, 162:4  <b>ticket</b> <sup>[3]</sup> - 49:12, 49:21, 67:18  <b>tidying</b> <sup>[1]</sup> - 141:3  <b>tied</b> <sup>[1]</sup> - 119:17  <b>timeframe</b> <sup>[1]</sup> - 29:23  <b>tired</b> <sup>[1]</sup> - 34:1  <b>titanium</b> <sup>[1]</sup> - 25:3  <b>today</b> <sup>[20]</sup> - 4:18, 4:21, 8:7, 8:8, 10:3, 11:9, 48:16, 55:25, 65:7, 69:7, 72:5, 88:14, 100:1, 101:1, 118:5, 118:11, 151:5, 151:7, 151:23, 158:17  <b>together</b> <sup>[3]</sup> - 18:24, 122:16, 122:18  <b>toilet</b> <sup>[5]</sup> - 31:15, 115:18, 116:10, 139:25, 140:16  <b>tomorrow</b> <sup>[6]</sup> - 156:11, 156:16, 158:21, 160:1, 160:5, 161:15  <b>tons</b> <sup>[1]</sup> - 121:11  <b>took</b> <sup>[10]</sup> - 61:25, 64:4, 64:19, 65:22, 66:21, 67:4, 69:10, 71:8, 90:6, 90:22  <b>top</b> <sup>[2]</sup> - 28:24, 69:20  <b>topics</b> <sup>[1]</sup> - 76:3  <b>total</b> <sup>[8]</sup> - 16:16, 33:5, 38:25, 40:19, 41:15, 41:18, 114:17, 116:7  <b>totality</b> <sup>[1]</sup> - 92:12  <b>totally</b> <sup>[1]</sup> - 14:2  <b>towards</b> <sup>[3]</sup> - 120:8, 155:8, 155:10  <b>trained</b> <sup>[3]</sup> - 13:5, 13:9, 125:20  <b>training</b> <sup>[4]</sup> - 79:8, 105:10, 126:2, 126:13  <b>TRAN</b> <sup>[1]</sup> - 1:1  <b>Transcript</b> <sup>[1]</sup> - 1:19  <b>transcripts</b> <sup>[1]</sup> - 53:8  <b>transfer</b> <sup>[7]</sup> - 31:11, 31:15, 31:18, 116:9, 117:4, 137:22, 139:5  <b>transferring</b> <sup>[1]</sup> - 139:25  <b>transfers</b> <sup>[4]</sup> - 115:22, 132:16, 138:10, 139:2  <b>translate</b> <sup>[1]</sup> - 15:17  <b>transport</b> <sup>[1]</sup> - 25:17  <b>treat</b> <sup>[1]</sup> - 18:25  <b>treaters</b> <sup>[1]</sup> - 146:5  <b>treating</b> <sup>[6]</sup> - 96:4, 103:20, 103:23, 104:19, 111:13,</p>	<p>127:13  <b>treatment</b> <sup>[9]</sup> - 19:21, 91:1, 93:16, 94:9, 99:7, 99:11, 113:7, 120:20, 121:11  <b>TRIAL</b> <sup>[1]</sup> - 1:16  <b>trial</b> <sup>[18]</sup> - 4:14, 58:8, 64:11, 64:15, 64:21, 65:12, 71:10, 84:4, 90:22, 105:20, 105:24, 130:3, 130:24, 158:24, 158:25, 159:2, 159:11, 161:1  <b>trial-ready</b> <sup>[3]</sup> - 64:11, 64:15, 64:21  <b>trials</b> <sup>[1]</sup> - 95:12  <b>tried</b> <sup>[1]</sup> - 139:22  <b>trip</b> <sup>[2]</sup> - 25:18, 26:4  <b>true</b> <sup>[22]</sup> - 39:18, 46:3, 46:5, 54:15, 59:16, 73:23, 77:3, 77:11, 78:10, 80:2, 87:7, 102:13, 102:14, 111:18, 111:25, 123:20, 125:7, 125:11, 140:14, 141:9, 141:13, 164:12  <b>truly</b> <sup>[2]</sup> - 58:2, 60:2  <b>truth</b> <sup>[1]</sup> - 78:4  <b>try</b> <sup>[11]</sup> - 8:16, 20:7, 38:8, 55:14, 60:12, 63:20, 105:9, 112:15, 120:3, 146:18, 160:20  <b>trying</b> <sup>[18]</sup> - 8:6, 34:10, 35:13, 35:23, 37:5, 51:18, 53:11, 58:11, 82:22, 83:11, 116:19, 122:25, 126:25, 139:10, 146:13, 155:4, 160:3, 161:20  <b>tube</b> <sup>[1]</sup> - 25:8  <b>Tuesday</b> <sup>[4]</sup> - 1:18, 4:1, 160:24  <b>turn</b> <sup>[4]</sup> - 12:8, 18:8, 43:14, 89:11  <b>twice</b> <sup>[4]</sup> - 27:5, 27:19, 30:21, 69:23  <b>two</b> <sup>[17]</sup> - 20:17, 24:12, 31:16, 39:11, 39:12, 51:21, 57:8, 79:1, 80:5, 80:8, 81:2, 81:19, 81:24, 83:21, 83:22, 95:7, 152:16  <b>two-fold</b> <sup>[1]</sup> - 51:21  <b>type</b> <sup>[19]</sup> - 15:19, 15:23, 18:12, 18:13, 21:3, 25:1, 25:8, 26:21, 26:23, 27:7, 32:22, 38:2, 55:18, 63:17, 82:11, 108:7, 125:17, 140:16, 146:14  <b>types</b> <sup>[5]</sup> - 28:6, 59:23, 82:12, 122:21, 125:19  <b>typical</b> <sup>[1]</sup> - 125:17  <b>typically</b> <sup>[8]</sup> - 20:16, 27:22, 62:21, 63:7, 63:16, 88:23, 131:25, 146:18</p>	<p style="text-align: center;"><b>U</b></p> <p><b>UCLA</b> <sup>[3]</sup> - 73:1, 73:2, 105:5  <b>ultimately</b> <sup>[2]</sup> - 59:7, 60:1  <b>unable</b> <sup>[1]</sup> - 144:23  <b>unanimity</b> <sup>[1]</sup> - 121:15  <b>unaware</b> <sup>[1]</sup> - 142:23  <b>uncomfortable</b> <sup>[1]</sup> - 36:10  <b>under</b> <sup>[14]</sup> - 11:24, 12:2, 37:23, 41:15, 50:8, 60:8, 60:13, 60:16, 61:13, 112:5, 124:1, 124:9, 128:12, 149:13  <b>underestimate</b> <sup>[1]</sup> - 79:3  <b>underneath</b> <sup>[1]</sup> - 37:8  <b>understood</b> <sup>[3]</sup> - 101:4, 132:5, 140:22  <b>unexpected</b> <sup>[1]</sup> - 145:18  <b>unfavorable</b> <sup>[1]</sup> - 58:6  <b>unfinished</b> <sup>[1]</sup> - 12:3  <b>unit</b> <sup>[3]</sup> - 22:21, 128:23, 155:5  <b>United</b> <sup>[2]</sup> - 119:14, 147:10  <b>unless</b> <sup>[2]</sup> - 35:1, 151:10  <b>unquote</b> <sup>[2]</sup> - 45:9, 45:19  <b>unresolved</b> <sup>[1]</sup> - 9:22  <b>unusual</b> <sup>[2]</sup> - 145:17, 145:21  <b>up</b> <sup>[82]</sup> - 7:1, 9:3, 20:25, 21:1, 21:15, 22:2, 22:24, 23:1, 23:13, 29:6, 34:11, 34:25, 35:3, 35:11, 36:2, 36:7, 36:20, 37:9, 39:13, 40:6, 47:12, 47:15, 47:17, 54:25, 56:22, 57:14, 60:11, 62:22, 65:23, 69:22, 75:19, 76:6, 78:19, 79:4, 80:10, 80:17, 84:23, 84:25, 85:9, 86:14, 86:25, 87:4, 88:8, 90:14, 90:18, 92:5, 92:12, 92:15, 92:23, 94:12, 94:16, 95:12, 95:18, 98:14, 98:24, 99:18, 107:7, 110:24, 111:16, 112:16, 114:21, 115:10, 115:14, 116:23, 121:10, 122:10, 127:2, 129:23, 130:19, 131:2, 131:23, 133:17, 137:8, 141:4, 142:8, 143:14, 145:15, 151:5, 151:18, 154:9, 155:15, 160:13  <b>updated</b> <sup>[5]</sup> - 130:10, 130:14, 131:8, 132:6  <b>upi</b> <sup>[1]</sup> - 161:16  <b>upper</b> <sup>[1]</sup> - 17:2  <b>upset</b> <sup>[1]</sup> - 148:4  <b>upwards</b> <sup>[1]</sup> - 25:8  <b>useful</b> <sup>[2]</sup> - 21:24, 26:18  <b>uses</b> <sup>[3]</sup> - 72:18, 118:6, 150:15</p>	<p><b>utilized</b> <sup>[1]</sup> - 151:3</p> <p style="text-align: center;"><b>V</b></p> <p><b>value</b> <sup>[3]</sup> - 24:25, 26:15, 152:10  <b>van</b> <sup>[8]</sup> - 26:1, 26:5, 37:24, 38:14, 38:16, 38:20, 38:23, 38:24  <b>various</b> <sup>[1]</sup> - 115:24  <b>vascular</b> <sup>[6]</sup> - 32:12, 73:5, 96:13, 97:4, 109:12, 109:14  <b>vast</b> <sup>[1]</sup> - 50:5  <b>Vegas</b> <sup>[4]</sup> - 4:1, 61:23, 151:23, 164:20  <b>vehicle</b> <sup>[1]</sup> - 38:2  <b>verdict</b> <sup>[5]</sup> - 52:7, 58:6, 58:11, 58:20, 106:11  <b>versed</b> <sup>[1]</sup> - 44:25  <b>versus</b> <sup>[1]</sup> - 74:18  <b>view</b> <sup>[1]</sup> - 52:13  <b>visit</b> <sup>[2]</sup> - 92:8, 141:23  <b>vitamin</b> <sup>[3]</sup> - 18:18, 20:5, 127:22  <b>vitamins</b> <sup>[2]</sup> - 20:8, 22:6  <b>vs</b> <sup>[1]</sup> - 1:11</p> <p style="text-align: center;"><b>W</b></p> <p><b>wait</b> <sup>[1]</sup> - 43:5  <b>wake</b> <sup>[2]</sup> - 22:24, 23:1  <b>walk</b> <sup>[3]</sup> - 52:5, 115:18, 117:21  <b>walked</b> <sup>[1]</sup> - 118:2  <b>walker</b> <sup>[20]</sup> - 28:22, 28:23, 29:1, 29:5, 29:8, 29:17, 30:20, 31:15, 31:18, 31:25, 33:25, 66:16, 67:9, 68:12, 69:17, 100:4, 100:9, 100:18, 116:12, 132:15  <b>walking</b> <sup>[3]</sup> - 116:15, 117:24, 138:10  <b>wants</b> <sup>[2]</sup> - 50:18, 152:2  <b>warning</b> <sup>[1]</sup> - 13:11  <b>watch</b> <sup>[1]</sup> - 17:1  <b>wear</b> <sup>[5]</sup> - 28:2, 28:14, 28:15, 28:16  <b>wearing</b> <sup>[3]</sup> - 15:1, 36:9, 101:1  <b>wears</b> <sup>[1]</sup> - 28:19  <b>Weaver</b> <sup>[13]</sup> - 2:6, 3:3, 43:14, 61:17, 103:2, 105:14, 106:13, 107:1, 109:25, 149:17, 155:20, 157:25, 158:12  <b>WEAVER</b> <sup>[51]</sup> - 43:17, 45:5, 47:3, 49:4, 49:7, 49:10,</p>
---	--	---	---

<p>49:12, 50:16, 53:25, 54:4, 54:7, 55:17, 60:18, 61:18, 61:21, 67:1, 67:2, 69:4, 69:5, 83:15, 88:6, 88:11, 88:20, 89:10, 92:21, 92:22, 97:18, 97:19, 103:3, 103:6, 106:14, 107:2, 107:5, 108:1, 110:2, 110:6, 110:11, 110:12, 134:5, 134:10, 139:13, 144:10, 149:18, 149:21, 151:14, 151:17, 152:20, 155:21, 155:25, 158:13, 159:24 <b>Weaver's</b> [2] - 149:5, 157:18 <b>week</b> [2] - 158:24, 159:7 <b>weekly</b> [1] - 40:23 <b>weeks</b> [1] - 20:17 <b>weight</b> [2] - 15:2, 117:6 <b>welcome</b> [4] - 11:3, 12:14, 61:23, 144:12 <b>well-being</b> [2] - 13:14, 146:9 <b>well-versed</b> [1] - 44:25 <b>whatsoever</b> [2] - 5:17, 5:18 <b>wheel</b> [1] - 29:10 <b>wheelchair</b> [56] - 15:1, 23:18, 23:19, 24:7, 24:14, 24:15, 24:17, 24:23, 25:12, 25:19, 25:21, 26:5, 26:7, 29:10, 30:21, 33:23, 34:2, 34:14, 38:10, 38:15, 44:23, 44:24, 52:11, 53:21, 54:7, 54:13, 54:15, 54:16, 56:18, 56:22, 84:21, 84:23, 100:5, 100:9, 100:10, 100:11, 100:18, 101:11, 112:11, 114:21, 115:7, 115:9, 115:13, 115:16, 115:17, 115:21, 116:9, 116:24, 117:22, 129:7, 129:8, 132:17, 135:24, 137:3, 137:5, 137:7 <b>wheelchairs</b> [4] - 24:12, 25:1, 34:17, 44:2 <b>whole</b> [10] - 38:3, 46:14, 46:17, 57:10, 112:13, 130:17, 139:23, 141:25, 155:5 <b>wide</b> [3] - 34:18, 34:19, 54:19 <b>widened</b> [2] - 34:4, 34:5 <b>widening</b> [5] - 135:13, 135:14, 135:18, 135:20 <b>Wienczek</b> [6] - 96:12, 97:5, 103:21, 109:16, 111:14, 125:10 <b>wife</b> [3] - 39:7, 41:1, 100:13 <b>willing</b> [1] - 103:16 <b>Wilson</b> [3] - 73:4, 159:16, 159:19 <b>wind</b> [1] - 22:2 <b>wishes</b> [1] - 7:24</p>	<p><b>withdraw</b> [1] - 134:1 <b>witness</b> [8] - 11:9, 42:14, 43:13, 83:2, 143:18, 144:14, 153:15, 158:19 <b>WITNESS</b> [14] - 3:5, 12:4, 35:6, 35:16, 35:25, 61:15, 83:8, 83:12, 144:12, 154:14, 154:21, 155:1, 155:11, 156:8 <b>witnesses</b> [2] - 8:11, 143:23 <b>word</b> [4] - 75:18, 75:19, 150:8, 150:10 <b>words</b> [2] - 116:15, 124:1 <b>works</b> [5] - 19:25, 41:22, 121:13, 121:24, 162:3 <b>worse</b> [1] - 17:10 <b>worst</b> [1] - 20:23 <b>worth</b> [8] - 68:17, 68:20, 85:4, 113:13, 114:19, 118:16, 120:6, 120:20 <b>wrapping</b> [1] - 143:14 <b>written</b> [2] - 70:1, 148:21</p> <p style="text-align: center;"><b>X</b></p> <p><b>X'd</b> [1] - 157:14 <b>x-rays</b> [5] - 15:9, 16:5, 16:8, 16:14, 17:7 <b>Xarelto</b> [1] - 142:20</p> <p style="text-align: center;"><b>Y</b></p> <p><b>year</b> [26] - 15:22, 16:16, 17:5, 18:3, 18:5, 20:10, 21:20, 23:9, 24:13, 28:11, 29:21, 29:23, 30:6, 37:21, 39:2, 40:1, 40:5, 40:14, 40:20, 41:12, 41:13, 41:20, 41:22, 69:23, 70:1, 152:16 <b>yearly</b> [3] - 15:9, 16:11, 16:15 <b>years</b> [38] - 12:22, 24:18, 25:12, 27:4, 29:2, 31:16, 31:19, 33:5, 33:7, 36:24, 37:20, 40:2, 40:11, 40:23, 48:5, 48:14, 67:21, 67:22, 68:11, 69:22, 69:23, 69:24, 69:25, 70:8, 70:16, 70:18, 95:8, 95:10, 113:3, 114:20, 120:22, 126:16, 126:21, 135:1, 135:6, 141:12, 145:17, 154:16 <b>yesterday</b> [2] - 11:8, 158:23 <b>YMCA</b> [1] - 119:8 <b>yourself</b> [4] - 21:16, 32:15, 39:23, 84:17</p>	<p style="text-align: center;"><b>Z</b></p> <p><b>zero</b> [2] - 70:2, 70:17</p>
---	--	--



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TRAN

IN THE EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA

DARELL MOORE, ET AL,	)	
	)	
Plaintiffs,	)	
	)	
vs.	)	Case No. A-17-766426-C
	)	Dept. No. 25
JASON LASRY, ET AL,	)	
	)	
<u>Defendants.</u>	)	

JURY TRIAL

Before the Honorable Kathleen Delaney  
Tuesday, February 4, 2020, 1:30 p.m.  
Reporter's Transcript of Proceedings

REPORTED BY:  
  
BILL NELSON, RMR, CCR #191  
CERTIFIED COURT REPORTER

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

APPEARANCES:

For the Plaintiffs: Breen Arntz, Esq.  
Philip Hymanson, Esq.  
Joseph Hymanson, Esq.

For the Defendants: Robert McBride, Esq.  
Keith Weaver, Esq.  
Alissa Bestick, Esq.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I N D E X

M = McBride

W = Weaver

WITNESS	DR	CR	RDR	RCR
Dr. David Fish	12	61-W 144-M	145	149-W
		153		

1 Las Vegas, Nevada, Tuesday, February 4, 2020

2 \* \* \* \* \*

3  
4 (Thereupon, the following proceedings were  
5 had out of the presence of the jury.):

6 THE COURT: I think I know one of the  
7 things outside the presence, but just go ahead.

8 What do we have outside the presence?

9 I'll take them in whatever order.

10 MR. MC BRIDE: Sure.

11 One of the things I think that we were  
12 concerned about, this goes to one of the motions for  
13 partial summary judgment that we filed before the  
14 trial about the testimony, and in terms of the  
15 evidence of the reasonableness and necessity of the  
16 billing and the medical bills coming in in this  
17 particular case.

18 We understand from counsel today that this  
19 is the first time we've been informed that they  
20 intend to get that information out through Dr. Fish  
21 today.

22 Well, the problem with that again is, this  
23 is what I addressed, Your Honor, is there's no  
24 foundation for that because at the time of his  
25 deposition Dr. Fish had not been provided with the

1 bills, and in fact when asked, he specifically said  
2 -- his deposition was taken October 24th, 2019, he  
3 stated that no rebuttal report was done by Dr. Fish,  
4 and no rebuttal report was requested, and he's not  
5 been asked to do any further work.

6 Then he also said there were no materials  
7 that he reviewed after July 19th, 2019.

8 I have a copy of both his report, as well  
9 as his medical evaluation and lifecare plan.

10 Nowhere he talks about the records he  
11 reviewed.

12 Nowhere does he discuss the medical bills,  
13 or does he address that at all.

14 He states specifically, he was asked to  
15 evaluate the medical records and perform an  
16 examination of Darell Moore.

17 He does not offer any opinion whatsoever or  
18 comment whatsoever on the reasonableness or necessity  
19 of medical expenses at all.

20 Again, his medical evaluation and lifecare  
21 plan only addresses future lifecare needs.

22 Again, we -- he also did not speak to any  
23 of Mr. Moore's health care providers to get any  
24 additional information regarding billing or the  
25 reasonableness or necessity, and he was not asked to

1 do so.

2 So we think that at the outset I wanted to  
3 bring it to the Court's attention now, rather than  
4 interrupt the testimony.

5 THE COURT: Sure.

6 MR. MC BRIDE: Because I don't believe  
7 there's any foundation for that.

8 THE COURT: Well, for the record, before I  
9 hear you -- Mr. Hymanson, are you going to be  
10 addressing the response?

11 MR. P. HYMANSON: Okay.

12 THE COURT: You were standing so.

13 Let me make my record.

14 So each of the parties have submitted their  
15 orders on the prior motions that were heard the  
16 motions in limine and motions for partial summary  
17 judgment.

18 I have actually signed them all.

19 The reason I haven't given them back yet  
20 was there was one in the Nurse Practitioner Bartmus'  
21 order that I just wanted to double check on the JAVS  
22 because I still didn't have the clerk covering that  
23 day's minutes, and I thought there was either some  
24 additional or new, and I had given the response not  
25 relevant to this discussion, but I wanted to let you

1 know, that's the only reason I held these up.

2 MR. MC BRIDE: Sure.

3 THE COURT: As far as the one from Dr.  
4 Lasry, he prepared, Mr. McBride does indicate that  
5 the motion for partial summary judgment and Nurse  
6 Practitioner Bartmus was denied without prejudice,  
7 and Defendant may raise the motion again should there  
8 be a lack of evidence or expert testimony to support  
9 Plaintiff's claim for past medical expenses.

10 So we are at that place now.

11 As you indicated, based on your belief that  
12 Dr. Fish is not appropriate to be able to provide  
13 this testimony, so --

14 MR. MC BRIDE: I do have a copy of his  
15 report if Your Honor would like to look at it.

16 THE COURT: I will take your  
17 representations that they say otherwise, and I need  
18 to read it, so be it.

19 If their argument is, it's not in Fish's  
20 report, but he did review these things, and should be  
21 entitled to supplement now, we can have that  
22 discussion, but I don't know what the argument is, so  
23 let me hear.

24 Who wishes to make the argument on behalf  
25 of the Plaintiff?

1 MR. P. HYMANSON: Court's indulgence, Your  
2 Honor.

3 Your Honor, I think counsel made some good  
4 points, and I think you are right, we have some  
5 arguments we could make, and we come into a slugfest  
6 in terms of trying to get evidence into the Court  
7 today.

8 Our goal today -- my goal is to get Dr.  
9 Fish on and hope he doesn't have to return again.

10 I think we can address that with regard to  
11 witnesses at a later time.

12 So I think rather than get into a joust at  
13 this point, we'll just put Dr. Fish on with his  
14 report and get to it.

15 THE COURT: So it's not your intention then  
16 to try to do past medical expense billing, review  
17 with Dr. Fish?

18 MR. P. HYMANSON: I will not do that with  
19 Dr. Fish.

20 THE COURT: Thank you.

21 We'll save it for another day.

22 If I get a chance to look at the JAVS, I'll  
23 get all the orders filed and back, but I do have them  
24 with me if there's ever an issue.

25 But thank you for raising it.



1                   We still have the other Dr. Fish matter.

2                   Was there anything else?

3                   MR. P. HYMANSON: We do have follow-up when  
4 the records do come in, Your Honor, there's some  
5 issues still have to be clarified.

6                   There still needs to be some redaction to  
7 the ones were going to be made, plus Exhibit 100 is  
8 already admitted, there's some insurance references  
9 have to be redacted.

10                  THE COURT: Okay, yes, certainly.

11                  We can't expect my Court clerk -- Certainly  
12 the Court cannot be responsible to review every piece  
13 of paper independently if those items don't have  
14 those.

15                  MR. P. HYMANSON: We'll address that if we  
16 move those into evidence, we'll move them in with the  
17 understanding that the redactions may still be  
18 necessary.

19                  THE COURT: Thank you for that  
20 clarification.

21                  The last matter of course was left  
22 unresolved for the most part in terms of we've  
23 already had some of Fish's testimony, we're going to  
24 have more, and the issue of the Medicare inquiry.

25                  I think we're going to have an opportunity

1 to deal with that between completion of his testimony  
2 before we do cross.

3 Originally I thought coming into today was  
4 based on Mr. Arntz because Dr. Fish needed a delay,  
5 we should deal with that, but he's here ready to go,  
6 the jurors are here ready to go.

7 I think we can do that before they do their  
8 cross on a break.

9 MR. P. HYMANSON: Very good, Your Honor.

10 THE COURT: Let's go ahead and have Dr.  
11 Fish come in.

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

1           (Thereupon, the following proceedings were  
2 had in open court and in the presence of the jury.):

3           THE COURT: Welcome back, ladies and  
4 gentlemen.

5           Thank you for your patience while we  
6 addressed a few matters before we had you join us.

7           As we mentioned when we concluded  
8 yesterday, we were able to arrange for Dr. Fish to  
9 return today, so the witness who we were with on the  
10 end of the Court day on Friday is now going to be  
11 recalled at this time to complete his testimony.

12           We can officially recall him if you like,  
13 Mr. Hymanson.

14           MR. P. HYMANSON: Thank you very much, Your  
15 Honor.

16           The Moore's would call Dr. Fish to the  
17 stand, please.

18           THE COURT: All right.

19           Thank you, Dr. Fish.

20           When you reach the stand, you may have a  
21 seat.

22           You are resuming your testimony. I'm just  
23 asking you to acknowledge for the record you're still  
24 under oath.

25           We are not going to re-swear you, just ask

1 you to acknowledge for the record you understand you  
2 are still under oath from your prior testimony, which  
3 concluded unfinished on Friday, correct?

4 THE WITNESS: That's correct.

5 THE COURT: Thank you.

6 Mr. Hymanson, you may begin.

7 MR. P. HYMANSON: Your Honor, may I  
8 approach and turn the board around?

9 THE COURT: Yes, you may.

10 - - - -

11 **CONTINUING DIRECT EXAMINATION OF DR. DAVID FISH**

12 BY MR. P. HYMANSON:

13 Q. I'm pretty sure that one is not yours.

14 All right. Dr. Fish, welcome back?

15 A. Thank you.

16 Q. I appreciate your returning.

17 And let's see what we can do about getting  
18 you home before the sun sets.

19 We were talking about therapist I believe,  
20 and we just finished, we had done an overview of the  
21 entire plan.

22 This is the overview of the ten years the  
23 entire projected costs, and we have had been talking  
24 about specifically therapies, and I think we had --  
25 we were talking about a dog companion for care.

1           Would you explain to the ladies and  
2 gentlemen of the jury, is that a dog you pet and say  
3 thanks for being here?

4           What is the function of such an animal?

5           A.    It's actually a trained animal that is a  
6 helper animal, not like a service animal you might  
7 see in the airplane, everyone can always get away  
8 with making a label for that, but it's an actual  
9 trained animal that will grab things for you, will  
10 tell you if there's things wrong, or if they are  
11 warning you about something, their individual owner.

12           They're very highly specialized dogs, and I  
13 found with individuals with amputations they just  
14 change a lot of the factors of their well-being, and  
15 also help them with day-to-day activities.

16           Q.    Thank you.

17           Let's move on to diagnostic testing if you  
18 could, that is the next thing, the next graft that  
19 you have.

20           In that diagnostic testing you have first  
21 off an MRI of the knee and hip.

22           What is the purpose of an MRI of the knee  
23 and hip for Mr. Moore?

24           A.    The idea is to get a surgical case, since  
25 I'm projecting he needed a knee and hip replacement,

1 the best imaging we have is an MRI to show best and  
2 totally, so the surgeon's aware of what to avoid, or  
3 what to cut, or what to prepare for the surgery.

4 Q. The MRI is a baseline, so the doctors can  
5 know into the future his condition?

6 A. Well, the idea is, the best way of looking  
7 into a knee without invasive -- anything invasive is  
8 to do an MRI, the best kind of anatomic structure we  
9 can look at, as opposed to opening the knee, see what  
10 you can get.

11 You kind of know as the surgeon to plan an  
12 MRI as the least invasive, best way we know how to  
13 get anatomy structures.

14 Q. In that diagnostic testing, it goes into  
15 some detail on the knee and the hip.

16 Would you explain again to the ladies and  
17 gentlemen of the jury why you believe that this is  
18 not something that may happen, but most likely a  
19 replacement of both Mr. Moore's knee and hip would be  
20 required?

21 A. I'm going to the board?

22 Q. Go to the board.

23 A. Remember, I drew the picture out, so you  
24 all can see.

25 Remember, this area is removed when he's

1 not wearing a prosthesis and not in his wheelchair,  
2 he's going to be putting all the force and weight on  
3 what they call the opposite side, the hip and the  
4 knee, and in my discussions with him he was already  
5 saying he was having hip and knee problems, so based  
6 on my experience with other amputees the likelihood  
7 and probability of a replacement is high.

8 So you need to have preparation for it, you  
9 need to have x-rays yearly to make sure that you know  
10 what the joint space looks like, and even after the  
11 replacement what the hardware looks like.

12 Q. And you didn't say specifically, but is  
13 that also the potential risk is in the ankle as well?

14 A. There's really not good ankle replacement  
15 surgery, so that is why it's not included.

16 Yeah, you are putting a lot of force on the  
17 ankle, but most of the force is going to translate to  
18 the hip and the knee.

19 He's not really complaining of ankle-type  
20 problems when I discussed it with him.

21 Q. We got lab testing and blood work over the  
22 ten-year period of \$4,950.

23 What type of lab work is that?

24 A. It's going to be a complete blood count,  
25 liver function test, PTT, your prothrombin time for

1 bleeding, clotting disorders, given he has poor blood  
2 flow already into his lower extremities, you want to  
3 make sure that all of the functioning of the organs  
4 is appropriately evaluated.

5 Q. And you have x-rays of the knee and hip  
6 from age 72 to 78, and a \$1800 charge.

7 Explain to the ladies and gentlemen of the  
8 jury the functioning and purpose of those x-rays.

9 A. What I just talked about was to make sure  
10 the hardware is intact, hasn't moved, or rotated, or  
11 changed in any way, so you want to yearly look at it  
12 with the orthopedic surgeon that places the knee and  
13 the hip in.

14 Q. And you have x-rays T and L spine for  
15 stimulator location. That is yearly cost of 300, for  
16 a total of \$1800 over a ten-year period.

17 Explain to the ladies and gentlemen of the  
18 jury the purpose of that.

19 A. Okay.

20 I'm going to the board.

21 As you recall, I was talking about the --  
22 this is the brain and spinal cord and nerve roots  
23 come to here, and this was the battery, was the  
24 pacemaker for the generation of electricity into the  
25 spinal dorsal column, so the symptoms of pain are not



1 felt. This battery is kind of like a watch in the  
2 lower lumbar spine area and in the upper thoracic  
3 area. That is the lumbar, was the low back.

4 So you want to make sure the leads don't  
5 migrate or move each year. When you program this  
6 thing, you want to make sure the battery's  
7 appropriate, so you take x-rays of both the thoracic  
8 and lumbar spine to see where the hardware is.

9 Q. And how does that compare, the stimulator,  
10 assuming that it gets worse, would that eliminate the  
11 need for the Oxycontin or Opioids he's taking on a  
12 regular basis?

13 A. That's the point, you need to come off of  
14 Opiates.

15 I think I discussed this before, there's an  
16 Opiate epidemic, and we're slow to realize people are  
17 dying from chronic Opioid use, and it's not good to  
18 be on those chronically, and the stimulator can help  
19 eliminate the need for Opiates.

20 Q. Is it your professional opinion that the  
21 stimulator will do more to alleviate the phantom pain  
22 of the missing limb?

23 A. Right.

24 The Opiates you mean?

25 Q. Correct.

1           A.     Correct.

2           Q.     So per the diagnostic testing over a  
3     ten-year period, you're looking at \$12,250, and based  
4     on your experience and expertise do you think that is  
5     a reasonable cost for that ten-year plan?

6           A.     Correct, yes.

7           Q.     All right.

8                     If you turn -- Let's go to next the  
9     medications.

10                    There's been discussion, in the deposition  
11     there was discussion where counsel talked to you  
12     about the type of medication he was currently taking,  
13     the type of medication you're recommending, and let's  
14     talk about the medication that you are recommending.

15                    So are you aware if Mr. Moore is currently  
16     using any of those medications?

17           A.     No, I don't think so.

18                    Maybe the multi-vitamin.

19           Q.     Would through the medications for the  
20     ladies and gentlemen and explain why these  
21     medications would be to his benefit?

22           A.     All right.

23                    So the plan is to optimize medical care,  
24     and so I'm putting a plan together, this is how I  
25     treat individuals who are like him, not just throwing

1 things in there to throw things in there, and as I  
2 said, before the plan needs be more for medical  
3 probability, and the best way to optimize medical  
4 care, you are adding a dog, a stimulator, everything  
5 I'm putting in there.

6 What Cymbalta is, is an antidepressant  
7 medication, helps with mood stabilization, but it's  
8 also got an advantage in that it also helps with  
9 nerve pain, which is what we think the phantom pain  
10 sensations are also involved with the nerve pain, or  
11 are brain pain, a central process, so what Cymbalta  
12 does is not only calms the emotional content of  
13 people, but also helps with the nervous system.

14 Same with Neurontin. Neurontin is a  
15 medication that has been used for seizure control,  
16 but we found it doesn't do very well for seizures.  
17 What it does do really well for is calming peripheral  
18 nerves. So Neurontin in combination what Cymbalta  
19 really helps with common phantom pain.

20 The reason why you don't just rely on one  
21 medication and treatment only, and you add the  
22 stimulator, you want to attack this in multiple  
23 different areas.

24 The ones I found in my experience is that  
25 if one thing is not the thing that works, you have to

1 go with multiple areas to get the best results.

2 Colace is a stool softener. That is with  
3 all the medications he's taking to make sure he has  
4 proper bowel movements.

5 And then a multi-vitamin because his  
6 overall conditioning is decreased, he hasn't been  
7 exercising, so you need to try to get as many  
8 vitamins in him as you can.

9 Q. And you are not saying that these are for a  
10 ten-year period, these are the medications and the  
11 only medications he will need, it could change as  
12 things go, depending on Mr. Moore, is that correct?

13 A. I can even go into more detail with this.

14 When someone gets a knee or hip  
15 replacement, or gets a spinal cord stimulator  
16 implant, they are typically placed on antibiotics one  
17 or two weeks and may get some pain medications as  
18 well.

19 I'm kind of giving you an overall snapshot,  
20 not going into detail because it gets too cumbersome,  
21 you kind of lose focus on what the real issues are.

22 Q. Something as simple as the Colace stool  
23 softener, it's delicate because -- but the worst  
24 thing for an amputee is if they are constipated or  
25 something, get up go to the bathroom several times

1 when they don't have to, they have to get up, move,  
2 and there's a lot involved on a daily basis, so that  
3 is likely to go over those type of things, but that  
4 is pretty critical for someone in that situation, is  
5 that correct?

6 A. Well, you also have to remember that my job  
7 is also to look at function and how to get someone  
8 safely from the bed to the bathroom, to the shower,  
9 how to get someone safely from the chair to the  
10 bathroom to the shower, how to stay safe in the  
11 shower, how to be safe within their own environment.

12 So you most people don't think about going  
13 to the bathroom.

14 If you really have to go, don't have your  
15 prosthesis on, how do you get up and be safe by  
16 yourself and not fall, which he's already fallen a  
17 couple times, so those are things that go into the  
18 plan and functional analysis for Mr. More Moore and  
19 any individual like him.

20 Q. So doctor you have your ten-year plan, the  
21 medications for \$41,479, correct?

22 A. The Cymbalta will be the expensive one  
23 because there is no generic for it, but I find it's a  
24 very useful medication.

25 Q. Let's talk about that briefly because many

1 people go to the pharmacy, and they are prescribed a  
2 regular medication, but they wind up with the generic  
3 because it's less expensive than some of these  
4 medications don't qualify for generic, haven't been  
5 on the market long enough, is that accurate?

6 A. Well, Colace, multi-vitamins are all  
7 generic, and the Cymbalta is a much more newer  
8 medication, is not generic yet.

9 Q. Thank you.

10 Let's go to supplies if we could.

11 Again, you have -- first of all, you have a  
12 knee RPM machine.

13 What is that, a rental?

14 A. When someone has a knee replacement, which  
15 is different than a hip replacement, we found that if  
16 you just sit there after the replacement and not have  
17 the knee, gently move in what is called  
18 flexion-extension, where you have your knee go back  
19 and forth, so it straightens and bends, we find that  
20 people have better outcomes, and so that is why the  
21 rental unit for a short term, just to make sure the  
22 success of the knee replacement is there.

23 Q. So is that the one where you come out of  
24 surgery, you wake up, and your knee is actually  
25 moving, is that the machine?

1           A.    I hope you don't wake up from surgery with  
2 your knee moving.

3           Q.    After surgery, but in your hospital bed  
4 after surgery, is that the machine they put on to  
5 stimulate movement for ten hours out?

6           A.    Correct.

7           Q.    Okay.

8                   And there's a knee and hip brace for \$450  
9 for the life of the ten-year program. What is that  
10 for?

11          A.    When you replace the knee and the hip, you  
12 have to be very cautious of dislocation, especially  
13 if the injury was just getting up, so after hip  
14 surgery a brace is used to insure the prosthesis  
15 stays in place until it's healed, it goes to the knee  
16 as well to make sure everything is stabilized,  
17 doesn't pop out or go out of place.

18          Q.    The next one is electric wheelchair.

19                   Mr. Moore is here and has a wheelchair.  
20 Are you saying he needs a different chair?

21          A.    Yeah, I'm saying he needs an electric  
22 chair.

23          Q.    Why does he need that?

24          A.    What we talked about before, he has a  
25 history of shoulder problems, and manually pushing

1 his chair around would put a lot more stress on his  
2 shoulder, and then whoever is helping him also has to  
3 put a lot of stress pushing him around.

4 And, you know, it's to be more in the  
5 community and have that community integration, I  
6 think -- or I believe he would be better off with  
7 having an electric wheelchair, it will give him more  
8 more ability, put less strain on his heart.

9 While I do think he needs to exercise with  
10 his prosthesis, I don't think that is the mode of  
11 moving around when he's in a community situation.

12 Q. So you have replacement for two wheelchairs  
13 during this ten-year period, so \$9,220. Is that the  
14 going price for the wheelchair?

15 A. No, that is the manual wheelchair.

16 Q. I apologize.

17 The electric wheelchair replaced every five  
18 years, and they are \$32,352.44 a chair, correct?

19 A. Correct.

20 Q. And that is \$64,740?

21 A. Correct.

22 Q. Is that a reasonable price for an electric  
23 wheelchair?

24 A. That's correct, all the prices are average  
25 value. They can get very expensive, way higher



1 depending the type of wheelchairs you get, so I  
2 wanted the average reasonable cost.

3 Q. So the titanium, all the other lightweight  
4 chairs are a lot more expensive?

5 A. Yeah.

6 If someone is a quadriplegic, can't  
7 maneuver themselves at all, actually they blow air  
8 into a tube, that type of chair is upwards \$100,000  
9 because it has to be very specialized and set for  
10 them, as well as all the equipment with someone who  
11 is a quadriplegic.

12 Q. The manual wheelchair every four years you  
13 have \$9200.

14 If he has an electric chair, why would he  
15 need a manual chair?

16 A. A lot of times for ease.

17 Sometimes it's hard to transport an  
18 electric chair, so you're doing a quick trip  
19 somewhere, having a manual wheelchair gives you  
20 flexibility you may not have with an electric  
21 wheelchair.

22 If you're only going somewhere for a short  
23 distance, not planning on being out all day, you  
24 might take the manual chair.

25 Q. Sometimes will they keep the electric chair

1 in the van, and so they don't have to keep taking it  
2 in and out, and use the manual around the house?

3 A. I found that most people don't, if they are  
4 going to do a trip like that, don't make the effort  
5 to put the electric wheelchair in the van, and if  
6 they do, they might as well just use the electric  
7 wheelchair.

8 It's cumbersome to get it in, so if you're  
9 doing all the work to get it in, you might as well  
10 use it.

11 Q. The next item is you said he's going to  
12 need a prosthetic, and he already has one, right?

13 A. He does.

14 Q. A prosthetic that doesn't work, what is the  
15 value of that?

16 A. It's not it doesn't work, it just doesn't  
17 fit properly, so I guess in essence it doesn't work,  
18 but it's not very useful if you can't use it for  
19 sure.

20 Q. And is this with some work, is that the  
21 type of prosthetic that can work for him, so he  
22 doesn't have the second one, or is your opinion he  
23 needs a completely different type of prosthetic?

24 A. No, he can use the one he has, it just  
25 needs to fit better.

1           These are all the supplies for what he has.

2           Q.     And there's a lot.

3           The cost is \$18,800.97, and that needs to  
4 be replaced every four years, so you have to replace  
5 it twice for \$37,795, and as I understand there's a  
6 lot involved in the prosthetic in terms of cost and  
7 fitting and size and those type of things, is that  
8 correct?

9           A.     Right.

10          That's included in the cost.

11          Q.     But I mean, there are things like sockets  
12 and cushions and knee joint locks, things like that,  
13 those are all expensive items built into the  
14 particular prosthetic, right?

15          A.     And when you talk about the components of  
16 it.

17          Q.     All right.

18          And then we've got a separate item of  
19 sockets that need to be replaced twice for \$44,660.  
20 What are sockets?

21          A.     Well, that is going to be the silicone gel  
22 that needs to be replaced more frequently, typically  
23 because it's going to be connected to the body most  
24 likely, so the prosthetic is one component, then you  
25 have the socket that goes inside the prosthetic

1 component, as well as the socks which are cheap, but  
2 they wear out pretty quickly.

3 Q. All right.

4 And then the socks are \$98.67, 30 pair for  
5 life \$986. Are these the compression socks, or  
6 different types of socks?

7 A. They are more for padding. It goes on the  
8 silicone gel to insure there's a cushion between the  
9 plaster and the silicone, and the body and the  
10 plaster, so kind of like a cushion component.

11 Q. Would 30 pair for a ten-year period be  
12 enough?

13 A. I would think so.

14 Q. When they wear out, do they wear out in a  
15 particular place, or just wear out from use?

16 A. Usually they will wear where the pain is  
17 located.

18 If you remember the drawing, the pin goes  
19 in to the prosthetic, that is usually where it wears  
20 out, or tears, or puts a lot of pressure on it.

21 Q. The last thing, supplies, you have the  
22 walker.

23 What if he has a walker now?

24 A. He said he did, but off to top of my head I  
25 would have to see the report.

1           Q.     So if he has a walker that has to be  
2 replaced every so many years, is that correct?

3           A.     Right.

4                     And the point is, that to be safe it's very  
5 difficult for an amputee to use a cane, and a walker  
6 has four points of support, and when you get up out  
7 of bed, you want to get over to the bathroom in the  
8 middle of the night, it's easier to use a walker by  
9 the side of the bed, or than to put on your  
10 prosthetic, or even get into a wheelchair and wheel  
11 over.

12          Q.     You're suggesting a cane.

13                     Would that also include crutches, they  
14 probably are not the best implements for Mr. Moore?

15          A.     No, because he's already been shown to have  
16 fallen, and you want as many points with the ground,  
17 and the walker makes more sense, that's why I didn't  
18 add a cane or crutches on the plan.

19          Q.     All right.

20                     And so for annual costs you have \$15,944,  
21 and for a ten-year cost \$159,440.

22                     Dr. Fish, when you made your analysis of  
23 the ten-year timeframe, was that from the time of the  
24 amputation, or from the time you initially evaluated  
25 him?

1           A.     The time I saw him.

2                     It wouldn't go from the time of the  
3     amputation because you don't know how someone's going  
4     to respond, and you also don't know what their needs  
5     are, so by the time I actually evaluated him.

6           Q.     That was in July of last year?

7           A.     Correct.

8           Q.     All right.

9                     Let's go to durable medical equipment if we  
10    could.

11                    Now, before we go into detail on this, this  
12    is your recommendation.

13                    Do you know at this point what equipment  
14    Mr. Moore has or doesn't have?

15           A.     I don't have my report in front of me.

16                    I had it listed out, but I would be  
17    guessing at this point.

18                    I know he didn't have a bedside motorized  
19    chair or a shower recliner -- I made a mistake.

20                    We pointed out in the deposition the walker  
21    is in there twice, and electric motorized wheelchair,  
22    and the Roho cushion should have been included in the  
23    other one, so those should be taken out.

24           Q.     For example, on durable medical equipment,  
25    the electric motorized chair is listed, but it

1 doesn't have any cost to it, correct?

2 A. Correct.

3 Q. And the shower recliner, what is that?

4 A. Well, the idea is again that being safe in  
5 the bathroom, and for him to stand and shower is  
6 probably not safe, so you want a bench or recliner he  
7 can actually shower with, or someone help him shower  
8 to make sure he's safe and doesn't fall in the  
9 bathroom.

10 Most people are actually going to fall into  
11 the transfer in the shower, but once you are in the  
12 shower you tend to fall if you don't have the  
13 recliner.

14 Q. For recliner, bedside motorized chair, the  
15 toilet bench, and the walker for transfer, the first  
16 three replaced every two years?

17 A. Correct.

18 Q. And the walker for transfer should be  
19 replaced every five years, correct?

20 A. Right, but that was covered in the other.

21 Q. All right, very good.

22 So you have for durable medical equipment  
23 \$1,058.50, and an annual cost and life expectancy  
24 10,565, correct?

25 A. Minus the walker numbers of 6 to 900.

1           Q.     All right.   Very good.

2                     Let's go to home furnishings and accessory.

3                     When you do an evaluation such as this, is  
4 there always a home furnishing accessory component?

5           A.     Yes.

6           Q.     The first item you have is an adjustable  
7 bed with air mattress.

8                     Would you explain to the ladies and  
9 gentlemen of the jury why there needs to be an  
10 adjustable air mattress?

11          A.     He's already shown to have skin breakdown  
12 problems, and with poor vascular supply with the  
13 amputation he's not going to be moving around very  
14 well in bed.

15                     It's very hard to move yourself around when  
16 you have a missing a limb.

17                     So the air mattress will help with the skin  
18 breakdown while he's in bed, and adjustable means you  
19 can inflate it more or less, so that you have the  
20 proper -- to pressurize the component of the bed for  
21 safety of the skin.

22          Q.     And the skin breakdown, is that the type of  
23 thing that leads to bed sores?

24          A.     Correct.

25          Q.     And that can be very difficult for someone



1 who isn't very mobile?

2 A. Right, for someone not mobile, and also you  
3 could have breakdowns on the residual limb as well.

4 Q. So that needs to be replaced every five  
5 years. The initial cost is \$3500, for a total cost  
6 of \$7,000.

7 And after three years why would that bed  
8 need to be replaced?

9 A. Well, the air component to it there all the  
10 time puts a lot of stress on it, so the lining can  
11 breakdown pretty easily.

12 Q. Your next item is home modifications, a  
13 one-time charge of \$80,000, and before you go into  
14 detail on this, I'd advise you Mr. Moore is a former  
15 contractor, he may have some disputes with you on  
16 that to, but in your capacity as a rehab expert would  
17 you please explain to the ladies and gentlemen of the  
18 jury what that 80,000 is?

19 A. I had a discussion with him. He said it  
20 would be a hundred thousand, but I lowered it down  
21 for Nevada for the square footage price, but the idea  
22 is that the current house he's in doesn't fit the  
23 wheelchair, can't get into the closet, can't get into  
24 the bathroom.

25 He needs the walker to get into those

1 places, but if an individual is tired, or having an  
2 extremely hard day, he may need to get the wheelchair  
3 in there, so you have to modify the house to get --  
4 the hallways have to be widened, the doors have to be  
5 widened, the bathrooms have to be changed, it has to  
6 be what we call ADA compatible for disabilities, so  
7 that is a modification of the house.

8 Now, you can buy a house with all these  
9 changes already made that is more expensive than  
10 trying to modify a house.

11 So based on the square footage I came up  
12 with \$80,000 to do the repairs.

13 Q. So the house is currently in functional  
14 with a wheelchair, fair to say it's not functional  
15 for every day use?

16 A. You will probably find most houses are not  
17 functional for wheelchairs.

18 The doors aren't built wide enough.

19 The hallways aren't wide enough.

20 But the house he's in needs to be modified  
21 so, correct.

22 Q. Next item is a lift chair recliner.

23 What is that?

24 A. Well, if you think about it, he has to get  
25 up with one leg, that's the only way to get out of

1 the chair, unless he has the prosthesis, and even  
2 with the prosthesis the way they teach you to get out  
3 of the chair, if I can get up and show you.

4 MR. P. HYMANSON: Court's permission?

5 THE COURT: Yes.

6 THE WITNESS: I don't know if you can all  
7 see.

8 When you get out of the chair, they have  
9 you put your prosthesis straight, and then you have  
10 to push off with one leg because you can't have your  
11 prosthesis bent when you get up, you don't have quad  
12 strength.

13 THE COURT: Obviously the jurors are trying  
14 to stand to see.

15 Can you possibly bring the chair over here?

16 THE WITNESS: Sure.

17 Yeah, happy to.

18 Can you all see?

19 MR. P. HYMANSON: Your Honor, if they can't  
20 see it, they have permission to stand?

21 THE COURT: They were.

22 If they don't have a problem.

23 I was trying to get him into a location  
24 where they could actually see him.

25 THE WITNESS: Mr. Moore's missing his knee,

1 so when you get out of the chair, it's all quad  
2 strength getting up, so what they teach you to do is  
3 keep your leg straight, and really kind of push off  
4 on your left leg, all left leg push, because if you  
5 think about it, if these things, the knee's bent,  
6 it's not going to straighten when you stand, it has  
7 to be straight to push up this way.

8 BY MR. P. HYMANSON:

9 Q. And then if he's not wearing a prosthesis  
10 because it's uncomfortable, how does he stand when he  
11 doesn't have the ability to put the prosthesis on the  
12 ground?

13 A. The same way.

14 Q. Is that more difficult getting out of the  
15 chair?

16 A. Like a one-legged squat, but it's really  
17 hard if you are not strong enough to do it.

18 Q. All right. Thank you.

19 So the lift chair recliner is a reclining  
20 chair that also assists in helping him get up, so it  
21 will help elevate him, correct?

22 A. Right.

23 Q. And you priced that at \$2,000 a chair, and  
24 that is every five years?

25 A. Correct.

1           Q.     Would you explain to the ladies and  
2 gentlemen of the jury the Hoyer lift?

3           A.     What the Hoyer lift is, is really to help  
4 someone helping him because he's -- I don't want to  
5 say heavy, but he's heavy, and trying to get him out  
6 of bed and pull him out is not an easy task to do, so  
7 with the Hoyer lift it allows an individual to place  
8 a harness underneath him, and allows them to pull him  
9 up out of bed if he's not able to do that.

10                So that needs to be available on bad days,  
11 or having a lot of pain, or not as functional, or if  
12 he's had surgery as well.

13           Q.     And to be able to use a Hoyer lift, does  
14 that also require modifications to the home to be  
15 able to access that?

16           A.     Maybe.

17                I actually didn't go into his house, but it  
18 will fit in most rooms.

19           Q.     And you say that needs to be replaced every  
20 five years, so that is a \$5,000 cost initially, and  
21 then the second one for \$10,000 cost over a ten-year  
22 period.

23                The last item you have under accessories is  
24 a van conversion, you have that as a one-time  
25 conversion listed at \$112,000.

1           Would you explain to the ladies and  
2 gentlemen of the jury what type of vehicle is that?

3           A.    So again, the whole plan and the whole idea  
4 for getting anybody that had a devastating injury, to  
5 get them involved with the community and make them  
6 feel they are part of the community and part of  
7 socialization, if you sit around at home all day,  
8 one, it's not fun, makes you miserable, so you try to  
9 get this person to go out and integrate with society,  
10 and if he's going to use an electric wheelchair, it  
11 will be the majority of his long-term use to the  
12 community, like a mall or something like that, you  
13 got be able to get that chair to the place, and so  
14 the van is equipped so that it can fit the electric  
15 wheelchair either into the driver's space, which  
16 probably won't happen, but at least into the van  
17 where it can be stored and go places.

18           Q.    And this would allow him to drive on his  
19 own and be able to access the chair from inside the  
20 van, and be able to go about life?

21           A.    Right.

22                   And don't forget, the chair is not going to  
23 miraculously get into the van, it has to have a lift,  
24 which is an expensive component to get into the van.

25           Q.    And that is \$112,000 for a total on home

1     furnishings and accessories of \$213,000 over a  
2     ten-year period, is that correct?

3             A.     Correct.

4             Q.     Now, let's go next to the home, assistive  
5     care.

6                     I think in your deposition you said his  
7     wife, Mrs. Moore, spends approximately six hours a  
8     day attending or assisting him, is that correct?

9             A.     Right.

10                    I think last time I discussed that an  
11    individual would need at least two hours in the  
12    morning, two hours in the evening, and four hours  
13    broken up through the day for meals.

14             Q.     So in reality this is a six-hour day on  
15    24-hour notice, if Mr. Moore's going to need  
16    assistance during the day, if there's nobody else to  
17    care for him, it's Mrs. Moore?

18             A.     That's true, but I think again coming back  
19    to the plan, you got to be realistic. I want him to  
20    do stuff for himself too. He's just not an invalid  
21    where he can't do anything, so I think you become  
22    much better as a person if you are able to fend for  
23    yourself and not rely on anybody for 24 hours, that's  
24    why the plan doesn't include 24 hours.

25             Q.     You have home health aid. You have a cost

1 of \$18 per hour, that is over a ten-year period,  
2 correct, not any inflation over the ten years, it's  
3 an \$18 an hour fee, correct?

4 A. Actually, when I did his plan back in the  
5 middle of last year, it was 18, but my current plans  
6 are up to 25 now per hour.

7 Q. But for this plan we're talking about is  
8 \$18 an hour?

9 A. Correct.

10 Q. And you have it for eight hours a day for  
11 ten years, correct?

12 A. Correct.

13 Q. And that is a annual cost of \$52,560, and  
14 that is for the ten-year period whether he's going to  
15 need more care as he gets older or not, that is what  
16 you are projecting for this lifecare plan, is that  
17 correct?

18 A. Yes.

19 Q. And that is a total of \$525,600 for the  
20 entire ten-year period, is that right?

21 A. Right.

22 Q. And then you have housekeeping again for  
23 ten years, and a weekly cost of \$80, correct?

24 A. Correct.

25 Q. How did you make that determination?



1           A.     Well, his wife is doing the housekeeping at  
2     this point, he's helping, but when you formulate a  
3     plan, you have to monetize that individual, whether  
4     it's family or not, you can't rely on the family and  
5     can't rely on the fact she will be there for him the  
6     time he's there, so you have to pay somebody, and so  
7     that is where the plan is, the home health aid will  
8     be focused on him, so there's really no time to make  
9     sure the house or laundry and everything else is  
10    done, it has to be done by somebody else, that is why  
11    there is a housekeeping component.

12           Q.     And you factor that into \$4,106 per year  
13    for a ten-year period for \$41,600, correct?

14           A.     Correct.

15           Q.     You have a total under the home assistive  
16    care of \$567,200?

17           A.     Correct.

18           Q.     So to total projected cost as we seen  
19    before, and that is some \$2,021,766, and that is over  
20    a ten-year period, correct?

21           A.     Correct.

22           Q.     So it works out to about \$200,000 a year?

23           A.     Correct.

24           Q.     Based upon your experience and expertise in  
25    this field, your evaluation of Mr. Moore, does that

1 appear to be a reasonable lifecare plan?

2 A. Yes.

3 MR. P. HYMANSON: Dr. Fish, thank you.

4 I have no further questions.

5 MR. ARNTZ: Hold on.

6 MR. P. HYMANSON: Court's indulgence, Your  
7 Honor?

8 THE COURT: That's fine.

9 BY MR. P. HYMANSON:

10 Q. Dr. Fish, are your opinions to a reasonable  
11 degree of medical certainty?

12 A. Yes.

13 MR. P. HYMANSON: Now I say thank you.

14 And I'll past the witness.

15 THE COURT: Thank you.

16 We're going to take our brief recess before  
17 we resume with cross-examination to address one  
18 outstanding issue the Court has with counsel that we  
19 wanted to do after the direct examination of Dr.  
20 Fish.

21 We're going to take a brief recess, no more  
22 than five minutes at this point.

23 (Jury admonished by the Court.)

24 THE COURT: We'll bring you right back in  
25 as soon as we can.

1 (Jury excused from the courtroom.)

2 (Thereupon, the following proceedings were  
3 had out of the presence of the jury.):

4 THE COURT: Dr. Fish, could I have you go  
5 back and wait in one of the ante-rooms?

6 I would appreciate that.

7 It just didn't make sense to take the full  
8 morning break right now because that went fairly  
9 quickly.

10 I don't know how long it will take, but I  
11 thought we would take a larger break between his  
12 testimony and you calling Dr. Lasry, or whoever the  
13 next witness is.

14 So I think I'm going to turn to Mr. Weaver.  
15 Do you need to get something out of your  
16 bag?

17 MR. WEAVER: No.

18 Thank you.

19 THE COURT: You were the one who made this  
20 issue as a concern, a motion basically to ask the  
21 Court to allow for there to be essentially what would  
22 be an exception to what the current status of the law  
23 is in Nevada about being able to inquire as to  
24 Medicare coverage of items, and your argument was  
25 based at that time primarily on opening statements,

1 indicating there were things the Plaintiff could not  
2 pay for and references specifically to wheelchairs  
3 and other things you knew Medicare would pay for, and  
4 that you felt that opened the door, and there was a  
5 concern that in fairness you should be allowed to  
6 have that inquiry.

7 We already laid a foundation a little bit  
8 for what the law is, but just to re-orient of course  
9 as a general rule collateral source, it cannot come  
10 in, in the area of medical malpractice that is not  
11 generally applicable, but when it comes to federal  
12 government substance abuse, whatever you want to call  
13 it, it is still applicable because the statute that  
14 makes collateral source not applicable in medical  
15 malpractice cases also requires a component the  
16 Plaintiff not be able to be asked to repay those  
17 benefits, and that cannot be done when it comes to  
18 Medicare and Medicaid.

19 So we talked a little bit about that, but  
20 we deferred making a decision on that until we heard  
21 some of the testimony of Dr. Fish and how Plaintiffs  
22 elicited that testimony, focusing specifically on for  
23 instance he talked about the manual wheelchair and  
24 electric wheelchair, talked about a plan.

25 I'm not certainly as well-versed as you

1 would be in what is covered by Medicare and what is  
2 not.

3 So now we had that sufficient testimony,  
4 anything else you would like to add to your argument?

5 MR. WEAVER: I think the Court said it very  
6 succinctly.

7 I think the only thing I would add is, we  
8 now have confirmation of Dr. Fish on Friday said  
9 there was some things, quote, unquote, couldn't get  
10 -- meaning Mr. Moore, which implies he couldn't get  
11 them not because physicians haven't ordered them,  
12 which his testimony in his deposition was there was  
13 nothing he couldn't get that was medically-indicated,  
14 physicians couldn't order, they just had not.

15 So in addition to the door being opened in  
16 Mr. Arntz's opening statement to the jury that there  
17 were things he couldn't afford, Dr. Fish I think  
18 implicitly confirmed that by saying on Friday there  
19 were things, quote, unquote, he couldn't get.

20 So what is the jury is going to conclude is  
21 that likely is from the opening statement, where he  
22 can't get, or couldn't get likely, is due to what he  
23 can't afford.

24 So I think the door is open on the issue of  
25 establishing through Dr. Fish what Medicare would pay

1 for and what Medicare wouldn't pay for.

2 Dr. Fish can certainly say that Medicare  
3 wouldn't pay for all of it, which might be true, or  
4 Medicare would only pay for a portion of it, which  
5 might be true, and Dr. Fish has every right to say  
6 what that amount is or what it is he claims in his  
7 deposition. He knows inside and out what Nevada  
8 prices are.

9 So that is why I put it in the report.

10 So I think he's able to address all of that  
11 fairly and too if Medicare is paying, how much of it,  
12 and how much Mr. Moore might have personal  
13 responsibility for.

14 THE COURT: But it's the whole purpose of  
15 collateral source is -- in this case would be  
16 applicable, you're asking for an exception to that.  
17 It's the whole purpose of that is to not inquire, not  
18 allow the jurors to be able to sort of offset  
19 recovery to a Plaintiff because they might be able to  
20 get these things paid by insurance or other  
21 collateral sources.

22 I'm struggling to understand why that  
23 should be allowed here because it seems to be the  
24 exact opposite of the purpose of why we have the rule  
25 to begin with.

1           And I have a second component to that sort  
2 of question, but let me let you reply to that.

3           MR. WEAVER: I think that is a fair  
4 concern.

5           But the concern no longer exists when  
6 Plaintiff opens the door.

7           I mean, it's a policy reason that we can't  
8 as a general proposition introduce Medicare.

9           It's a policy reason that Plaintiff's can't  
10 refer to whether Nurse Practitioner Bartmus and Dr.  
11 Lasry have professional liability coverage, but again  
12 if I were to have stood up here and said to the jury,  
13 don't award any money to Plaintiff because Miss  
14 Bartmus is going to lose her home and her car, Mr.  
15 Arntz would have been up here saying, I opened the  
16 door on an issue that is otherwise precluded from  
17 bringing up.

18           For one thing -- The second thing is, that  
19 we have testimony from Dr. Fish already that Mr.  
20 Moore could have done this to give any impression to  
21 the jury he can't have these things because he can't  
22 afford it is a fraud on the jury.

23           Now I'm not saying that Mr. Moore doesn't  
24 have these things because what they didn't want to do  
25 is have him have them, and then not be able to have

1     them in the lifecare plan, but I don't think it's  
2     fair for the jury to think the reason he hasn't  
3     gotten any of these medically-indicated things that  
4     Dr. Fish says he could have gotten over the last  
5     three years is because he hasn't been able to afford  
6     them.

7             I don't know what the answer is quite  
8     frankly as to why Mr. Moore hasn't talked to his  
9     health care providers about not getting them, or  
10    whether he has, and they just decided they aren't  
11    medically-indicated.

12            I don't know why Dr. Fish hasn't talked  
13    with his medical providers, or ordered them himself  
14    quite frankly, but the fact we're here three years  
15    after this incident, and Dr. Fish is saying all of  
16    these things are medically-indicated today as they  
17    were the day of the amputation, at least most of  
18    them, and he doesn't have them, it gives the jury the  
19    impression not because physicians don't think he  
20    needs them, but because he can't afford them.

21            I just think it's a fraud on the jury to  
22    believe that may be the case.

23            THE COURT:   Okay.

24            That segways into my second question then,  
25    which is:



1                   Generally can you concede the point there  
2                   certainly are components of the lifecare plan of Dr.  
3                   Fish that are not covered by Medicare/Medicaid?

4                   MR. WEAVER:    Yes.

5                   THE COURT:   And/or things he would have to  
6                   come out of pocket for?

7                   MR. WEAVER:    You bet.

8                   THE COURT:   The main thing stood out to me  
9                   is an in-home caregiver.

10                  MR. WEAVER:    You bet.

11                  THE COURT:    So there are things.

12                  MR. WEAVER:   Big ticket things, so that is  
13                  a very expensive thing.

14                         The renovations of the home I would  
15                         certainly agree with, but there are also very  
16                         significant things aren't covered, and that's my  
17                         bigger concern.

18                         So there's no doubt, Your Honor, there are  
19                         parts of the lifecare plan that would not be covered  
20                         by Medicare, and we wouldn't claim they are, but  
21                         there are also other big ticket items that would be,  
22                         and just for example for Dr. Fish to testify as he  
23                         has there are basic safety items that Mr. Moore needs  
24                         getting in and out of the shower, the commode, some  
25                         of the things he testified are safety issues, it's

1 not fair for the jury to think that perhaps Mr. Moore  
2 doesn't have basic safety issues because he can't  
3 afford it.

4 All of those things, the additional medical  
5 equipment, or the vast majority of the durable  
6 equipment, Dr. Fish indicated they are medically  
7 necessary. Dr. Fish would also have to agree they  
8 could be covered under Medicare.

9 It's not only the he can't afford it.

10 The jurors are left to believe every day  
11 Mr. Moore is in danger because he doesn't have basic  
12 safety items, and those basic safety items are things  
13 Medicare would cover if his doctor prescribed them.

14 THE COURT: Can't you just inquire of Mr.  
15 Moore about that?

16 MR. WEAVER: I would love to, but we're not  
17 there yet.

18 THE COURT: Who wants to respond on behalf  
19 of the Plaintiff?

20 Mr. McBride.

21 MR. MC BRIDE: I'm joining in the  
22 arguments.

23 THE COURT: No additional arguments to  
24 make?

25 MR. MC BRIDE: I'm fine.

1 THE COURT: Mr. Hymanson.

2 MR. P. HYMANSON: To allow this discussion  
3 on Medicare at the very least is error.

4 To rule against Medicare, and to allow  
5 counsel to infer Medicare or any other insurance is a  
6 mistrial.

7 In the decades I've spent on that side of  
8 the aisle I've never heard of an argument where you  
9 can piecemeal.

10 The door hasn't been open.

11 They can certainly do some  
12 cross-examination. They can ask some questions, but  
13 the door has not been opened, and you can't --

14 THE COURT: Can we just nail that down?

15 When we were here before, I know you talked  
16 about the potential for the error to be made. I made  
17 them before, and probably will make them again. I am  
18 trying not to make them, and I'd understand your  
19 experience from the other side of the table has been  
20 really different, but I want to hone in on this.

21 The argument was made two-fold, essentially  
22 I don't know what is coming out in the testimony, but  
23 that opening statements made, the argument he does  
24 not have essential items for his lifecare and safety,  
25 and he has to have, which he doesn't have now, and he

1 can't afford it, and it appears there are ample  
2 things he could already have acquired, and/or would  
3 be paid for by other insurers.

4 I get that is collateral source, but it's a  
5 fine line to walk, isn't it, to indicate that as if  
6 there's nothing that he can get until he gets a jury  
7 verdict, that's the difficulty we have here.

8 So we have to hone in.

9 You started earlier in the argument, you  
10 talked about like, look here, we're talking about a  
11 wheelchair of course isn't covered or other things.

12 I'm thinking this argument here is better  
13 suited to be more specific than the view of potential  
14 error.

15 MR. P. HYMANSON: I think Mr. Arntz not  
16 only did the opening statement, but he also reviewed  
17 the opening statement, and I don't think the  
18 representations made by opposing counsel is accurate,  
19 and Mr. Arntz, if you want to make a record on it --

20 THE COURT: I did take a look at the  
21 opening statements because we have them as a Court  
22 exhibit, and Court Exhibit Number 2 is Plaintiff's --  
23 or sorry, Courts Exhibit Number 3 -- I'm looking at a  
24 stamp on number 3 says, Court's Exhibit 3, and it  
25 appears to be the Moore's.

1 MR. MC BRIDE: No, that is actually  
2 Defendants.

3 THE COURT: I'm sorry.

4 I think I just read them in a different  
5 order.

6 Which one is Plaintiff's, 2?

7 MR. ARNTZ: Are you asking for the actual  
8 transcripts, or Power Point?

9 MR. MC BRIDE: The Power Point.

10 THE COURT: The Power Point, I looked at  
11 them because I was trying to go back and remember,  
12 but so Plaintiff, they didn't go in order which they  
13 were provided, it just got logged in, but Court's  
14 Exhibit 4, I got it.

15 So your opening with what went into the  
16 Power Point was not your argument, it was more your  
17 demonstrative, as I recall.

18 Go ahead.

19 MR. ARNTZ: I made one statement about  
20 something he couldn't afford, and was very specific  
21 to a specific wheelchair not covered by Medicare.

22 THE COURT: Do we have that?

23 We have dailies.

24 Does somebody have that for me?

25 MR. WEAVER: I did have it the other day.

1 I'm sorry, Your Honor.

2 THE COURT: If you have it, great.

3 If you don't, you don't.

4 MR. WEAVER: I agree that --

5 THE COURT: When he said he can't afford  
6 it, he was specific to just one thing.

7 MR. WEAVER: He said wheelchair, so I would  
8 agree he used examples, as opposed to saying  
9 everything he needs he can't get.

10 THE COURT: Okay.

11 MR. ARNTZ: This is based on my own  
12 conversation with Mr. Moore where he explained to me  
13 the problem with the wheelchair Medicare would give  
14 him is not feasible for Mrs. Moore to be maneuvering  
15 him with that wheelchair, so that if it's true that  
16 this particular wheelchair is something that they  
17 can't afford right now, and Medicare doesn't cover  
18 it, you can't then extrapolate that into saying the  
19 door's been wide open to all Medicare issues, because  
20 I wasn't talking about something covered by Medicare.

21 THE COURT: I don't have the dailies, but  
22 you all do.

23 So any final argument from the Plaintiffs?

24 MR. P. HYMANSON: Very briefly, Your Honor.

25 If and when these issues have ever come up,

1 I always make as part of the record, the McCrosky  
2 law, 133 Nevada 930 from 2017 where the Court held,  
3 absent application of NRS 42.021 the federal  
4 collateral source payments we revert to the per se  
5 rule in Nevada the collateral source payments may not  
6 be admitted into evidence. See Proctor 112 Nevada.

7 Thus, on remand CTRMC may not introduce  
8 evidence of Medicaid payments made on behalf --

9 THE COURT: I got it right there.

10 THE COURT: That is other aspects.

11 MR. P. HYMANSON: That's why when we get  
12 into area like this, Your Honor, without the  
13 collateral source rule being done properly, we get  
14 the opportunity to come back and try it a second  
15 time.

16 THE COURT: Thank you.

17 MR. WEAVER: You know, I'm not going to say  
18 the same type of things, if the Court's wrong on  
19 this, it would be an appellate issue.

20 Here's our position on this, but here's the  
21 point on this, we don't dispute McCrosky.

22 McCrosky is the law.

23 What we dispute is whether in this instance  
24 McCrosky is applied.

25 If all there were as an issue today is do

1 we introduce to the jury Mr. Moore's past medical  
2 specials paid by Medicare, or arguing about future  
3 Medicare payments, that would be a different story,  
4 that would be McCrosky.

5 That is not what we're talking about.

6 What we're talking about is the case law I  
7 cited to the Court, which I think is crystal clear,  
8 when a subject matter is introduced or opened in  
9 opening statement, not just in general, but in  
10 opening statement, the subject matter becomes fair  
11 game.

12 Why is that?

13 Because you are not allowed to use a policy  
14 argument as a sword and a shield.

15 You are not allowed to infer to the jury an  
16 example that wasn't -- well, the jury wasn't told the  
17 only thing you are going to hear from Dr. Fish is  
18 about a wheelchair that he can't afford.

19 What the beginning of that paragraph was,  
20 was Dr. Fish is going to talk about 2 million dollars  
21 in future medical needs, and how Mr. and Mrs. Moore  
22 need them, and then comes up the wheelchair, which is  
23 the impression to the jury here's an example out of  
24 this 2 million dollar plan, that is just an example.

25 The inference or implication being all of



1 this other stuff they can't afford either, that's  
2 where the issue is different than McCrosky.

3 It's just not fair to say, oh, the basic  
4 law is, don't introduce Medicare, but because you  
5 can't introduce Medicare, we can still say anything  
6 we want you.

7 Again, I agree that it was an example or  
8 two that was used, but that is not the issue.

9 The example was just that, an example that  
10 implied or inferred that there was a whole lot more,  
11 and it's the subject matter that opens the door, it's  
12 not a specific example.

13 Again, it would be the same thing as if we  
14 brought up the jury shouldn't find in favor of  
15 Plaintiffs because Miss Bartmus is going to have to  
16 sell her car, and then I say, well, I only said car,  
17 I didn't say her house.

18 THE COURT: Okay.

19 I think you're both correct obviously, and  
20 the law implies in the circumstances generally, yes,  
21 when a door's open, there are circumstances where in  
22 fairness things should be able to be explored, you  
23 know we must allow that, but I think Plaintiff is  
24 right that we do have to look at McCrosky, and I do  
25 think it applies in this scenario because what I

1 don't perceive is that the opening statement or the  
2 lifecare plan of Dr. Fish truly opened the door to  
3 this inquiry.

4 I know you used that example multiple  
5 times. I don't know what the impact will be if this  
6 is an unfavorable verdict to Nurse Practitioner  
7 Bartmus or Dr. Lastly, and that is not something  
8 coming into the trial, but I think we're comparing  
9 apples to not apples at this point because it's a  
10 different situation to a Plaintiff who's going to be  
11 asking the jury for a particular verdict and trying  
12 to show the jury what that is based on and going  
13 through items by items that is a natural expectation,  
14 and that is necessary, and the reality is that  
15 whether some of those things are covered or not is  
16 collateral source and doesn't come in.

17 It's not the same thing as asking that you  
18 have to do this because of sympathy, for there might  
19 be an inability to pay here, or might be a harm there  
20 if there's a large verdict. It's not the point.

21 The point really is, it's a collateral  
22 source, and just is.

23 I don't believe the door is open to make an  
24 exception to collateral source.

25 This is Medicare.

1           Granted McCrosky was Medicaid, but same  
2     concept, which is Medicare cannot be precluded from  
3     coming back recovering these expenses from the  
4     Plaintiff, and therefore it's collateral source  
5     because it's not a certain fee, they would just get  
6     it and wouldn't have to necessarily repay it, and  
7     ultimately there might by coverage, might not be  
8     coverage, they might have to reimburse.

9           At the end of the day the general concept  
10    and the specific application of collateral source in  
11    medicals is limited to federal subsidies still  
12    applies in this case.

13           I see no basis to indicate that a general  
14    opening the door because an argument is being made  
15    there are some things haven't been paid for that he  
16    can't afford because that is surely true, and even  
17    though certain examples were given that may or may  
18    not have been covered by Medicare, it's just not  
19    enough, there wasn't enough in the opening statement  
20    to open the door and to overcome what is otherwise a  
21    very thorough and well thought through by the  
22    Appellate Court basis upon which we would consider  
23    these types of payments collateral source.

24           So I appreciate the argument.

25           I think you have a right to make it, but

1 ultimately at the end of the day I think it would be  
2 an error truly on my part to allow Dr. Fisg to refer  
3 to what is covered my Medicare and what is not.

4           You will still have the opportunity to find  
5 out what has been obtained at this point and what  
6 hasn't, and why, but to get into a line item of this  
7 is covered by Medicare, this isn't, it's not  
8 appropriate under the circumstances.

9           Generally, again I don't sit here making my  
10 rules because of what I think the Appellate Court  
11 will do, I gave up a long time ago guessing what that  
12 would be, I just try to make the best call, and I  
13 think under this circumstances you do have enough  
14 information in the opening or from testimony of Dr.  
15 Fish would implicate an exception to or a  
16 non-application of collateral source under the  
17 circumstances.

18           MR. WEAVER: Thank you, Your Honor.

19           THE COURT: Thank you for the time.

20           That did take a few minutes.

21           (Thereupon, a discussion was had off the  
22 record.)

23                       (Thereupon, a recess was had.)  
24  
25

1           (Thereupon, the following proceedings were  
2 had out of the presence of the jury.):

3           THE COURT: All right.

4           Anything else before we bring the jurors  
5 back?

6           (Thereupon, a discussion was had off the  
7 record.)

8           THE COURT: All right.

9           (Thereupon, the following proceedings were  
10 had in open court and in the presence of the jury.):

11          THE COURT: Before we resume with the  
12 questions by counsel, Dr. Fish, can you please tell  
13 us for the record you understand you're still under  
14 oath?

15          THE WITNESS: Yes.

16          THE COURT: Thank you.

17          Mr. Weaver.

18          MR. WEAVER: Thank you, Your Honor.

19                               - - - -

20                       **CROSS-EXAMINATION OF DR. DAVID FISH**

21 BY MR. WEAVER:

22          Q. Good afternoon, Dr. Fish.

23                       Welcome back to Las Vegas.

24          A. Thank you.

25          Q. I took your deposition a few months ago,

1 correct?

2 A. Correct.

3 Q. And none of your opinions in this case have  
4 changed, correct?

5 A. I don't think so.

6 Q. None of the factual basis of your opinions  
7 changed, correct?

8 A. No.

9 Q. And none of your opinions have changed  
10 since Friday, correct?

11 A. No.

12 Q. And none of the factual bases for your  
13 opinions have changed since Friday, correct?

14 A. Correct.

15 Q. Could you go to the board for a moment,  
16 please?

17 A. I'd be happy to.

18 Q. Dr. Fish, very briefly, you told us on  
19 Friday about the challenges with somebody who has a  
20 below knee amputation, above the knee amputation, and  
21 I think you told the jury that typically people with  
22 amputations up to the level of the hip have the most  
23 difficulty, is that correct?

24 A. Correct.

25 Q. Why is that?

1           A.     Well, there's a lot more energy required  
2 when you are missing the entire leg. The more leg  
3 you have, the less energy requirements to do your  
4 daily activities.

5           Q.     And could you just very briefly, then I'll  
6 let you get back to your post, could you show us  
7 where the amputation typically is when it's at the  
8 hip?

9           A.     The hip disarticulation?

10          Q.     Yes, sir.

11          A.     Well, can I draw a different image?

12          Q.     Sure.

13          A.     You have your pelvis, and then you have  
14 what is called the acetabulum, which is where the  
15 socket of the hip is, and this is your femur.

16                   Typically it depends on what happens, but  
17 multiple type of cancers of the pelvis you remove the  
18 pelvis at this point here, that is considered a hip  
19 replacement.

20                   You can try to do -- You can do an  
21 interarticular removal of the hip, but that still  
22 leaves the joint space here, and then you have to  
23 fuse it.

24                   So most of the time you are just taking the  
25 entire hip out at this point here.

1 Q. Thank you.

2 That's all I have on that.

3 Thank you.

4 Dr. Fish, in your deposition that I took a  
5 few months ago do you recall me asking you if there  
6 was any additional work you needed to do on this  
7 case?

8 A. Yes, I believe you did ask me that  
9 question.

10 Q. Your answer was, your opinions were  
11 trial-ready, correct?

12 A. Correct.

13 Q. And you haven't been asked to do any  
14 additional work on this case since your opinions were  
15 trial-ready a few months ago, correct?

16 A. Well, I looked at some other documents, but  
17 didn't change my opinions.

18 Q. Okay.

19 Well, when I took your deposition, we went  
20 through all of the documents that you said you needed  
21 in order to have trial-ready opinions, correct?

22 A. Correct.

23 Q. And those documents that you reviewed at  
24 that time were the St. Rose Hospital records related  
25 Mr. Moore's amputation, correct?



1           A.     Correct.

2           Q.     And the records that you reviewed at that  
3 time related to his prosthetics, correct?

4           A.     Correct.

5           Q.     Those are the only medical records that you  
6 reviewed at that time, which you prepared your  
7 opinions to which you're testifying to today,  
8 correct?

9           A.     Medical records, yes.

10          Q.     All right.

11                 And you told Mr. Hymanson on Friday that in  
12 preparation for providing trial testimony you  
13 reviewed all relevant records, correct, meaning those  
14 ones?

15          A.     Correct.

16          Q.     And since that time you have not reviewed  
17 any depositions, correct, other than the ones you  
18 identified in your report, which were Mr. and Mrs.  
19 Moore, correct?

20          A.     That's correct.

21          Q.     And since that time you didn't have any  
22 since October when I took your deposition, you  
23 haven't had any follow-up communications with Mr. or  
24 Mrs. Moore, correct?

25          A.     Correct.

1           Q.    And you haven't relied on any oral  
2   representations of Mr. and Mrs. Moore's counsel,  
3   correct?

4           A.    Correct.

5           Q.    And you haven't examined Mr. Moore again,  
6   correct?

7           A.    That's correct.

8           Q.    And you never talked to any of the health  
9   care providers, correct?

10          A.    Yes, I've not.

11                Correct.

12          Q.    And am I correct that you haven't made any  
13   changes to your lifecare plan that was made back in  
14   July?

15          A.    Just the one we talked about with the  
16   walker being duplicated.

17          Q.    Well, you you haven't made that change,  
18   correct?

19          A.    Well, I did in the deposition, but I didn't  
20   do a formalized change on the actual report.

21          Q.    So just so I'm clear on this, when I took  
22   your deposition, there were a number of things in  
23   your report that were inaccurate, correct?

24                MR. P. HYMANSON:  Objection, Your Honor.

25                THE COURT:  Restate it.

1 MR. WEAVER: Sure.

2 BY MR. WEAVER:

3 Q. Do you agree with me -- or let me ask you,  
4 were there a number of things when I took your  
5 deposition that you agreed were inaccurate in your  
6 report?

7 A. I believe we went over a few things, that's  
8 correct.

9 Q. So one of them had to do with the walker,  
10 correct?

11 A. That --

12 Q. Another thing had to do with you said Mr.  
13 Moore should get crutches, and then we talked about  
14 Dr. Jansen saying the crutches would be good for him,  
15 and then you decided he shouldn't have crutches after  
16 all, correct?

17 A. I think that's correct.

18 Q. And then the third thing was a big ticket  
19 item that was tens of thousands of dollars, where in  
20 your report you talked about something Mr. Moore  
21 should have for five to 15 years, even though he's  
22 only going to live ten years, correct?

23 A. Right, I think we talked about that in my  
24 -- on Friday.

25 Q. We also talked about it in your deposition,

1 right?

2 A. That's correct.

3 Q. So even though we talked about all of those  
4 things in your deposition, that were errors, and it  
5 made a substantial difference in the cost of your  
6 lifecare plan, you have never changed and corrected  
7 your lifecare plan to reflect the new correct  
8 amounts, right?

9 A. No, I would disagree.

10 It's not a substantial amount difference,  
11 just an error in terms of the years we talked about,  
12 and I think the walker was \$900, that is not  
13 substantial.

14 Q. It may not be substantial if you are not  
15 paying for it, right?

16 Is it your opinion that it should just be  
17 not worth your time to correct your report from three  
18 months ago that you got paid \$3,000 to do, and I paid  
19 you thousands of dollars in your deposition, it's not  
20 worth your time to correct the report?

21 MR. P. HYMANSON: Your Honor, may we  
22 approach?

23 THE COURT: Yes.

24 (Thereupon, a discussion was had between  
25 Court and counsel at sidebar.)

1 THE COURT: Thank you.

2 The objection is overruled, but go ahead,  
3 proceed.

4 MR. WEAVER: Thank you, Your Honor.

5 BY MR. WEAVER:

6 Q. Just in case I wasn't clear, you have  
7 corrected today and Friday errors in your report that  
8 were already corrected in your deposition, right?

9 A. Yeah, that's correct.

10 Q. What you haven't done since I took your  
11 deposition a few months ago when we talked about all  
12 those errors is to make those corrections into your  
13 report, correct?

14 A. That's correct.

15 Q. So one of those things is crutches, right?

16 A. Correct.

17 Q. One of those things was a walker, correct?

18 A. Correct.

19 Q. And then one of those things -- and we'll  
20 get to it, I just don't remember it off the top of my  
21 head -- had to do with whatever medical services he  
22 would need for up to 15 years, I think it was  
23 injections twice a year for ten years, but you had to  
24 15 years, correct?

25 A. It was five to 15 years, and it was a

1 ten-year block. It just wasn't written correctly in  
2 terms of zero to ten -- it was five to 15.

3 Excuse me.

4 Q. So --

5 A. I didn't feel that was a substantive enough  
6 change would make a difference.

7 It didn't make a difference in the cost, it  
8 was an error on my part in terms of what the years  
9 were, and I didn't feel that really changed anything,  
10 wasn't substantive, and that's why I didn't take the  
11 effort to change it appropriately.

12 I discussed it --

13 Q. When we talked on Friday, there was  
14 discussion about there was going to be corrections to  
15 the numbers, correct?

16 A. Just the years, from five to 15 should have  
17 been zero to ten.

18 Q. Are you saying that just the years were  
19 what was wrong, because they weren't taken out of  
20 some other template or something, but the actual  
21 calculation of the dollar amounts was correct?

22 A. The dollar amounts were correct.

23 Q. All right.

24 So if those corrections were to have been  
25 made, your lifecare plan is accurate, is that fair?

1           A.     That's correct.

2           Q.     And you indicated in response to some of  
3     Mr. Hymanson's questions about the lifecare plan, you  
4     also put this in your report is a dynamic document,  
5     is that correct?

6           A.     That --

7           Q.     So it could change from back in July when  
8     you created it, to October when I took your  
9     deposition, to now three months later when you are  
10    here in trial, if there were any corrections that  
11    needed to be made to the lifecare plan, or any  
12    additions or deletions could have been made, right?

13          A.     They could.

14          Q.     And you haven't made any, is that right?

15          A.     I didn't feel the need to do any, but I  
16    haven't made any.

17          Q.     And if you felt you needed to be done, you  
18    could have, is that right?

19          A.     Yes.

20          Q.     And just to be clear about this, is there  
21    even one opinion in your deposition that you would  
22    correct, or rethink?

23          A.     Such as?

24                 I don't know.

25          Q.     I'm just asking you.

1           A.     I don't know.

2                     We can talk about it if there was  
3 something.

4           Q.     Did you prepare -- You reviewed your  
5 deposition it sounded like to prepare for today,  
6 correct?

7           A.     I did.

8           Q.     Remember in your deposition you held the  
9 opinion that the Defense expert, Dr. Jansen, had --  
10 or does not have insight into amputees, and he's  
11 insulting to amputees because he used the term stump,  
12 instead of residual limb, correct?

13          A.     I did say that.

14          Q.     And you still are as firm in that opinion  
15 as you were a few months ago, is that fair?

16          A.     Yes.

17          Q.     And you also testified in your deposition  
18 that any place in any literature that anybody uses  
19 that term they are as equally insulting and equally  
20 lacking in insight as Dr. Jansen who used it,  
21 correct?

22          A.     I would agree.

23          Q.     And you still hold that opinion, correct?

24          A.     Yes.

25          Q.     And would you hold that opinion even if



1 it's in literature say from UCLA?

2 A. I would think UCLA is using it wrong, and  
3 dit's insulting.

4 Q. And if there's Defense expert Dr. Wilson,  
5 been a vascular surgeon for decades, were to say that  
6 it's commonly used, you would say he and any of his  
7 colleagues who use it also are insulting and lacking  
8 in insight, correct?

9 A. In what?

10 Q. The term of stump, instead of residual  
11 limb?

12 A. Yeah, I believe that is insulting to any  
13 individual.

14 Q. Okay.

15 And if any MVA facilities, or any  
16 Department Of Defense medical facilities, or anybody  
17 working in them, referred to an amputation like Mr.  
18 Moore's left above the knee residual being a stump,  
19 you would say that is equally insulting, correct?

20 A. It is insulting.

21 Q. And lacking in insight with regard to  
22 amputees, correct?

23 A. That's true.

24 Q. Okay.

25 You talked about your experience with

1 prices in Nevada, is that correct?

2 A. Yes.

3 Q. So all of the pricing that you have is  
4 specific to Nevada, is that correct?

5 A. That's correct.

6 Q. Is there anything in any of your pricing  
7 for any items that would be different if you were  
8 retained by the Defense, as opposed to the  
9 Plaintiffs?

10 A. No.

11 Q. It's exactly the same?

12 A. Correct.

13 Q. So if Mr. McBride or I had retained you to  
14 do the lifecare plan, it would be exactly the same as  
15 it is for Mr. Arntz, is that correct?

16 A. That's correct.

17 Q. Can you think of anything at all would be  
18 different if the Defense retained you, versus if the  
19 Plaintiffs have retained you?

20 A. No.

21 Q. So nothing that you would put in a Defense  
22 lifecare plan would be any different or any less, is  
23 that correct?

24 A. The plan is based on an amputee. Not much  
25 you can change because those are the things amputees

1 need, so if I was hired by the Defense, I would say  
2 this is what the person needs, it wouldn't be a  
3 change.

4 Q. So if I were to review any deposition --  
5 Have you testified in Nevada cases before on behalf  
6 of the Defense?

7 A. I have.

8 Q. So for example when it comes to the home  
9 health aid, would I find in your deposition that the  
10 pricing was the same?

11 A. The pricing would be the same.

12 Q. Could you think of any reason that might  
13 not be the same?

14 A. No.

15 Q. We'll get into your report in a minute.  
16 Just a couple more questions.

17 In your CV that you talked to Mr. Hymanson  
18 about -- I did computer word search of your CV. I  
19 didn't see the word amputation or amputee come up  
20 even once in your CV.

21 Does that surprise you?

22 A. No.

23 Q. Why not?

24 A. Most of my research is spine.

25 I have experience with amputees, and I work

1 with them.

2 I haven't done research or talks on  
3 specifically those topics, but if anything would be a  
4 phantom pain, so I don't know if you did a search on  
5 phantom limb pain or spinal cord stimulators, that  
6 might show up.

7 Q. You never authored anything specific to  
8 amputees or amputations, is that fair?

9 A. I would agree with that.

10 Q. You told Mr. Hymanson that you interviewed  
11 Mrs. Moore, correct?

12 A. I didn't really interview her.

13 She was in the room.

14 Q. Are you saying you didn't use the term on  
15 Friday you interviewed her?

16 A. I might have, but I didn't do a formal  
17 interview.

18 She was in the room, so I asked her some  
19 questions, but I don't think I did a formal  
20 interview.

21 Q. She was in the room when?

22 A. When Mr. Moore was there.

23 Q. Do you remember I specifically asked you in  
24 your deposition if you talked to Mrs. Moore, and you  
25 said, no, and not only do -- or did you believe at

1 the time you didn't talk to her, but it was your  
2 custom to not have a family member in the room?

3 A. Yeah, that's true, but I think I may have  
4 said a couple things to her or talked to her, and I  
5 think in the deposition she may not have been in the  
6 room the entire time.

7 Q. What you told Mr. Hymanson in response to  
8 one of his questions he asked you why you talked to  
9 Mrs. Moore, and you said it was important to talk to  
10 her, correct?

11 A. That's true.

12 Q. But when I asked you in your deposition if  
13 you talked to her, you said, no.

14 So did you talk to her, or did you not?

15 A. I'm sure I did because she was there, but I  
16 don't know what the exact question was. It might  
17 have been a different context, I don't know.

18 Q. Well, the context, it's I simply asked you  
19 whether or not in the context of you saying there  
20 needed to be eight hours of care a day, did you talk  
21 to Mrs. Moore, and you said, no.

22 A. Then I must have misspoken.

23 I don't know.

24 Q. Is there any reason we can't rely on what  
25 you said in your deposition?

1           A.     Rely for what?

2           Q.     Rely on what you said in your deposition,  
3     you didn't talk to Ms. Moore, any reason we can't  
4     believe you were telling the truth?

5           A.     No.

6           Q.     Okay.

7                     You didn't correct -- make any corrections  
8     in your deposition after you had time to think about  
9     it and reflect on it, correct?

10          A.     That's true.

11          Q.     And in your report you indicated it was a  
12     thorough report, it doesn't give any indication you  
13     talked to Ms. Moore, correct?

14          A.     I believe that would be correct.

15          Q.     So just on the point of primarily the eight  
16     hours a day, is that to help Mr. Moore, or is that to  
17     help Ms. Moore, or to help both of them?

18          A.     No, only to help Mr. Moore.

19          Q.     So -- Let me back up for a second.

20                     You recall that in your report didn't you  
21     say that Mrs. Moore was providing six hours of help a  
22     day?

23          A.     Correct.

24          Q.     Did Mr. Moore tell you something that lead  
25     you to believe, even though he told you it was

1     referencing six hours a day, you needed to add in two  
2     more hours?

3             A.     I would think people underestimate, and so  
4     I based it on my experience, that's why I came up  
5     with the eight hours.

6             Q.     Why not just rely on what Mr. Moore said,  
7     as opposed to just adding in stuff?

8             A.     Because it's my experience, training,  
9     education, and I take into consideration what they  
10    are saying, but I also know the reality of a lot of  
11    things, and people may be very stoic, don't realize  
12    it, so based on my experience with individuals like  
13    Mr. Moore eight hours a day is the average time that  
14    they need help.

15            Q.     So was Mr. Moore in your discussion with  
16    him, was he as forthcoming in everything as he could  
17    be as far as you were concerned?

18            A.     I hope so.

19            Q.     Was there anything you think he wasn't  
20    forthcoming in?

21            A.     I don't know.

22            Q.     And you met with him for an hour and 15  
23    minutes, correct?

24            A.     Whatever that time was on my chart.

25                    I don't remember.

1           Q.     If your report says, an hour and 15  
2 minutes, any reason we can't believe it's true?

3           A.     No, if that's what I marked down.

4           Q.     So you have testified that Mr. Moore has  
5 needed, and will need, two hours of help in the  
6 morning getting out of bed?

7           A.     Correct.

8           Q.     And what do those two hours consist of  
9 presently?

10          A.     That would be making sure he gets up,  
11 making sure he takes his medication, making sure he  
12 gets out of bed safely, making sure he can go to the  
13 bathroom, making sure he puts on his clothes, if he's  
14 going to put his prosthesis on, which I would assume  
15 he would, to put that on, do all the care that is  
16 necessary to get it prepared to put it on, and then  
17 get him up and going to the bathroom, making sure  
18 he's safe.

19                 Some people like to take showers in the  
20 morning, I don't know if he does it in the morning or  
21 evening, I didn't go into that detail.

22                 Making sure he's safe in the bathroom,  
23 making sure he brushes his teeth and combs his hair,  
24 do all the things he needs, and then get ready for  
25 his day.



1           Q.     Have you now told us everything that Mr.  
2 Moore needs a home health aid for for two hours in  
3 the morning?

4           A.     I think that would be the majority of it.  
5                   Probably little things I might have  
6 forgotten, but that seems to encompass most of the  
7 things an individual needs.

8           Q.     That's what Mr. Moore told you?

9           A.     Partly told me.  
10                   I don't think he told me everything.  
11                   We talked a little bit about what he needed  
12 and what the help he was needing, and how he had  
13 difficulties with the pain in his residual limb, and  
14 so those were things we had in our discussion, and  
15 based on my experience with other individuals like  
16 him these are the things I would recommend for  
17 anybody in this situation.

18          Q.     I'm just talking about all the things Mr.  
19 Moore told you that he needs help with for two hours  
20 in the morning.

21                   Have you told us all those things?

22          A.     I hope so.

23          Q.     And then what were the things Mr. Moore  
24 told you he needed two hours of help with at night?

25          A.     Well, again that is going to be getting

1 ready for bed, getting ready for the bathroom again,  
2 getting to bed, going to be removing the clothes,  
3 removing the prosthesis, brushing teeth, making sure  
4 if he takes a shower at night, because it's been a  
5 long day, he's sweaty during the summertime, might  
6 get a shower, making sure he's safe, and making sure  
7 he's safe in bed, all the things he needs to do, in  
8 case he needs something in the middle of the night.

9 Q. You read his deposition, right?

10 A. I did.

11 Q. And he was asked those type of questions,  
12 what types of things he needs help with.

13 What did he say?

14 A. I would have to look at the deposition.

15 I don't remember it offhand.

16 Q. Was it even most of the things that you are  
17 saying he told you he needs?

18 A. I'd have to see the deposition.

19 MR. P. HYMANSON: Objection, Your Honor.

20 Speculation.

21 THE COURT: Hold on.

22 He answered while you were trying to make  
23 objections.

24 Hold on.

25 What was your objection?

1                   MR. P. HYMANSON: Speculation for this  
2 witness to make a determination on what Mr. Moore may  
3 or may not have said.

4                   THE COURT: All right.

5                   He answered already, but let me overrule  
6 and allow you to finish your answer.

7                   Do you remember what he said?

8                   THE WITNESS: I think I finished.

9                   THE COURT: I know, but he didn't get it  
10 because he was speaking at the same time he was  
11 speaking trying to make his objection.

12                  THE WITNESS: I don't remember.

13                  I got sidetracked.

14                  THE COURT: Ask the question again.

15 BY MR. WEAVER:

16                  Q. You reviewed Mr. Moore's deposition,  
17 correct?

18                  A. I did.

19                  Q. Based on what he said in his deposition,  
20 are you able to tell us what of those things were  
21 articulated in his two hours in the morning he needed  
22 help with, and two hours in the evening he needed  
23 help with?

24                  A. I answered that question.

25                  Q. I'm asking based on what he said in his

1 deposition.

2 A. I don't remember what his deposition said.  
3 I would have to see it.

4 Q. Did you review it to prepare for your trial  
5 testimony?

6 A. I may have looked at it.

7 I don't recall specifically.

8 Q. And then what about the four hours that he  
9 needs help with during the day, he needs a home  
10 health aid in his home?

11 A. Well, during the day you want to be as  
12 productive as possible, make sure you're safe in the  
13 house, also meals prepared, most people eat three  
14 meals a day, so making sure you're safe standing in  
15 the kitchen, making sure that you're lifting  
16 something heavy, that you are not going to compromise  
17 yourself, and then if you have hobbies or doing other  
18 things, other getting prepared to go out of the  
19 house, you got to make sure he's getting in and out  
20 of the house and in and out of his car.

21 The wheelchair, like I said before, the  
22 electric one is not going to go into the driver's  
23 seat, so making sure that wheelchair is up there and  
24 safe too.

25 Then those are going to take up about four

1 hours of your day.

2 Q. Okay.

3 Have you now told us everything Mr. Moore  
4 told you he needs four hours worth of help with in  
5 the home in the morning, at night, and every day?

6 A. I hope so.

7 Q. Dr. Fish, why didn't you talk to any of Mr.  
8 Moore's health care providers?

9 A. I don't know. That option never came up.  
10 There wasn't really a need for it.  
11 I don't think it would have changed my  
12 opinions, and I wasn't confused about anything based  
13 on what I reviewed.

14 Q. So you weren't confused about any of the  
15 medical care Mr. Moore was getting?

16 A. No.

17 Well, if I was confused on anything, it was  
18 the lack of medical care I felt he needed to maximize  
19 his best outcome possible, and so I mean I could call  
20 a doctor, say hey, why don't do you do this for that  
21 person, but that is not my role.

22 My role was to evaluate him and see what he  
23 needed at the time I evaluated him.

24 And I also don't think doctors take too  
25 kindly when you tell them, hey listen, you're not

1 doing something appropriately, you're missing  
2 something.

3 And I wasn't consulted by doctors to make  
4 those opinions either.

5 Q. But you don't even know his doctors were  
6 aware of the fact that you made a medical diagnosis  
7 of Mr. Moore and told Mr. Moore things he needed,  
8 correct?

9 A. All the diagnoses that were made, I didn't  
10 make those, those are already made in the records.

11 Q. You testified -- Go ahead.

12 A. So the care that he had was appropriate.

13 He just needed to be maximized, but I  
14 didn't make up any diagnosis, these are all diagnoses  
15 in his medical chart.

16 Q. You testified on Friday, Dr. Fish, that  
17 when you met with Mr. Moore, you formulated a  
18 diagnosis as to what was going on with him, and then  
19 formulated a medical plan for his future care?

20 A. That's correct.

21 Q. So you just said a moment ago you didn't  
22 make any diagnosis for him.

23 A. I think your question was that I made  
24 diagnoses that weren't in the medical record.

25 I didn't make up anything.

1           It was diagnoses that were already there,  
2   and I confirmed them.

3           Q.    Dr. Fish, so your position is, the  
4   diagnosis that you came up with when you examined Mr.  
5   Moore were already diagnoses in Mr. Moore's medical  
6   records, is that right?

7           A.    That's true.

8           Q.    What medical records did you review again,  
9   where you got those diagnoses?

10          A.    The ones talked about St. Rose Hospital and  
11   the prosthetic records.

12          Q.    The only medical records, Dr. Fish, that  
13   you reviewed that had anything to do with any of Mr.  
14   Moore's diagnoses when you evaluated him in July were  
15   the prosthesis, correct?

16          A.    No, I had all the hospital medical records  
17   and the care that was done.

18          Q.    With all due respect, you didn't.

19                The St. Rose Hospital records related to  
20   the amputation. We went over this in your  
21   deposition, correct?

22          A.    I think so.

23          Q.    And you didn't have the Kindred records you  
24   identified in your deposition, all the records you  
25   had was St. Rose Hospital records and prosthesis

1 records, correct?

2 A. I don't know.

3 Q. We can rely on whatever you said in your  
4 deposition, whatever you put in your report, correct?

5 A. You can look at the deposition.

6 MR. WEAVER: Can we publish the doctor's  
7 deposition.

8 THE COURT: We got several up here.

9 I want to make sure we have it.

10 All right.

11 BY MR. WEAVER:

12 Q. Dr. Fish, you also have your report?

13 A. In one of these binders, I'm assuming.

14 Q. You wouldn't have come today without  
15 bringing your report, would you?

16 A. Those are usually here.

17 Q. But do you have your report with you or  
18 not, sir?

19 A. Electronically.

20 MR. WEAVER: May I approach, Your Honor?

21 THE COURT: You may.

22 So there's no confusion, the report,  
23 doctor, is not an exhibit typically.

24 It might be present in the courtroom, but  
25 it would not be an exhibit.



1           Your testimony is related to that.

2           We do have the deposition published now and  
3 ready to go.

4           For the jury's edification, when you say,  
5 published, it's coming out of a sealed envelope, so  
6 you know what the status it was in when it's  
7 finalized.

8           And that is a formality we have here.

9           So we do have that resolved.

10 BY MR. WEAVER:

11           Q.    Dr. Fish, would you turn to the first page  
12 of your report that has medical evaluation and  
13 records review, you see that?

14           A.    Yes.

15           Q.    Do you see the medical records reviewed in  
16 that accurately reflect the medical records you  
17 reviewed for purposes of your July 19th, 2019 report?

18           A.    Yeah.

19                   It doesn't include the Nevada Comprehensive  
20 Pain Center.

21           Q.    But --

22           A.    I didn't realize that.

23           Q.    Dr. Fish, we talked about in your  
24 deposition you didn't have that Nevada Pain Center  
25 records, correct?

1           A.     Right, I think that is when we talked about  
2     -- when you asked me earlier, were there other  
3     records I got to review, I think that was one of the  
4     records I had.

5           Q.     When you did your lifecare plan, when you  
6     did your report, when I took your deposition, you had  
7     all the records that you felt were relevant to your  
8     review of this case, correct?

9           A.     Correct.

10          Q.     And then are you -- Then do you remember  
11     just a few minutes ago when I went through, said are  
12     there any opinions from your deposition that are  
13     different, and anything from your report that is  
14     different, and you didn't bring up the Nevada Pain  
15     Center records, correct?

16          A.     No, I didn't.

17          Q.     I'm sorry?

18          A.     I did not bring up the Nevada Pain Center.

19          Q.     Do you think it would have been a good idea  
20     to review the Nevada Pain Center records before you  
21     formed your opinions for which you were prepared to  
22     testify at trial when I took your deposition?

23          A.     It would help.

24          Q.     And the reason it would have helped is  
25     because you would have known what Mr. Moore's current

1 treatment was from a pain management specialist that  
2 he used monthly, correct?

3 A. I got it from him too, he was taking  
4 medications, so he was telling me about the care he  
5 received there, so I had all the information I  
6 needed.

7 Q. You testified on Friday that he told you  
8 that he had hip and knee pain, correct?

9 A. That's correct.

10 Q. Now that you reviewed the Nevada Pain  
11 Center records, you didn't see in a single place in  
12 the Nevada Pain Center records where he complained of  
13 knee and hip pain, would you agree with that?

14 A. I would have to see the records.

15 Q. I'm just asking you, based on your  
16 recollection of records you reviewed since your  
17 deposition, did you see anything from Nevada Pain  
18 Center that identified he had knee and hip pain?

19 A. I'd have to see the records.

20 Q. But you can't answer without going through  
21 page by page?

22 A. Correct.

23 Q. You would expect if Mr. Moore was seeing a  
24 pain management specialist since the date of this  
25 incident to the present, that if he had pain in those

1 locations, he would be tell his pain management  
2 physician, correct?

3 A. Not necessarily.

4 Q. Why not?

5 A. Some patients don't bring up some of the  
6 things that bother them because they want to get  
7 they're medication, or just focused on getting in and  
8 out of there, or they're having a very quick visit,  
9 have no time with the physicians.

10 So there's a lot of reasons.

11 Q. So you think that Mr. Moore may not have  
12 brought up the totality of that he has significant  
13 pain, for which you think he should get hundreds of  
14 thousands of dollars because why, why wouldn't he  
15 have brought it up?

16 A. I don't know.

17 MR. P. HYMANSON: Your Honor, objection to  
18 speculation.

19 THE COURT: Sustained as to that last  
20 question.

21 MR. WEAVER: Okay.

22 BY MR. WEAVER:

23 Q. So if Mr. Moore did not bring up to his  
24 pain medication physician where he has significant  
25 pain, would you just be guessing the answers to why

1 he wouldn't?

2 A. I wouldn't know.

3 You would have to ask him.

4 Q. If for example he needed a spinal cord  
5 stimulator, if for example he needed injections in  
6 any location in his body, that is something that a  
7 pain management specialist that he was seeing could  
8 do, correct?

9 A. Not necessarily.

10 Q. Well, you don't know that this pain  
11 management specialist, Dr. Ross, couldn't insert a  
12 spinal cord stimulator, correct?

13 A. I don't know.

14 Q. Do you know whether Mr. Moore has ever  
15 talked to any of his health care providers about any  
16 of the care and treatment you have recommended that  
17 he get?

18 A. You would have to ask him.

19 My feeling would be that he had possibly  
20 discussed some of these things, and either they  
21 didn't understand his complaints, or he wasn't  
22 following through with the symptoms, or he felt  
23 frustrated with the care.

24 Q. What are you basing that on?

25 That is not something you said in your

1 deposition, right?

2 A. I don't know if I was specifically asked  
3 that question in my deposition, but I'm basing it on  
4 -- if I could finish, I'm basing it on the fact I  
5 talked to him, and I know patients like him who have  
6 the same problem when they come to a pain clinic.

7 Q. When you met with Mr. Moore, and you say  
8 you made these diagnoses, and formulated the  
9 treatment plan, obviously you told him these are  
10 things that he needed, right?

11 A. I may have had a discussion with him, but  
12 don't forget, I didn't make up the diagnoses, these  
13 are diagnoses in the chart, so it's not like I just  
14 pulled them out of nowhere, these are common issues  
15 that happen with common people that have amputations,  
16 and so they are not made up by any means.

17 Q. But you made these diagnoses?

18 A. I made the diagnoses that were already in  
19 the chart.

20 Q. If the diagnoses that you identified for  
21 Mr. Moore aren't in his medical records, that means  
22 you made them that day, is that fair?

23 A. I don't know.

24 I wouldn't agree.

25 Q. Why wouldn't you agree with that?

1           If they are not in his medical records, and  
2   you identified them as diagnoses, and they did not  
3   come from you, where did they come from?

4           A.    I would have to look at his medical  
5   records.

6           I'm assuming they are all in the medical  
7   records one, and then two, you know I'm projecting  
8   ten years out for the person.

9           This is not something happens in one day.

10          So when you are projecting out ten years,  
11   you also have to think of what are the pitfalls and  
12   trials and issues come up with somebody has an  
13   amputation like Mr. Moore.

14          So while he may have had complaints to his  
15   providers, and issues, and problems, the providers  
16   are not necessarily looking into the future like I've  
17   been tasked to do, so because of that it's not that  
18   I'm making up a diagnosis, but these are common  
19   things that happen, especially with the complaints he  
20   described in the records.

21          Q.    Sure.

22          Can you say in your deposition -- tell us  
23   if your opinions changed that you assumed Mr. Moore's  
24   health care providers that the date of this incident  
25   to the time of your deposition were competent,

1 correct?

2 A. I don't understand the question.

3 Q. Did you assume that Mr. Moore's current  
4 treating health care providers are competent?

5 A. I would hope so.

6 Q. Do you even know who they are?

7 A. Yeah.

8 Q. Who who is the primary care physician?

9 A. I don't know who his primary care physician  
10 is.

11 Q. You just said you know who they are?

12 A. Well, yeah, it's the surgeon, Dr. Wiencek.

13 The vascular surgeon, I don't have his  
14 name. It's at the bottom of the record.

15 Q. No, my question is:

16 Who is his primary care physician?

17 A. I don't know.

18 Q. I'm sorry?

19 A. I don't know.

20 Q. Who is his pain management physician?

21 A. I think it was a PA he had. I didn't put  
22 the PA's name down.

23 Most of the time they see a physician's  
24 assistant.

25 Q. You don't know who his physician is?



1           A.     I'd have to look at his chart.

2           Q.     Who is his orthopedic surgeon?

3           A.     I don't think he has an orthopedic surgeon.

4                     I think he has a vascular surgeon and a  
5 general surgeon, Dr. Wiencek.

6           Q.     So if on July 29th you would have told Mr.  
7 Moore, Mr. Moore, here are things I think you need  
8 for your safety, here are things I think would  
9 improve your quality of life, here are things that I  
10 think you need medically, given the diagnoses that  
11 I've made of you, is there any reason you can think  
12 of that Mr. Moore wouldn't have passed those along to  
13 his health care providers?

14                   MR. P. HYMANSON:   Again, Your Honor,  
15 speculation as to what Mr. Moore would or would not  
16 have done.

17                   THE COURT:   Rephrase.

18                   MR. WEAVER:   Sure.

19 BY MR. WEAVER:

20           Q.     Did you tell Mr. Moore the things in the  
21 lifecare plan that you felt he needed when you made  
22 the diagnosis and formulated the plan?

23           A.     Well, I didn't make the diagnoses, they  
24 were already in his charts, and I think I had a  
25 discussion with him about what some of the options

1 were for things he could expect to have occurred as  
2 well as what things would be safe for him, but I  
3 don't know if he went on, told his providers that.

4 Q. Dr. Fish, you testified on Friday that  
5 after you examined Mr. Moore, you looked at his  
6 residual limb, at what the issues were, and then  
7 formulated diagnoses as to what was going on with  
8 him, and formulated a medical plan for his future  
9 care.

10 Did you do that after you evaluated Mr.  
11 Moore, or not?

12 A. You mean, the day I evaluated him?

13 Q. At any time from when you said you  
14 diagnoses him and came up with the medical plan for  
15 his future care.

16 A. Sure, I did.

17 Q. So did you tell Mr. Moore anything that you  
18 thought he should ask physicians to prescribe or  
19 order for him?

20 A. I don't think I told him specifically, you  
21 should talk to your physicians about doing this, this  
22 and this.

23 I think I advised him that these were the  
24 things he potentially could do, and it's up to him to  
25 talk to his providers.

1           Q.     If he didn't, and we don't know if he did  
2     or not, all we know is from the medical records if he  
3     didn't, do you have an opinion one way or another as  
4     to why he didn't?

5           A.     You would have to ask him.

6           Q.     Is there anything at all on your lifecare  
7     plan that has to do with medical treatment?

8                     We'll talk about revisions to the home,  
9     we'll talk about all of those things.

10                    Is there anything at all on your lifecare  
11     plan for Mr. Moore for purposes of medical treatment  
12     that you believe any current health care provider  
13     that he's had from the day of this incident to the  
14     present couldn't order for him, or prescribe for him?

15          A.     I don't understand the question.

16          Q.     Sure.

17                    It's long and convoluted.

18                    Let me back up.

19          A.     Right.

20          Q.     Sorry.

21                    You have a laundry list of things that Mr.  
22     Moore needs for purposes of his future care, correct?

23          A.     Correct.

24          Q.     Let's start with this:

25                    Is there a single thing on your lifecare

1 plan that from the day of this incident to today Mr.  
2 Moore has gotten?

3 A. Yeah, I think we talked a little bit about  
4 that, he had the equipment that he had, the walker,  
5 the wheelchair, the cane, the crutches, the reacher,  
6 the hand bars, the shower bench, medication  
7 management.

8 Q. So he's had the durable medical equipment,  
9 the walker, the wheelchair.

10 What kind of wheelchair?

11 A. The manual wheelchair you can see here, and  
12 he's got the prosthesis.

13 He had help in terms of his wife helping  
14 him with his medical care and needs and function.

15 Q. All right.

16 So we've got from the date of the incident  
17 to present things that you got on your lifecare plan  
18 for him a manual wheelchair, walker, attendant care  
19 in the home, hand bars, shower.

20 What did you say, something about the  
21 shower?

22 A. I didn't say, shower.

23 He has his prosthesis.

24 Q. And is his prosthesis properly fitted now?

25 A. I don't know about now.

1                   He's not wearing it today.

2           Q.     Well, remember in your deposition a few  
3 months ago I asked you about the prosthesis, and you  
4 said that you understood he was getting it fitted at  
5 the time.

6                   Do you know one way or another whether it's  
7 been fitted?

8           A.     I don't.

9           Q.     You talked in your deposition a few months  
10 ago that he was in the process of having his electric  
11 wheelchair fitted, correct?

12          A.     I think we discussed that.

13          Q.     Has it been fitted?

14          A.     I don't know.

15          Q.     All right.

16                   So other than the durable medical equipment  
17 that we just listed, and the fact that he's getting  
18 medication management, whose that from?

19          A.     A pain management doctor.

20          Q.     Do you have any reason to believe he's not  
21 getting adequate medication management?

22          A.     I don't know.

23                   His recent records, I haven't seen his  
24 recent records.

25                   As you know, you only get a certain amount

1 of records from a certain amount of time.

2 I don't know what the actual records say  
3 over the last four months.

4 Q. Why didn't you ask for them?

5 A. You know, sir, that we don't usually get  
6 those records. Usually they are cut off at a certain  
7 time frame, so I'm not privy to have those records.

8 Q. You didn't have them before even?

9 A. That is more on point.

10 Q. You got them after your deposition, right?

11 A. That's correct.

12 Q. You didn't have them when you formulated  
13 your lifecare plan, true?

14 A. That's true.

15 Q. All right.

16 So is there a single other thing that you  
17 can think of from your lifecare plan from the day of  
18 the incident to the present that he's gotten, other  
19 than what you articulated just a minute ago?

20 A. I think we covered it.

21 Q. Is there anything on the lifecare plan that  
22 could be ordered by a physician or prescribed by a  
23 physician that Mr. Moore hasn't gotten?

24 MR. P. HYMANSON: Objection.

25 Speculation, Your Honor, as to what another

1 doctor may have done for Mr. Moore.

2 THE COURT: Rephrase, Mr. Weaver.

3 MR. WEAVER: Sure.

4 I'll see if I can ask it a little bit  
5 better better.

6 BY MR. WEAVER:

7 Q. As a physician, is there anything on Mr.  
8 Moore's lifecare plan that you think is  
9 medically-indicated, and you think everything is  
10 medically-indicated, is that fair, or you wouldn't  
11 have had it in there?

12 A. Yes, correct.

13 Q. Anything you think in the lifecare plan Mr.  
14 Moore would not be entitled to by a physician  
15 ordering it or prescribing it, assuming that that  
16 physician is competent and willing to do so?

17 A. Entitled?

18 I don't understand the question.

19 Q. Sure.

20 If Mr. Moore's current treating physicians,  
21 whether it's a PCB, PCP, Dr. Wiencek, cardio-thoracic  
22 surgeon, pain management surgeon, orthopedic surgeon,  
23 anyone else he might be treating with, is there  
24 anything that you can think on their lifecare plan  
25 that if they were to order it, or prescribe it, he

1 wouldn't get?

2 A. I don't really understand what you're  
3 talking about.

4 Sorry, I don't understand your question.

5 Q. Is there anything they can't order for him?

6 A. I would like them to order all of the  
7 things on the plan.

8 Q. I'm sorry?

9 A. I'd like any physician --

10 Q. Like you?

11 A. Sure.

12 Q. So why haven't you ordered any of that for  
13 Mr. Moore?

14 A. That is not my role.

15 Q. Why not?

16 You diagnosed him. Why didn't you order it  
17 for him if he needs it?

18 A. That's not my role.

19 I didn't come in here to be a treating  
20 physician.

21 I didn't come in here to be management for  
22 him.

23 I came in here as a expert in this medical  
24 case for the purposes of the lawsuit.

25 Could I have done that?



1                   Yes, sure I could have done that.

2                   But I don't know if I can take his medical  
3 insurance when I see him, I just don't know the  
4 facts.

5                   I'm at UCLA, he's here in Nevada.

6                   So that's not my understanding, that is not  
7 what the role was when I came in.

8                   But it was to look at the individual and  
9 try to decipher through what that person needs for  
10 the future based on my training and experience and  
11 education and my work with other amputees.

12                  Q.     Fair enough --

13                  THE COURT:   Can I see counsel at the bench  
14 before proceed any further, Mr. Weaver?

15                  (Thereupon, a discussion was had between  
16 Court and counsel at sidebar.)

17                  THE COURT:   Ladies and gentlemen of the  
18 jury, I'm going to need to read you now an  
19 instruction is going to be given to you at the end  
20 of the trial, but I think it's imperative we have  
21 that instruction now in light of some testimony  
22 that was just offered by Dr. Fish.

23                  That instruction that you will by given at  
24 the end of the trial, which of course is entitled and  
25 intended to guide your deliberations as you consider

1 his testimony and proceed, you are not to discuss or  
2 even consider whether or not the Plaintiffs were  
3 carrying insurance to cover their medical bills or  
4 any or damages that Plaintiff had sustained.

5 You are not to discuss, or even consider,  
6 whether or not the Defendants were carrying insurance  
7 that would reimburse them for whatever sum of money  
8 they may be called upon to pay for to Plaintiff.

9 Whether or not either party was insured is  
10 immaterial and should make no difference in any  
11 verdict you may render in this case.

12 Thank you.

13 You may proceed, Mr. Weaver.

14 BY MR. WEAVER:

15 Q. Dr. Fish, I'll move on from this area in  
16 one second, but if you were asked, if you were asked  
17 for it to be part of your role, you could order or  
18 prescribe the things on your lifecare plan that are  
19 medically-indicated for Mr. Moore, is it fair --

20 MR. P. HYMANSON: Your Honor, speculation.

21 What relevance does that have in this case  
22 at all?

23 THE COURT: Your objection is speculation.

24 I understand.

25 Thank you.

1                   Mr. Weaver.

2                   MR. WEAVER:   What I would respond to that  
3   is --

4                   THE COURT:   Without too much detail.

5                   MR. WEAVER:   Dr. Fish told us at length  
6   that he's a physical medicine and rehab physician,  
7   that he diagnosed Mr. Moore and came up with a plan  
8   of things Mr. Moore doesn't have.

9                   All I want to establish is that if he were  
10   asked by Plaintiffs to order things Mr. Moore doesn't  
11   currently have, he could have.

12                  THE COURT:   I have no problem with the  
13   aspect of the question that you base these questions  
14   on.

15                  He's indicated to you they were in the  
16   record.

17                  So again the way the question is formed I  
18   think is improper.

19                  But what things he can do, you can  
20   certainly inquire.

21                  So sustained as to the way the question was  
22   formed.

23                  But you may restate the question.  
24  
25

1 BY MR. WEAVER:

2 Q. You're a physical medicine and  
3 rehabilitation physician, correct?

4 A. Correct.

5 Q. And you also talked about here and in your  
6 deposition part of that encompasses things like  
7 prosthesis and these type of things, correct?

8 A. Correct.

9 Q. So if we were to go off your report that  
10 you made a diagnosis, correct?

11 A. I made a diagnosis based on the records,  
12 correct.

13 Q. Based on that, you could if you chose, and  
14 if you were asked to, order or prescribe  
15 medically-indicated care for Mr. Moore, correct?

16 A. Anything in this plan is something I would  
17 recommend for any patient like him, and if he were my  
18 patient, this plan would be what I would do for my  
19 patient.

20 Q. Thank you.

21 Let's go through it, if we might, and I'll  
22 go through as quickly as I can, Dr. Fish, some of the  
23 categories.

24 If we could start please with the first  
25 category, which I think is on page 3 of your lifecare

1 plan.

2 A. You have a copy?

3 Okay.

4 Q. So a physiatrist, that is what you are,  
5 correct?

6 A. Correct.

7 Q. You have indicated Mr. Moore should have  
8 one, correct?

9 A. I believe any amputee should have a  
10 physiatrist because we are one of the only few  
11 doctors deal with function and prosthetics, but a  
12 vascular surgeon could do it clearly, but I think  
13 there's an advantage of having a physiatrist.

14 Q. He has a vascular surgeon, correct?

15 A. He does.

16 Q. So Dr. Wiencek could do that role if he  
17 chose, is that fair?

18 A. It's possible.

19 Q. Is there a single thing on this lifecare  
20 plan that Mr. Moore is as far as you know intending  
21 to get based on --

22 MR. P. HYMANSON: Objection, Your Honor.  
23 Speculation as to Mr. Moore.

24 THE COURT: Sustained.

25 Mr. Weaver, any questions you're asking him

1 about what Mr. Moore might do are inappropriate.

2 MR. WEAVER: I'm just asking based on if  
3 you know from having evaluated him.

4 MR. P. HYMANSON: It's still speculation,  
5 Your Honor.

6 MR. WEAVER: Fair enough.

7 THE COURT: It's a different question.

8 You may ask a question about his knowledge,  
9 but beyond that is speculation.

10 Sustained.

11 MR. WEAVER: Thank you, Your Honor.

12 BY MR. WEAVER:

13 Q. So you think Mr. Moore would benefit from a  
14 psychologist, is that correct?

15 A. I know he would.

16 Q. Did you see anywhere in the records where  
17 it was recommended, and he declined?

18 A. You would have to point that out.

19 I don't recall that.

20 Q. Do you recall in his deposition saying he  
21 wouldn't get help from a psychologist in any event?

22 A. I think I do remember something like that.

23 Q. You do, or don't?

24 A. You would have to pull it up, but whether  
25 or not someone that doesn't want help that is

1 appropriate help is a different story.

2 You would have to talk to Mr. Moore about  
3 that.

4 Q. So a lot of things in the lifecare plan are  
5 not things Mr. Moore will necessarily, get so far as  
6 you would get, just things you recommend, correct?

7 A. No, these are things he will get, he should  
8 imminently get.

9 If I speculated that he's not going to get  
10 them at all, why would I put them in the plan?

11 So the plan is designed for him to have  
12 these items.

13 Q. So a treating physician, whether it's Dr.  
14 Wiencek, his orthopedic surgeon, primary care  
15 physician, or someone from the pain management  
16 center, at any time they could have come up with  
17 these things on their own, correct?

18 A. That's true.

19 Q. Or since July in any event had this been  
20 given, your report given, to any one of his health  
21 care providers, or combination of them, they could  
22 have evaluated and ordered or prescribed these  
23 things, fair?

24 A. I don't know.

25 Q. You don't know they couldn't, true?

1           A.     I don't know.

2           Q.     Do you know they've been given to any of  
3 his health care providers?

4           A.     I don't know.

5           Q.     So if we could go to the next page under  
6 page 4, the psychological services, why all the  
7 psychological testing?

8           A.     Well, I think I discussed it last time.

9                   Losing a limb is quite a life-changing  
10 experience, you become less functional, you rely on  
11 other people, you are sitting in a wheelchair, which  
12 is very humbling, you're missing a limb.

13                   It's stressful, it's you are not a whole  
14 person anymore.

15                   Mental health is very important to try to  
16 keep the person's spirits up and realize they can  
17 still go on.

18                   I think all of us can use that at some  
19 point in our life, especially if there's been a  
20 dynamic change to us.

21           Q.     Those are the answers you gave why he needs  
22 the psychotherapy.

23                   My question was:

24                   Why does he need the testing?

25           A.     Again, the testing is important to



1 establish a base lane.

2 Also, to establish what goes on over the  
3 next ten years.

4 So the testing I think I went through,  
5 there's a bunch of difference questions included with  
6 this would help a provider know what the pitfalls  
7 are, and the treatment, and how the medication is  
8 doing, and how Mr. Moore's doing on a day-to-day  
9 basis.

10 Q. So your opinion is, if he's getting  
11 psychiatry care, neuropsychiatrist medication,  
12 management, and psychotherapy on a regular basis, he  
13 would still need almost \$20,000 worth of  
14 psychological testing to assist in that?

15 A. Yes.

16 Q. All right.

17 If we could go to number 5 please, this has  
18 to do with procedures, hospitalizations, surgeries,  
19 and spinal injections.

20 The MBB you told us is the medial block,  
21 basically the preliminary hearing, is that fair?

22 A. Preliminary diagnosis, is the  
23 determination, yes.

24 Q. Below that is the basically \$121,000 with  
25 ablation, is that right?

1           A.     Radio frequency ablation, correct.

2           Q.     That easily can be done by a pain  
3 management specialist if the pain management  
4 specialist thought it was medically-indicated,  
5 correct?

6           A.     A pain management specialist, who do  
7 injections, I don't know that he's just a medication  
8 management individual, I don't have any recent  
9 records to know if they actually been done or not, or  
10 has even been addressed.

11          Q.     They haven't been done, I'll represent that  
12 to you.

13                 But if his pain management specialist is,  
14 among others, an anesthesiologist, it could be done,  
15 is that correct?

16          A.     That's correct.

17          Q.     And then in terms of the right total joint  
18 replacement of the hip and knee, I think you  
19 indicated that he's going to need this \$270,000 worth  
20 of services in a few years because of having some  
21 lift up out of his wheelchair in order to use his  
22 prosthesis, do I have that right?

23          A.     That's part of it.

24                 The other part I can explain if you want.

25          Q.     Sure.

1           A.     It's he has to maneuver on one leg, throws  
2 off his balance, and puts a lot of pressure on the  
3 hip and knee, as we discussed on the chart, and so  
4 that is going to put stress on the joint.

5           Q.     We have already talked about you told the  
6 jury he's going to spend almost all his time in a  
7 wheelchair, right?

8           A.     I think a majority of the time he's going  
9 to be in a wheelchair, but as I discussed, he needs  
10 the exercise, needs to get up, needs to stand, he  
11 needs to feel that he's one with everybody else.

12                    Again, it's very humbling being in a  
13 wheelchair all that time, so you have to have that  
14 option to get up and move around.

15           Q.     But you told the jury most of the time he's  
16 going to spend in a wheelchair, correct?

17           A.     He has to get in and out of the wheelchair,  
18 and in and out of the toilet, and walk around his  
19 house.

20                    You are not -- He's not going to sleep in  
21 the wheelchair either.

22                    So there's transfers that happen every day.

23                    And he may sit on the couch too.

24                    There's various things.

25                    He has a recliner they can put him in as

1 well.

2 So all of this leads to more stress on  
3 those joints.

4 Q. Thank you.

5 But maybe I just misunderstood.

6 I thought what you told us on Friday was,  
7 the reason he's going to need the total joint  
8 replacement and the hip and knee wasn't because of  
9 getting in and out of his wheelchair for transfer to  
10 the toilet for example, it was going because he was  
11 going to either have a prosthesis, or going to be  
12 using his walker, and he was going to put the  
13 pressure on the right knee and the right hip.

14 A. I --

15 Q. In other words, walking around?

16 A. Your question was a little bit convoluted.

17 Q. Let me re-ask it.

18 A. Let me break it down I think what your  
19 trying to say.

20 Q. Let me re-ask it, so I can cut to the  
21 chase, and you answer a question I ask you.

22 I thought you testified that the reason for  
23 the hip and knee replacement is because when he is up  
24 and out of his wheelchair, he's going to put pressure  
25 on his right knee and right hip.

1                   Do I have that right?

2           A.     That it's part of it, correct.

3           Q.     What is the rest?

4           A.     The transfer, putting on the device,  
5     getting to the bathroom, getting to the chair,  
6     putting a lot of weight on that one side because he's  
7     missing the other side, so it's not just using the  
8     prosthesis, although this will also put stress on his  
9     knee and hip.

10          Q.     Fair enough.

11                   In your deposition we had a few months ago  
12     you told he he was going to actually likely use this  
13     prosthesis very little, including because of his  
14     arthrosclerosis and cardiopulmonary condition, is  
15     that fair?

16          A.     I don't know if I said that.

17                   I don't know exactly what I said.

18                   You would have to pull out the deposition,  
19     but my understanding was if I portrayed that he's  
20     going to use the device to get to exercising, to use  
21     the device to walk around, but the majority of the  
22     time he's going to be in the wheelchair if he does  
23     anything out in the community because he's going to  
24     be limited to walking far and sit down at some point.

25          Q.     Do you recall saying in your deposition

1 that you didn't recommend that he did much exercise  
2 or walked very far?

3 A. I'd have to see that.

4 I don't remember that.

5 Q. What about your testimony today, is it your  
6 recommendation he uses his prosthesis for exercise?

7 A. I would recommend that, yes.

8 Q. Okay.

9 So if that's different than what you said  
10 in your deposition, what you said reflected  
11 differently today?

12 A. I don't know what question you asked me  
13 then.

14 Q. If be could go to the next page, please.

15 So here we're talking in the first category  
16 about roughly \$245,000 worth of injections, correct?

17 A. Correct.

18 Q. Are you aware of any accepted literature  
19 that identifies that protein rich platelets or  
20 plasma --

21 A. Platelet-rich plasma.

22 Q. Platelet-rich plasma, right?

23 A. Right.

24 Q. So you're saying, blood taken out of Mr.  
25 Moore and put back into him to help him heal, is that

1 correct?

2 A. Almost.

3 Blood taken out, and then it's spun down to  
4 the plasma level to remove the red blood cells and  
5 some of the other proteins, and it's a plasma  
6 component we found that is a product.

7 Q. I saw in your CV.

8 You gave a talk about this at a YMCA to the  
9 athletes about this?

10 A. I think I did.

11 Q. It's primarily for athletes for enhanced  
12 performance, is that fair?

13 A. No, it's commonly used in all around the  
14 United States to help with joint pain and back pain.

15 Q. So is it your position to the jury that Mr.  
16 Moore medically needs the platelet-rich plasma in  
17 order to tied him over until he gets the hip and knee  
18 replacement?

19 A. Yes.

20 Q. So for \$245,000 is there a reason he  
21 wouldn't just get the hip and knee replacement now,  
22 or is it just he doesn't need it?

23 A. He needs it.

24 I mean, you could -- I just don't think now  
25 would be the time.

1           He is still working on his prosthesis,  
2       still needs some other medical care, he has the pain.

3           To me it makes sense to try the injections  
4       first, which should help him, before going into the  
5       replacement phase.

6           Q.     But if he needs \$245,000 worth of  
7       injections right now, I don't understand why that  
8       would go towards something that is going to be  
9       inevitable anyway.

10          A.     Well, what I can tell you is, the hip and  
11       knee replacement is not an easy thing to do, it's a  
12       stressful situation, you have to go through a complex  
13       surgery, the recovery of that is complex, rehab of  
14       that is complex.

15                When you can come in, get an injection that  
16       takes maybe 10 to 20 minutes to do, and gives you  
17       relief, why would you go through the replacement now,  
18       why don't you go through the injections now.

19          Q.     So the idea is, if he gets this \$245,000  
20       worth of treatment, he won't need the hip and knee  
21       replacement, or just prolonging it for a couple  
22       years?

23          A.     I mean, it's possible he doesn't need it,  
24       but based on my experience amputation patients  
25       eventually get the replacements.



1           Q.     Can you cite us to any medical literature  
2 where this is commonly accepted in your field, or any  
3 other field?

4           A.     Sure.

5           Q.     What is it?

6           A.     There's prosthesis orthotic literature,  
7 there's orthopedic literature, there's physical  
8 rehabilitation literature, there's a lot of  
9 amputations show the over use of stress on the  
10 contralateral joints eventually ends up getting  
11 treatment, so there's tons of literature.

12          Q.     You would at least agree there's -- in  
13 terms of every case how well it works?

14          A.     No.

15          Q.     You think the basic conformity or unanimity  
16 of thinking in the medical community is that  
17 platelet-rich plasma injections work?

18          A.     I mean, there's all kinds of controversial  
19 issues on any kind of medical issues.

20                 Some people argue pace makers don't work,  
21 or even stents don't work for arthrosclerotic hearts,  
22 so there's always literature one way or the other,  
23 but the plethora of literature I've seen with  
24 experience working with individuals is PRP works very  
25 well with people with knee pain, but eventually will

1 need knee replacements.

2 Q. What is the hyaluronic acids I see for  
3 cosmetics?

4 I wasn't aware of injecting it into the hip  
5 and knee.

6 A. That is collagen, a little bit different.

7 Hyaluronic acid is a compound actually  
8 stimulates cardio growth, and so that with PRP as a  
9 combination can help with the joint pain, stiffness  
10 symptoms that can last up to four months.

11 The Rejuviderm, some of the stuff you put  
12 on your face, are not the same thing.

13 You wouldn't want to put the knee injection  
14 into your face.

15 Q. Are you aware of any literature that  
16 identifies they should be used together?

17 A. Yes.

18 Q. You would agree using them together, let  
19 alone individually is controversial, you don't  
20 dispute that in terms of every case?

21 A. No, there's a lot of different types  
22 approaches and a lot of different doctors using the  
23 combination of things that to help the knee pain and  
24 joint pain.

25 Q. And I'm trying to get through this as

1 quickly as we can.

2 We already talked about the spinal cord  
3 stimulator.

4 If Mr. Moore's pain management physician  
5 thought it was medically-indicated, he could do it  
6 himself, or refer him to somewhere here in the  
7 community it would be done, correct?

8 A. I would think so.

9 Q. Okay.

10 So far as you know, that recommendation  
11 hasn't been made, is that fair?

12 A. I don't know.

13 Q. You're not aware of it being made, is that  
14 fair?

15 A. I'm only aware of it since July.

16 I don't have any new records, so I don't  
17 know.

18 Q. As of July, you weren't aware of his pain  
19 management specialist recommending a spinal cord  
20 stimulator, true?

21 A. I don't believe so.

22 Q. If we could go to page 7, please, so the  
23 re-programming of the spinal cord stimulator, is that  
24 basically still within the gambit of the spinal cord  
25 stimulator?

1           In other words, I'm not sure why it's under  
2 therapies.

3           A.    Because that is not included in the kind of  
4 therapeutic realm.

5           The device goes in, but you have to work  
6 the device, that is why it's a re-programming  
7 component.

8           Q.    My question is:  
9                Why is it under therapies?

10          A.    Because it's a therapeutic -- The  
11 implantation on the other page is putting a device  
12 in, but then you have to use the device, that is  
13 where the therapy component comes from.

14          Q.    For purposes of the knee and residual limb  
15 therapy, I missed this, I'm sorry, is this after he  
16 gets the knee replacement on the other side, or  
17 talking currently?

18          A.    Currently, because he's having problems the  
19 at the time I saw him, having problems with his  
20 residual limb, and the prosthesis wasn't fitting, so  
21 I felt it would be important he get some therapy to  
22 understand why the residual limb was not fitting  
23 properly within the prosthesis.

24          Q.    Do you have any understanding one way or  
25 another whether the prosthesis issue has been

1 resolved?

2 A. I don't know.

3 Q. But certainly things like physical therapy  
4 and knee and residual limb therapy, physical therapy  
5 for scar management, all could be ordered or  
6 prescribed by all or any of his current medical  
7 providers, is that true?

8 A. I don't know about anybody.  
9 The providers that deal with amputations.

10 Q. Like Dr. Wiencek?

11 A. True.

12 Q. And then the dog companion with care,  
13 nearly \$30,000, this morning I think you explained  
14 you are not just talking about a comfort care dog, I  
15 think you used the good example on the airplane it  
16 seems like everybody has one now, is there a specific  
17 type of \$30,000 dog companion that is typical?

18 A. Usually Golden Retrievers are the best  
19 animals, but I've seen all different types, depends  
20 on the way they are trained.

21 Q. Did Mr. Moore give you any indication when  
22 you made these recommendations to him whether he  
23 would be interested in that?

24 A. I don't recall.

25 Q. So within the dog companion care you

1 indicated it's roughly 5,000 for the cost of the  
2 training of the dog, is that right?

3 A. I think so.

4 I don't have the rationale on the bottom of  
5 it.

6 Q. Okay.

7 If that's what you put in the report, is  
8 that correct?

9 A. That's correct.

10 Q. And then the monthly maintenance is \$200 a  
11 month, how do you get to that?

12 A. That would be the food, the harnesses, the  
13 continual training, any other equipment the dog  
14 needs.

15 Q. And thankfully for Mr. Moore, and hopefully  
16 for the dog, it will live at least ten years, is that  
17 fair?

18 A. No, they can get a new dog.

19 I didn't put down a new dog would be  
20 necessary because my thought would be they would live  
21 ten years, but these animals can die, and they  
22 usually get a replacement dog, and I didn't factor  
23 that in, I didn't think it was necessary.

24 Again, you're getting into such minute  
25 details, I was trying to get the big picture to

1 everybody at this point.

2 Q. Dr. Fish, you just brought that up. That's  
3 what your report says.

4 So I didn't mean to make it seem like your  
5 report had more detail than it needed, that's just  
6 where I got it from.

7 A. Okay.

8 Q. If we could go to the next page, page 8 has  
9 to do with the diagnostic testing, is that right?

10 A. That's correct.

11 Q. So again, any of this diagnostic testing,  
12 any reason it couldn't be ordered or prescribed by  
13 any of his current treating providers, so far as you  
14 know, if it's medically-indicated?

15 A. I think they could.

16 Q. All right.

17 Thank you, sir.

18 The next page, page 9, these are  
19 medications, correct?

20 A. Yes.

21 Q. And the only thing that Mr. Moore could get  
22 on his own without prescription is a multi-vitamin,  
23 is that right?

24 A. You might be able to get the Colace too.

25 Q. Do you know if he's getting those?

1           A.    I don't.

2           Q.    Did you recommend them?

3           A.    I did.

4           Q.    To him?

5           A.    I may have discussed it with him.

6           Q.    And any of his current health care  
7 providers so far as you know could prescribe the  
8 Cymbalta, Neurontin, if it was medically-indicated,  
9 is that fair?

10          A.    I think so.

11          Q.    All right.

12                The next page under supplies, I'm confused  
13 of about the knee range of motion machine. Is that  
14 what it is?

15          A.    That's correct.

16          Q.    If he's using that post-surgical, correct?

17          A.    Right.

18          Q.    Isn't he going to be using that as part of  
19 any physical therapy he gets after the procedure?

20          A.    No, that is in conjunction.

21          Q.    So that is something you would want him to  
22 be at home with?

23          A.    Right, a rental unit.

24                So when he's not actively participating in  
25 therapy, it's a passive machine, so constantly moving



1 the knee.

2 Q. It's your experience that patients get one  
3 of those prescribed for them after knee replacement  
4 surgery?

5 A. They do at our center.

6 Q. The knee and hip brace we talked about.  
7 The electric wheelchair so far as you told  
8 us in your deposition he had an electric wheelchair,  
9 or was in the process of being fitted for one a few  
10 months ago, is that right?

11 A. I don't know exactly.

12 Q. If that's what the discussion was, do you  
13 have any reason to disagree with it?

14 A. No.

15 Q. And so far as you know -- or I'm sorry, you  
16 don't know one way or another right now what the  
17 status of his prosthetics is, is that correct?

18 A. That's correct.

19 Q. Did you bother to ask his lawyers what the  
20 status of any of this is?

21 A. Bother to ask?

22 Q. Yes.

23 A. No, I don't think it came up.

24 I think it was more about focusing about  
25 the information we had at this point in time.

1 Q. At what point in time?

2 A. When I made the reports and getting ready  
3 for trial.

4 I don't think there was any kind of current  
5 status evaluation. We didn't discuss it, was all the  
6 information was what we had before.

7 Q. But this is a dynamic report you told us,  
8 correct?

9 A. I agree.

10 Q. Could be updated at any time with any new  
11 information, correct?

12 A. I agree.

13 Q. So for you to tell the jury Mr. Moore's  
14 most updated -- the current status and updated  
15 information of what he had and what he needed, do you  
16 see any reason you couldn't ask his lawyer?

17 A. I don't know if that is part of this whole  
18 process.

19 I mean, that's up to you all.

20 I don't know if I have that capability of  
21 doing that.

22 If I did, they would allow me, I would have  
23 said, hey, we want you to see him one more time  
24 before trial, but I didn't know that was part of the  
25 role.

1 Q. You didn't ask, right?

2 A. Well, I don't know if that came up, asked  
3 or not.

4 Q. Did you ask?

5 A. I didn't ask.

6 Q. Did you ask if you could talk to Mr. Moore  
7 about whether in the past six months there's any new  
8 updated information?

9 A. I didn't know I could.

10 Q. Sir, did you ask?

11 A. Well, I didn't know I could, so I didn't  
12 ask.

13 Q. Did you know if you could ask?

14 A. I didn't know.

15 Q. You indicated in your deposition, and I  
16 think you responded to Mr. Hymanson, you think you're  
17 at an advantage over Dr. Jacobson (sic) in his  
18 evaluation -- Jansen, I'm sorry, Dr. Jansen in his  
19 evaluation because you evaluated Mr. Moore, fair?

20 A. I agree.

21 Q. So you knew if you could evaluate Mr. Moore  
22 to be able to formulate diagnoses and a lifecare plan  
23 for him, that you could at least follow-up with him,  
24 does that make sense?

25 A. No, because typically I get one opportunity

1 to see somebody even, when I'm working on the Defense  
2 side, I get one opportunity to see somebody, don't  
3 have multiple options to see them multiple times,  
4 that's not what I've been brought in, and not what I  
5 understood.

6 Q. If you thought you could ask to get updated  
7 information about Mr. Moore, or from Mr. Moore, would  
8 you have?

9 A. I don't know.

10 Q. All right.

11 If we could go to the durable medical  
12 equipment, please.

13 Is there anything -- I'm sorry if I missed  
14 what you told us before.

15 Is there anything other than the walker for  
16 transfers which shouldn't be on here?

17 A. The electronic motorized wheelchair  
18 shouldn't be on there, and it's blank.

19 Q. Sure.

20 Are there any of these things that Mr.  
21 Moore doesn't currently have?

22 A. I don't know.

23 I don't know about current.

24 I only know from when I saw him.

25 Q. Did he have any of these things at the time

1       you saw him?

2                   How about looking at your report?

3       A.    A shower bed or shower recliner.

4       Q.    He had at the time?

5       A.    Correct.

6       Q.    What about the bedside commode?

7       A.    No, he didn't have that.

8       Q.    You told us that the bedside commode -- or  
9       did you tell us it is a safety issue?

10      A.    In the middle of the night, yes.

11      Q.    So did you tell him that, especially when  
12      it came to things that were safety issues, that he  
13      really should get them?

14      A.    I think I had a discussion with him to make  
15      him more safe because he's already fallen three  
16      times, so I was concerned about that.

17      Q.    And you brought up the following three  
18      times:

19                   Are you aware Mr. Moore's son wasn't aware  
20      he had fallen three times?

21      A.    I'm not aware.

22                   MR. P. HYMANSON:  Speculation, Your Honor,  
23      Mr. Moore's son.

24                   THE COURT:  He asked whether he's aware.

25                   That is a fair question.

1 MR. P. HYMANSON: Withdraw.

2 THE COURT: Was or was not was your  
3 question.

4 The way you said it, it wasn't clear.

5 BY MR. WEAVER:

6 Q. Dr. Fish, are you aware that Mr. Moore's  
7 son testified that he didn't know his father had  
8 fallen?

9 THE COURT: Did or did not?

10 BY MR. WEAVER:

11 Q. Did not know his father had fallen three  
12 times?

13 A. I wasn't aware of that.

14 Q. In the deposition you weren't able to give  
15 us any detail of the falls, correct?

16 A. I just knew he fell.

17 Q. Do you have any additional information that  
18 you can tell us about those falls, other than they  
19 happened?

20 A. Not at this time.

21 Q. All right.

22 If we could just go to the home furnishings  
23 and accessories, please.

24 The adjustable bed with air mattress for  
25 3500, you indicated that he needs one every five

1 years because the air goes out of the mattress?

2 A. No, the equipment goes bad, the air that is  
3 contained in there can defray the mattress.

4 Q. So is it your understanding that these  
5 adjustable beds with air mattresses only last five  
6 years?

7 A. Correct.

8 Q. That's your experience?

9 A. Yes.

10 Q. And then home modifications, you talked to  
11 us in your report and here what needs to be done.

12 Was there anything besides why any of the  
13 doors that need to be done, that was widening?

14 A. Ramps, widening of the doors, widening the  
15 hallways, retrofitting the bathroom with more safety  
16 equipment, and then any other -- getting into the  
17 closet, the closet had to be changed as well.

18 Q. So ramp, widening doors, getting into the  
19 closet, anything else?

20 A. Widening the hallways.

21 Q. So are you --

22 A. And the bathrooms retrofitted to make sure  
23 there are grab bars and space enough to take a  
24 wheelchair if you needed to.

25 Q. Anything else?

1           A.     I think we covered it.

2           Q.     Do you have an opinion on out of the  
3     \$80,000 roughly how much a ramp would cost?

4           A.     Ramps depends on how many stairs he has  
5     going into the space, so ramps can cost anywhere  
6     between \$1,000 to 10,000, maybe 15, depends on the  
7     complexity of the ramp.

8           Q.     If Mr. Moore's son testified that there is  
9     a ramp, would we be able to take that out of the  
10    80,000?

11          A.     If there's a ramp, you can take it out.

12          Q.     By the way, did you see his home?

13          A.     I didn't see his home.

14          Q.     Is it fair to say you're relying on your  
15    experience what with need to be done?

16          A.     No, I'm relying on Mr. Moore telling me  
17    what his house is like and what is missing.

18          Q.     So you relied on Mr. Moore, who is a  
19    contractor, to tell you what with needs to be done,  
20    is that fair?

21          A.     There's an advantage, he's a contractor.  
22                   Yes.

23          Q.     Are you relying on what Mr. Moore told you  
24    needs to be done?

25          A.     I'm relying on Mr. Moore for the things he



1 tells me.

2 Q. And then we talked about the lift chair  
3 recliner to help him get out of the wheelchair, is  
4 that right?

5 A. Not necessarily the wheelchair, it's a  
6 different chair.

7 When he's not in a wheelchair, he's in a  
8 recliner, can get up out of the recliner or whatever  
9 he's doing.

10 Q. Something that would help take the stress  
11 off of the shoulders, or any other body parts, right?

12 A. Yes, and his residual limb, and his  
13 contralateral leg.

14 Q. And what is the Hoyer lift again?

15 A. The harness device would get him out of  
16 bed.

17 Q. And that is the part that I missed, why  
18 can't he get out of bed?

19 A. Like I said, some days he may have a lot  
20 more pain, some days he may not be comfortable, some  
21 days will be harder to pull somebody out, or have  
22 someone pull him out of bed, or help him transfer, so  
23 you want to have that lift available for when they  
24 aren't able to get him out.

25 Q. He never told you he has any difficulty

1 getting out of bed, did he?

2 A. He said he had difficulty with all his  
3 activities of daily living.

4 Q. So he specifically told you that he had  
5 difficulties getting out of the bed to the point he  
6 may need a lift to get him out?

7 A. Correct.

8 Q. He told you that?

9 A. I don't know specifically that, but we  
10 talked about bed mobility, transfers, walking,  
11 getting in and out of the bathroom, getting in and  
12 out of his closet, just standing at a sink, since he  
13 only -- didn't have his prosthesis that fit, so a lot  
14 of different factors we discussed of his activities  
15 of daily living, and bed mobility is one of them.

16 Q. Can you point that out for me in your  
17 report where there was any reference in any way,  
18 shape, or form of him having difficulty getting out  
19 of bed to the point where he needs a \$5,000 lift?

20 A. Well, I think I just discussed some of the  
21 difficulties in his pain and functional difficulties,  
22 so that is his -- My assessment of his overall  
23 difficulties with his residual limb and pain.

24 Q. But I'm asking to show me anywhere in your  
25 report where you talked about any difficulty by him

1 getting in and out of bed.

2 A. It's about transfers and functions, so it's  
3 on page 2 in the chief complaint.

4 Q. Okay.

5 Would you -- I don't see transfer function.  
6 Would you read it?

7 A. Functional difficulties, prolonged sitting,  
8 numbness in buttocks.

9 Q. I'm just talking about --

10 A. I'm trying to answer your question.  
11 You cut me off.

12 THE COURT: Clarify the question, please.

13 BY MR. WEAVER:

14 Q. I'm not asking about getting in and out of  
15 chairs, we've gone over that in all the other  
16 categories.

17 What I'm specifically asking you, Dr. Fish,  
18 is:

19 Would you please tell me where in your  
20 report it says Mr. Moore has difficulty getting out  
21 of bed to the point he needs a \$5,000 lift?

22 A. Well, I tried to explain to you, it's the  
23 whole chief complaint and all the symptoms, and so  
24 getting out of bed, and getting out of a chair, and  
25 transferring to the toilet, and getting in the

1 shower, these are all different functional activities  
2 he's having difficulty with, and he described to me  
3 he's having pain, difficulty and needs help, so it's  
4 listed in the chief complaints.

5 Q. Where is it listed in the chief complaints,  
6 where are you talking about difficulty getting out of  
7 the chair?

8 A. That and the functional difficulties and  
9 the pain he has with the residual limb, and his  
10 pressure and pain in his limb while he's sitting, and  
11 numbness in his buttocks, these are all aspects of  
12 his other -- all functions.

13 Q. But nowhere is there a complaint about  
14 difficult getting out of bed, true?

15 A. I don't know specifically out of bed, but  
16 out of any type of chairs, or bed, or toilet.

17 Q. Can we go to the next page?

18 So we talked about why Mr. Moore needs  
19 eight hours of daily care every day, correct?

20 A. I think we covered it, yes.

21 Q. And then housekeeping, is that things that  
22 you understood Mr. Moore was doing at the time he no  
23 longer can?

24 A. Not that he no longer can, just has  
25 difficulty doing them with all his functional

1 deficits, it's hard to do laundry, cleaning of the  
2 house, making meals, doing dishes, all the things you  
3 would think that a housekeeper would do in tidying  
4 up, he's having a lot of problems with those, that's  
5 why I included that in the plan.

6 Q. Fair enough.

7 Those were things he told you he had been  
8 doing that he no longer can, is that right, that's  
9 true?

10 Q. About the residual limb pain, obviously if  
11 that was a significant issue, it would be something  
12 he would be raising over the last three years with of  
13 all people, a pain management specialist, true?

14 A. You would have to ask him.

15 Q. Can you think of any reason Mr. Moore  
16 wouldn't tell his pain management physician if he was  
17 having residual limb pain?

18 A. The frustrations of not having a limb, the  
19 embarrassment of not having a limb, the pain he has  
20 in his other factors, the fact the medication's  
21 helping him, the difficulty in getting physicians  
22 sometimes to listen to you and your complaints, the  
23 fact the visit may be very quick, he fell, feels  
24 frustrated, a lot of different things can go into  
25 that whole factor him not explaining clearly,

1 depression, anxiety, future care, limitations of what  
2 he's able to do at home.

3 Q. You don't have any evidence of any of those  
4 being a reason Mr. Moore hasn't told the pain  
5 management physician that, correct?

6 A. You would have to ask him.

7 Q. And then with regard to the medication you  
8 brought up, are you aware the pain management records  
9 are reflecting that Mr. Moore's having for lack of a  
10 better term 80 percent feeling better or success on  
11 his medications?

12 A. I'd have to see the record.

13 I don't recall.

14 Q. Would you have to see the records because  
15 you don't even know what pain medication or any  
16 medication he's on?

17 A. Yeah.

18 I know what medications he's on.

19 Q. What?

20 A. He's on Xarelto, Lisinopril, Oxycodone,  
21 aspirin --

22 Q. The success of any of his pain medicine  
23 you're unaware of, is that correct?

24 A. I don't understand.

25 Q. How successful his pain management is, is

1 not something that you are aware of, is that fair?

2 A. I don't understand what are you asking me.

3 Q. I'm asking you, do you have any idea what  
4 his pain management physicians are reporting how he's  
5 feeling with pain management?

6 A. Currently I don't know.

7 You would have to ask him.

8 Q. Is that something you knew at the time you  
9 evaluated him?

10 A. I had discussions with him about his  
11 current symptoms and problems, and his difficulties  
12 with his pain and phantom sensation, so I assume he  
13 would describe it to other providers.

14 Q. And, Dr. Fish, wrapping up in a moment, but  
15 you are a member of the American Academy Of Physical  
16 Medicine And Rehabilitation, correct?

17 A. Correct.

18 Q. And do you subscribe to the expert witness  
19 testimony principles of ethics, have you ever heard  
20 of them?

21 A. No.

22 Q. Okay.

23 Have you ever heard that expert witnesses  
24 who are members of the American Academy Of Physical  
25 Medicine And Rehabilitation have certain guidelines

1 they should follow?

2 MR. P. HYMANSON: Your Honor, may we  
3 approach?

4 THE COURT: Yes.

5 (Thereupon, a discussion was had between  
6 Court and counsel at sidebar.)

7 THE COURT: Thank you.

8 For the record, the objection is overruled,  
9 but with the understanding we talked about.

10 MR. WEAVER: Thank you, Your Honor.

11 Thank you, Dr. Fish.

12 THE WITNESS: You are welcome.

13 THE COURT: Mr. McBride, do you have any  
14 questions for this witness?

15 MR. MC BRIDE: Yes, Your Honor, I think  
16 just one.

17 - - - -

18 **CROSS-EXAMINATION OF DR. DAVID FISH**

19 BY MR. MC BRIDE:

20 Q. I want to assume hypothetically if Mr.  
21 Moore had been admitted to the hospital on December  
22 25, 2016 and started on thrombolytic therapy, but  
23 they were unable to clear the clot, and he would have  
24 required an above the knee amputation on 12:26 or  
25 12:27, would all of the items that you have listed,



1 would those still be items Mr. Moore would be  
2 required to have?

3 A. If he had the amputation?

4 Q. Yes.

5 A. Yes.

6 MR. MC BRIDE: That's all I have.

7 Thank you.

8 THE COURT: Mr. Hymanson, any redirect?

9 MR. P. HYMANSON: Briefly, Your Honor.

10 Thank you.

11 - - - -

12 **REDIRECT EXAMINATION OF DR. DAVID FISH**

13 BY MR. P. HYMANSON:

14 Q. Dr. Fish, I'm going to be quick.

15 You have been up for a long time.

16 Let's clarify a few things.

17 Is it unusual for a patient three years  
18 after they have an unexpected amputation to not have  
19 a lifecare plan in place like the one you are  
20 suggesting?

21 A. Unusual?

22 Q. Yes.

23 A. I don't know what you're asking.

24 Q. I'm asking, everything that you are  
25 recommending, if it hasn't been done yet, should it

1 be done?

2 A. Yes.

3 Q. All right.

4 And if it hasn't been recommended by the  
5 current treaters, does that mean that it's not  
6 necessary?

7 A. No.

8 Q. In your opinion do you think for the  
9 well-being and long-term care of Mr. Moore it's  
10 critical?

11 A. Yes.

12 Q. Have you ever recommended a replacement of  
13 a knee, or hip, or ankle, or elbow prior to trying  
14 some type of medication that alleviates the pain and  
15 allows someone to have a longer period with that  
16 joint?

17 A. It depends on the age of the individual.  
18 Typically I'm going to try the conservative  
19 thing and least invasive, and there would be  
20 injections before going to a replacement.

21 Q. And this Dr. Jansen, who -- is he a medical  
22 doctor?

23 A. No, he's not.

24 Q. This gentleman, if I understand, is missing  
25 a leg.

1           Are you aware of that?

2           A.    I have heard he has.

3           Q.    And apparently from what we've seen  
4           probably as high as the hip.

5           A.    I don't know where his amputation is.

6           Q.    Will that change any of your analyses or  
7           your recommendations to the ladies and gentlemen of  
8           the jury?

9           A.    No.

10          Q.    And when you were captain of the United  
11          States Army, and did you work with amputees during  
12          that time?

13          A.    Well, I was active duty, so we didn't have  
14          amputees.

15          Q.    Okay.

16                Did you ever refer to anybody in the  
17          military, any patient, that is a nice looking stump?

18          A.    No.

19          Q.    When you did a fellowship in Baltimore --

20          A.    I did my residency at Johns Hopkins.

21          Q.    Probably the one of the most sought after  
22          residencies in the nation?

23          A.    Yeah.

24          Q.    Did you work with amputees then?

25          A.    I did, with Dr. Dillingham, one of the

1       foremost experts on amputations and prosthetics.

2           Q.     Did you ever hear Dr. Dillingham refer to a  
3       patient as that individual with a stump?

4           A.     He would have be so upset with any of the  
5       residents and any of the doctors that would refer to  
6       any individual that had a stump, and it was a  
7       residual limb.

8           Q.     Is it fair to say, if you would have done  
9       that, you would have been potentially a former  
10      resident?

11          A.     He became the chairman of the department,  
12      so yeah, there's certain things you get taught about  
13      respect for individuals, and those are one of the  
14      things I'll never forget.

15          Q.     All right.

16                 And is there anything in your afternoon  
17      discussion with counsel that changes your analysis of  
18      your left hip pain?

19          A.     No.

20          Q.     And the changes that you did not make in  
21      written form to your lifecare plan, they were less  
22      than 1,000, \$2,000, is that correct?

23          A.     Correct.

24          Q.     And you said, if I worked for the Defense,  
25      you wouldn't change anything in terms of how you did

1 your analysis.

2 In fact, you have worked for the Defense,  
3 haven't you?

4 A. I have.

5 Q. In fact, you worked for Mr. Weaver's firm,  
6 Lewis Brisbois?

7 A. Correct.

8 Q. Mr. McBride's firm as an expert?

9 A. I don't know if I worked with Mr. McBride.

10 Q. But you have worked both sides?

11 A. Yes.

12 Q. And whether you're working on the Defense  
13 side or Plaintiff's side, your testimony under oath  
14 doesn't change, does it?

15 A. No.

16 MR. P. HYMANSON: Dr. Fish, thank you.

17 THE COURT: Mr. Weaver, any recross?

18 MR. WEAVER: Thank you, Your Honor.

19 - - - -

20 **RECROSS-EXAMINATION OF DR. DAVID FISH**

21 BY MR. WEAVER:

22 Q. So, Dr. Fish, you have doubled down on how  
23 insulting it is on to refer to residual limb as a  
24 stump, right to the point where Mr. Hymanson's asking  
25 you if you used that term during your residency, you

1 might have got kicked out, that's how bad you think  
2 it is?

3 A. I know Dr. Dillingham, and he was like most  
4 of my mentors in medical school, especially at Johns  
5 Hopkins, sticklers about us being respectful to any  
6 individual with any kind of medical needs, and his  
7 interest mainly was in amputees, and I never used the  
8 word because it was drilled into us on the first day  
9 when we got to the rotations, you never would use  
10 that word out of respect for an individual.

11 Q. We're not just talking about differences of  
12 opinions and the language.

13 It's your testimony to this jury, that it's  
14 so insulting, so outside the norm of a term, that  
15 anybody who uses it like Dr. Jansen doesn't have  
16 insight with amputees, correct?

17 A. I think you're blowing it out of  
18 proportion, one, and being argumentative with me too,  
19 but what I'm saying is, that if someone is going to  
20 say they know much about amputees, and they are an  
21 amputee themselves, I would expect them to have at  
22 least a little bit of knowledge about how to respect  
23 other individual that have residual limbs.

24 If you want to make a big deal about this  
25 one term, that is fine, but you just asked me that

1 based on a lot of different factors with Mr. Jansen,  
2 and one of the things I noticed was the way he  
3 utilized the term.

4 So I don't know why it's such a big deal  
5 today, you're the one brought it up.

6 Q. The reason why I think it's a big deal  
7 today is because you made it a big deal in your your  
8 deposition because he used the term.

9 A. No, I didn't.

10 Q. Unless you're going to sustain another one,  
11 make your own objection --

12 MR. P. HYMANSON: I'll object.

13 Argumentative.

14 MR. WEAVER: I'll move on.

15 THE COURT: It is.

16 Go ahead.

17 BY MR. WEAVER:

18 Q. So you brought up my firm.

19 I want to be clear about this one more  
20 time.

21 You never would have told anybody working  
22 from the Defense that any number that you put on a  
23 lifecare plan here today in Las Vegas, comparing  
24 apples to apples, is anymore expensive than on any  
25 lifecare plan for any Defendant, right?

1           A.     So when I'm asked by the Defense to look at  
2     a lifecare plan, the Defense group always wants to  
3     know what you're on the hook for, and I'm going to  
4     give you the same numbers I gave on the Plaintiff as  
5     I did on Defense.

6           Q.     And you would never have told any lawyer on  
7     the Defense any of those numbers would be any  
8     different, right?

9           A.     The numbers are the numbers because that's  
10    the value of the community in terms of an average,  
11    and the Defense usually asks me, what are we on the  
12    hook for if this person gets all the care, and I tell  
13    them this is what they are on the hook for.

14          Q.     I want to be clear about this.  
15                  You would never have told say within the  
16    last year or two any Defense lawyer a number in any  
17    category that is different than any of those,  
18    specifically a lower number, right?

19          A.     I don't believe I did.

20                  MR. WEAVER:   Thank you.

21                  Thank you, Your Honor.

22                  THE COURT:    Mr. Hymanson.

23                  MR. P. HYMANSON:   Thank you, Your Honor.

24

25



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

- - - -

REDIRECT EXAMINATION OF DR. DAVID

BY MR. P. HYMANSON:

Q. So, Dr. Fish, you see where this is going, someone is going to come in, have literature in regards to a stump, someone will come in say, I can talk about a stump to a person missing a leg.

Does -- If that is to happen, does that change your opinion in the manner in which you and those that you have worked with over the decades would refer to a patient missing a limb?

A. No, it wouldn't me at all.

MR. P. HYMANSON: Thank you, sir.

THE COURT: Let's see if any of the jurors have questions for this witness.

It looks like we have a few jurors questions.

Go ahead and complete them, and make sure you include your juror name and juror number.

Once you complete them, the marshal will bring them to me.

Will counsel approach please to review the questions?

(Thereupon, a discussion was had between Court and counsel at sidebar.)

1 THE COURT: All right.

2 Dr. Fish, we do have some questions from  
3 the jurors. They appear to all be sort of stand  
4 alone questions, so I'm going to ask them one at a  
5 time.

6 You will respond to the best of your  
7 ability to the jurors, and of course when we are  
8 completed with all the questions, counsel will have  
9 an opportunity to follow-up.

10 The first question:

11 Was his smoking habit a factor in assessing  
12 Mr. Moore's life expectancy for purposes of the life  
13 plan?

14 THE WITNESS: Yes.

15 As you recall when I talked about the  
16 e3xpectation of life, I prefaced it by six years, and  
17 smoking would be a factor.

18 THE COURT: Do you know the approximate  
19 date of the three times that Mr. Moore fell since his  
20 amputation?

21 THE WITNESS: I don't.

22 THE COURT: Is the prosthetic cost on the  
23 chart the cost of new prosthetics, or the cost of  
24 parts slash supplies to fix slash modify Mr. Moore's  
25 existing prosthetic?

1 THE WITNESS: New.

2 We can always go into little details, but

3 little brings break here, and there it's again to be

4 detailed, and trying to give you a bigger picture,

5 these are for new pieces, or a whole unit.

6 THE COURT: Okay.

7 Dr. Fish, how much of the lifecare plan is

8 directed towards the above the knee amputation and

9 potential future needs, and how much is directed

10 towards Mr. Moore's co-morbidity?

11 THE WITNESS: Most of it's going to be

12 directed at the above knee amputation.

13 The co-morbidity is a factor has to be

14 dealt with within the plan.

15 THE COURT: Mr. Hymanson, any follow-up

16 questions with regard to the jurors?

17 MR. P. HYMANSON: None.

18 Compliments to the jurors.

19 No questions, Your Honor.

20 THE COURT: How about Mr. Weaver?

21 MR. WEAVER: Just one moment, Your Honor.

22 THE COURT: Yes.

23 MR. MC BRIDE: Nothing from me, Your Honor.

24 THE COURT: All right.

25 MR. WEAVER: I'm just looking to see what

1 the co-morbidities were.

2 It's such a good question.

3 Thank you, Your Honor.

4 No questions.

5 THE COURT: All right. Thank you.

6 Dr. Fish, your testimony is completed.

7 You are excused.

8 THE WITNESS: Thank you.

9 THE COURT: Ladies and gentlemen of the  
10 jury, we are going to take our evening recess at this  
11 time, and we'll ask you to return tomorrow at 1:30  
12 and resume with testimony at that time.

13 (Jury admonished by the Court.)

14 THE COURT: Thank you.

15 Have a good night.

16 See you tomorrow.

17 (Jury excused from the courtroom.)

18

19

20

21

22

23

24

25

1           (Thereupon, the following proceedings were  
2 had out of the presence of the jury.):

3           THE COURT: Just a couple of quick  
4 housekeeping matters, then I want to have a quick  
5 scheduling decision.

6           Because this most recent thing we  
7 discussed, I wanted to note Court's Exhibit 7 and 8,  
8 those are marked respectively, the recent juror  
9 questions we asked of Dr. Fish.

10          Juror Number 1 had three questions we  
11 asked, and Juror Number 5 had one question.

12          I want to know the questions I did not ask  
13 on jurors number 1's list is Court's Exhibit 7, was  
14 because Juror Number 1 X'd it out, so that is the  
15 juror's mark, not the Court's.

16          We also had a bench conference with Dr.  
17 Fish's examination, this was an objection posed by Mr.  
18 Hymanson during Mr. Weaver's questioning when he was  
19 asking about errors in the report, and whether or not  
20 they had been corrected.

21          The report itself had been re-corrected, or  
22 reprinted, or reissued, however you want to phrase  
23 it, where Mr. Hymanson asked to approach.

24          We had some conversation about what we were  
25 discussing, and I think when we returned, Mr. Weaver

1 sort of clarified what he was asking, and finished  
2 that line of questioning there.

3 I honestly don't remember at this moment  
4 whether I sustained or overruled, but at the end of  
5 the day I think we were able to proceed properly with  
6 question.

7 Mr. Hymanson, any further record on that  
8 bench conference regarding the objection to the  
9 question regarding Dr. Fish, or regarding others in  
10 his report?

11 MR. P. HYMANSON: No, Your Honor.

12 THE COURT: Mr. Weaver.

13 MR. WEAVER: No, Your Honor.

14 THE COURT: The scheduling question then,  
15 do we have a better estimate now how far behind we  
16 are?

17 I know we thought today we would get done  
18 with him, and we were going to take a Defendant's  
19 witness out of order, and I'm guess you figured out  
20 that wasn't going to happen, but what are we looking  
21 at for tomorrow, and how far do we think we are  
22 behind right now?

23 I didn't finish explaining yesterday, I do  
24 not technically have a trial next week. I did have  
25 to send a three to four day criminal trial to

1 overflow. Obviously if you were only going to take  
2 Monday, we can take that trial back, and we are  
3 obligated to take them back if I don't know for sure  
4 about that until Thursday afternoon, before we appear  
5 at the overflow.

6 I'm assuming we're going past Monday of  
7 next week.

8 Any estimates from the Plaintiff how far  
9 behind we are?

10 MR. P. HYMANSON: Do you want to do that  
11 trial?

12 THE COURT: Don't ask me right now.

13 Mr. Arntz, what are we estimating we're at  
14 right now, so we can go to Dr. Lasry and the Moore's,  
15 what else do we have?

16 MR. ARNTZ: Are you calling Wilson?

17 MR. MC BRIDE: Yeah.

18 THE COURT: So --

19 MR. MC BRIDE: Wilson and Dr. Jansen.

20 THE COURT: Out of order then?

21 MR. MC BRIDE: Yes.

22 THE COURT: And then finish.

23 Anybody else besides that?

24 MR. WEAVER: For sure?

25 No.

1 THE COURT: That's them tomorrow, and I  
2 know we talked about taking the Moores on Thursday.

3 We are still trying to figure out a  
4 location. It's one of the things I haven't finished,  
5 but we will figure that out tomorrow to do that, but  
6 it will depend Mr. Moore in the morning or afternoon,  
7 so --

8 MR. ARNTZ: On Thursday?

9 I thought Thursday was a half day.

10 THE COURT: Yeah, that's right.

11 So sorry.

12 The afternoon on Thursday.

13 So then if we end up over into Friday,  
14 would it make a difference?

15 Where are we at?

16 MR. ARNTZ: Maybe a day behind.

17 THE COURT: Okay.

18 MR. MC BRIDE: As it stands right now, Your  
19 Honor, I would agree with that.

20 I would think we can try to push through.

21 The difficulty will be putting our clients  
22 on and getting them off and on.

23 I think at the most I would say we could do  
24 closings by Tuesday, Tuesday afternoon.

25 THE COURT: That is okay.



1 I'll leave the trial in overflow, but  
2 counsel didn't have huge heartburn over that.

3 I don't have any connection to it, other  
4 than it's assigned to me as the criminal docket.

5 When do we think we'll call Mr. Moore, to  
6 have a better idea?

7 MR. ARNTZ: I'm still looking at Thursday.

8 THE COURT: Okay.

9 I understand we can't be certain.

10 MR. ARNTZ: I can be flexible.

11 He may not be able to be flexible.

12 THE COURT: There may not be a dig  
13 difference on Thursday afternoon as Friday.

14 I don't want to ask now for Thursday and  
15 tomorrow go, never mind, make it for Friday.

16 I know upi can be flexible.

17 So are we better served saying Friday  
18 morning, or pretty sure Thursday afternoon, and need  
19 it for Thursday afternoon?

20 I'm trying to get some certainty as much as  
21 possible when you will call him, so I can get that  
22 arranged.

23 MR. MC BRIDE: We have some of our experts  
24 flying in for Friday, so our preference would be if  
25 they can be off and on on Friday, and we do the

1 Plaintiff's on Thursday, plan for that.

2 I think that was kind of our thinking.

3 THE COURT: If that works, that's fine,  
4 we'll secure something for Thursday afternoon.

5 MR. MC BRIDE: Great.

6 MR. ARNTZ: Okay.

7 THE COURT: Anything else?

8 MR. MC BRIDE: I don't think so, Your  
9 Honor.

10 MR. ARNTZ: Thank you.

11 THE COURT: Have a good night.

12 (Proceedings concluded.)  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

REPORTER'S CERTIFICATE

I, Bill Nelson, a Certified Court Reporter  
in and for the State of Nevada, hereby certify that  
pursuant to NRS 2398.030 I have not included the  
Social Security number of any person within this  
document.

I further Certify that I am not a relative  
or employee of any party involved in said action, not  
a person financially interested in said action.

          /s/ Bill Nelson          

Bill Nelson, RMR, CCR 191

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

) SS .

I, Bill Nelson, RMR, CCR 191, do hereby  
certify that I reported the foregoing proceedings;  
that the same is true and correct as reflected by my  
original machine shorthand notes taken at said time  
and place.

/s/ Bill Nelson

Bill Nelson, RMR, CCR 191  
Certified Court Reporter  
Las Vegas, Nevada

#	1	5	acids <sup>[1]</sup> - 122:2 acknowledge <sup>[2]</sup> - 11:23, 12:1 acquired <sup>[1]</sup> - 52:2 action <sup>[2]</sup> - 163:11, 163:12 active <sup>[1]</sup> - 147:13 actively <sup>[1]</sup> - 128:24 activities <sup>[5]</sup> - 13:15, 63:4, 138:3, 138:14, 140:1 actual <sup>[5]</sup> - 13:8, 53:7, 66:20, 70:20, 102:2 ADA <sup>[1]</sup> - 34:6 add <sup>[5]</sup> - 19:21, 29:18, 45:4, 45:7, 79:1 adding <sup>[2]</sup> - 19:4, 79:7 addition <sup>[1]</sup> - 45:15 additional <sup>[7]</sup> - 5:24, 6:24, 50:4, 50:23, 64:6, 64:14, 134:17 additions <sup>[1]</sup> - 71:12 address <sup>[5]</sup> - 5:13, 8:10, 9:15, 42:17, 46:10 addressed <sup>[3]</sup> - 4:23, 11:6, 114:10 addresses <sup>[1]</sup> - 5:21 addressing <sup>[1]</sup> - 6:10 adequate <sup>[1]</sup> - 101:21 adjustable <sup>[5]</sup> - 32:6, 32:10, 32:18, 134:24, 135:5 admitted <sup>[3]</sup> - 9:8, 55:6, 144:21 admonished <sup>[2]</sup> - 42:23, 156:13 advantage <sup>[4]</sup> - 19:8, 109:13, 131:17, 136:21 advise <sup>[1]</sup> - 33:14 advised <sup>[1]</sup> - 98:23 afford <sup>[14]</sup> - 45:17, 45:23, 47:22, 48:5, 48:20, 50:3, 50:9, 52:1, 53:20, 54:5, 54:17, 56:18, 57:1, 59:16 afternoon <sup>[10]</sup> - 61:22, 148:16, 159:4, 160:6, 160:12, 160:24, 161:13, 161:18, 161:19, 162:4 age <sup>[2]</sup> - 16:6, 146:17 ago <sup>[14]</sup> - 60:11, 61:25, 64:5, 64:15, 68:18, 69:11, 72:15, 86:21, 90:11, 101:3, 101:10, 102:19, 117:11, 129:10 agree <sup>[17]</sup> - 49:15, 50:7, 54:4, 54:8, 57:7, 67:3, 72:22, 76:9, 91:13, 94:24, 94:25, 121:12, 122:18, 130:9, 130:12, 131:20, 160:19 agreed <sup>[1]</sup> - 67:5 ahead <sup>[7]</sup> - 4:7, 10:10, 53:18, 69:2, 86:11, 151:16, 153:18
#191 <sup>[1]</sup> - 1:24	1 <sup>[2]</sup> - 157:10, 157:14 1's <sup>[1]</sup> - 157:13 1,000 <sup>[1]</sup> - 148:22 10 <sup>[1]</sup> - 120:16 10,000 <sup>[1]</sup> - 136:6 10,565 <sup>[1]</sup> - 31:24 100 <sup>[1]</sup> - 9:7 112 <sup>[1]</sup> - 55:6 12 <sup>[1]</sup> - 3:6 12:26 <sup>[1]</sup> - 144:24 12:27 <sup>[1]</sup> - 144:25 133 <sup>[1]</sup> - 55:2 144-M <sup>[1]</sup> - 3:6 145 <sup>[1]</sup> - 3:6 149-W <sup>[1]</sup> - 3:6 15 <sup>[9]</sup> - 67:21, 69:22, 69:24, 69:25, 70:2, 70:16, 79:22, 80:1, 136:6 153 <sup>[1]</sup> - 3:7 18 <sup>[1]</sup> - 40:5 191 <sup>[3]</sup> - 163:16, 164:10, 164:19 19th <sup>[2]</sup> - 5:7, 89:17 1:30 <sup>[2]</sup> - 1:18, 156:11	5 <sup>[2]</sup> - 113:17, 157:11 5,000 <sup>[1]</sup> - 126:1	
\$		6	
\$1,000 <sup>[1]</sup> - 136:6 \$1,058.50 <sup>[1]</sup> - 31:23 \$10,000 <sup>[1]</sup> - 37:21 \$100,000 <sup>[1]</sup> - 25:8 \$112,000 <sup>[2]</sup> - 37:25, 38:25 \$12,250 <sup>[1]</sup> - 18:3 \$121,000 <sup>[1]</sup> - 113:24 \$15,944 <sup>[1]</sup> - 29:20 \$159,440 <sup>[1]</sup> - 29:21 \$18 <sup>[3]</sup> - 40:1, 40:3, 40:8 \$18,800.97 <sup>[1]</sup> - 27:3 \$1800 <sup>[2]</sup> - 16:6, 16:16 \$2,000 <sup>[2]</sup> - 36:23, 148:22 \$2,021,766 <sup>[1]</sup> - 41:19 \$20,000 <sup>[1]</sup> - 113:13 \$200 <sup>[1]</sup> - 126:10 \$200,000 <sup>[1]</sup> - 41:22 \$213,000 <sup>[1]</sup> - 39:1 \$245,000 <sup>[4]</sup> - 118:16, 119:20, 120:6, 120:19 \$270,000 <sup>[1]</sup> - 114:19 \$3,000 <sup>[1]</sup> - 68:18 \$30,000 <sup>[2]</sup> - 125:13, 125:17 \$32,352.44 <sup>[1]</sup> - 24:18 \$3500 <sup>[1]</sup> - 33:5 \$37,795 <sup>[1]</sup> - 27:5 \$4,106 <sup>[1]</sup> - 41:12 \$4,950 <sup>[1]</sup> - 15:22 \$41,479 <sup>[1]</sup> - 21:21 \$41,600 <sup>[1]</sup> - 41:13 \$44,660 <sup>[1]</sup> - 27:19 \$450 <sup>[1]</sup> - 23:8 \$5,000 <sup>[3]</sup> - 37:20, 138:19, 139:21 \$52,560 <sup>[1]</sup> - 40:13 \$525,600 <sup>[1]</sup> - 40:19 \$567,200 <sup>[1]</sup> - 41:16 \$64,740 <sup>[1]</sup> - 24:20 \$7,000 <sup>[1]</sup> - 33:6 \$80 <sup>[1]</sup> - 40:23 \$80,000 <sup>[3]</sup> - 33:13, 34:12, 136:3 \$9,220 <sup>[1]</sup> - 24:13 \$900 <sup>[1]</sup> - 68:12 \$9200 <sup>[1]</sup> - 25:13 \$98.67 <sup>[1]</sup> - 28:4 \$986 <sup>[1]</sup> - 28:5	2  2 <sup>[5]</sup> - 52:22, 53:6, 56:20, 56:24, 139:3 20 <sup>[1]</sup> - 120:16 2016 <sup>[1]</sup> - 144:22 2017 <sup>[1]</sup> - 55:2 2019 <sup>[3]</sup> - 5:2, 5:7, 89:17 2020 <sup>[2]</sup> - 1:18, 4:1 2398.030 <sup>[1]</sup> - 163:7 24 <sup>[2]</sup> - 39:23, 39:24 24-hour <sup>[1]</sup> - 39:15 24th <sup>[1]</sup> - 5:2 25 <sup>[3]</sup> - 1:11, 40:6, 144:22 29th <sup>[1]</sup> - 97:6	6 <sup>[1]</sup> - 31:25 61-W <sup>[1]</sup> - 3:6	
		7	
		7 <sup>[3]</sup> - 123:22, 157:7, 157:13 72 <sup>[1]</sup> - 16:6 78 <sup>[1]</sup> - 16:6	
		8	
		8 <sup>[2]</sup> - 127:8, 157:7 80 <sup>[1]</sup> - 142:10 80,000 <sup>[2]</sup> - 33:18, 136:10	
		9	
		9 <sup>[1]</sup> - 127:18 900 <sup>[1]</sup> - 31:25 930 <sup>[1]</sup> - 55:2	
	3	A	
		A-17-766426-C <sup>[1]</sup> - 1:11 ability <sup>[3]</sup> - 24:8, 36:11, 154:7 ablation <sup>[2]</sup> - 113:25, 114:1 able <sup>[26]</sup> - 7:12, 11:8, 37:9, 37:13, 37:15, 38:13, 38:19, 38:20, 39:22, 43:23, 44:16, 46:10, 46:18, 46:19, 47:25, 48:5, 57:22, 83:20, 127:24, 131:22, 134:14, 136:9, 137:24, 142:2, 158:5, 161:11 absent <sup>[1]</sup> - 55:3 abuse <sup>[1]</sup> - 44:12 Academy <sup>[2]</sup> - 143:15, 143:24 accepted <sup>[2]</sup> - 118:18, 121:2 access <sup>[2]</sup> - 37:15, 38:19 accessories <sup>[3]</sup> - 37:23, 39:1, 134:23 accessory <sup>[2]</sup> - 32:2, 32:4 accurate <sup>[3]</sup> - 22:5, 52:18, 70:25 accurately <sup>[1]</sup> - 89:16 acetabulum <sup>[1]</sup> - 63:14 acid <sup>[1]</sup> - 122:7	
	4		
	4 <sup>[4]</sup> - 1:18, 4:1, 53:14, 112:6 42.021 <sup>[1]</sup> - 55:3		
/			
/s <sup>[2]</sup> - 163:15, 164:18			

<p><b>aid</b> [5] - 39:25, 41:7, 75:9, 81:2, 84:10</p> <p><b>air</b> [9] - 25:7, 32:7, 32:10, 32:17, 33:9, 134:24, 135:1, 135:2, 135:5</p> <p><b>airplane</b> [2] - 13:7, 125:15</p> <p><b>aisle</b> [1] - 51:8</p> <p><b>AL</b> [2] - 1:9, 1:12</p> <p><b>Alissa</b> [1] - 2:7</p> <p><b>alleviate</b> [1] - 17:21</p> <p><b>alleviates</b> [1] - 146:14</p> <p><b>allow</b> [9] - 38:18, 43:21, 46:18, 51:2, 51:4, 57:23, 60:2, 83:6, 130:22</p> <p><b>allowed</b> [4] - 44:5, 46:23, 56:13, 56:15</p> <p><b>allows</b> [3] - 37:7, 37:8, 146:15</p> <p><b>almost</b> [3] - 113:13, 115:6, 119:2</p> <p><b>alone</b> [2] - 122:19, 154:4</p> <p><b>American</b> [2] - 143:15, 143:24</p> <p><b>amount</b> [4] - 46:6, 68:10, 101:25, 102:1</p> <p><b>amounts</b> [3] - 68:8, 70:21, 70:22</p> <p><b>ample</b> [1] - 52:1</p> <p><b>amputation</b> [20] - 29:24, 30:3, 32:13, 48:17, 62:20, 63:7, 64:25, 73:17, 75:19, 87:20, 95:13, 120:24, 144:24, 145:3, 145:18, 147:5, 154:20, 155:8, 155:12</p> <p><b>amputations</b> [7] - 13:13, 62:22, 76:8, 94:15, 121:9, 125:9, 148:1</p> <p><b>amputee</b> [6] - 20:24, 29:5, 74:24, 75:19, 109:9, 150:21</p> <p><b>amputees</b> [14] - 15:6, 72:10, 72:11, 73:22, 74:25, 75:25, 76:8, 105:11, 147:11, 147:14, 147:24, 150:7, 150:16, 150:20</p> <p><b>analyses</b> [1] - 147:6</p> <p><b>analysis</b> [4] - 21:18, 29:22, 148:17, 149:1</p> <p><b>anatomic</b> [1] - 14:8</p> <p><b>anatomy</b> [1] - 14:13</p> <p><b>anesthesiologist</b> [1] - 114:14</p> <p><b>animal</b> [5] - 13:4, 13:5, 13:6, 13:9</p> <p><b>animals</b> [2] - 125:19, 126:21</p> <p><b>ankle</b> [5] - 15:13, 15:14, 15:17, 15:19, 146:13</p> <p><b>ankle-type</b> [1] - 15:19</p> <p><b>annual</b> [3] - 29:20, 31:23,</p>	<p>40:13</p> <p><b>answer</b> [6] - 48:7, 64:10, 83:6, 91:20, 116:21, 139:10</p> <p><b>answered</b> [3] - 82:22, 83:5, 83:24</p> <p><b>answers</b> [2] - 92:25, 112:21</p> <p><b>ante</b> [1] - 43:5</p> <p><b>ante-rooms</b> [1] - 43:5</p> <p><b>antibiotics</b> [1] - 20:16</p> <p><b>antidepressant</b> [1] - 19:6</p> <p><b>anxiety</b> [1] - 142:1</p> <p><b>anyway</b> [1] - 120:9</p> <p><b>apologize</b> [1] - 24:16</p> <p><b>appear</b> [3] - 42:1, 154:3, 159:4</p> <p><b>APPEARANCES</b> [1] - 2:2</p> <p><b>Appellate</b> [2] - 59:22, 60:10</p> <p><b>appellate</b> [1] - 55:19</p> <p><b>apples</b> [4] - 58:9, 151:24</p> <p><b>applicable</b> [4] - 44:11, 44:13, 44:14, 46:16</p> <p><b>application</b> [3] - 55:3, 59:10, 60:16</p> <p><b>applied</b> [1] - 55:24</p> <p><b>applies</b> [2] - 57:25, 59:12</p> <p><b>appreciate</b> [3] - 12:16, 43:6, 59:24</p> <p><b>approach</b> [6] - 12:8, 68:22, 88:20, 144:3, 153:22, 157:23</p> <p><b>approaches</b> [1] - 122:22</p> <p><b>appropriate</b> [5] - 7:12, 17:7, 60:8, 86:12, 111:1</p> <p><b>appropriately</b> [3] - 16:4, 70:11, 86:1</p> <p><b>approximate</b> [1] - 154:18</p> <p><b>area</b> [6] - 14:25, 17:2, 17:3, 44:10, 55:12, 106:15</p> <p><b>areas</b> [2] - 19:23, 20:1</p> <p><b>argue</b> [1] - 121:20</p> <p><b>arguing</b> [1] - 56:2</p> <p><b>argument</b> [15] - 7:19, 7:22, 7:24, 43:24, 45:4, 51:8, 51:21, 51:23, 52:9, 52:12, 53:16, 54:23, 56:14, 59:14, 59:24</p> <p><b>argumentative</b> [2] - 150:18, 151:13</p> <p><b>arguments</b> [3] - 8:5, 50:22, 50:23</p> <p><b>Army</b> [1] - 147:11</p> <p><b>Arntz</b> [7] - 2:3, 10:4, 47:15, 52:15, 52:19, 74:15, 159:13</p> <p><b>ARNTZ</b> [11] - 42:5, 53:7, 53:19, 54:11, 159:16, 160:8, 160:16, 161:7, 161:10, 162:6, 162:10</p> <p><b>Arntz's</b> [1] - 45:16</p>	<p><b>arrange</b> [1] - 11:8</p> <p><b>arranged</b> [1] - 161:22</p> <p><b>arthrosclerosis</b> [1] - 117:14</p> <p><b>arthrosclerotic</b> [1] - 121:21</p> <p><b>articulated</b> [2] - 83:21, 102:19</p> <p><b>aspect</b> [1] - 107:13</p> <p><b>aspects</b> [2] - 55:10, 140:11</p> <p><b>aspirin</b> [1] - 142:21</p> <p><b>assessing</b> [1] - 154:11</p> <p><b>assessment</b> [1] - 138:22</p> <p><b>assigned</b> [1] - 161:4</p> <p><b>assist</b> [1] - 113:14</p> <p><b>assistance</b> [1] - 39:16</p> <p><b>assistant</b> [1] - 96:24</p> <p><b>assisting</b> [1] - 39:8</p> <p><b>assistive</b> [2] - 39:4, 41:15</p> <p><b>assists</b> [1] - 36:20</p> <p><b>assume</b> [4] - 80:14, 96:3, 143:12, 144:20</p> <p><b>assumed</b> [1] - 95:23</p> <p><b>assuming</b> [5] - 17:10, 88:13, 95:6, 103:15, 159:6</p> <p><b>athletes</b> [2] - 119:9, 119:11</p> <p><b>attack</b> [1] - 19:22</p> <p><b>attendant</b> [1] - 100:18</p> <p><b>attending</b> [1] - 39:8</p> <p><b>attention</b> [1] - 6:3</p> <p><b>authored</b> [1] - 76:7</p> <p><b>available</b> [2] - 37:10, 137:23</p> <p><b>average</b> [4] - 24:24, 25:2, 79:13, 152:10</p> <p><b>avoid</b> [1] - 14:2</p> <p><b>award</b> [1] - 47:13</p> <p><b>aware</b> [18] - 14:2, 18:15, 86:6, 118:18, 122:4, 122:15, 123:13, 123:15, 123:18, 133:19, 133:21, 133:24, 134:6, 134:13, 142:8, 143:1, 147:1</p>	<p>110:2, 120:24, 151:1</p> <p><b>baseline</b> [1] - 14:4</p> <p><b>bases</b> [1] - 62:12</p> <p><b>basic</b> [6] - 49:23, 50:2, 50:11, 50:12, 57:3, 121:15</p> <p><b>basing</b> [3] - 93:24, 94:3, 94:4</p> <p><b>basis</b> [7] - 17:12, 21:2, 59:13, 59:22, 62:6, 113:9, 113:12</p> <p><b>bathroom</b> [15] - 20:25, 21:8, 21:10, 21:13, 29:7, 31:5, 31:9, 33:24, 80:13, 80:17, 80:22, 82:1, 117:5, 135:15, 138:11</p> <p><b>bathrooms</b> [2] - 34:5, 135:22</p> <p><b>battery</b> [2] - 16:23, 17:1</p> <p><b>battery's</b> [1] - 17:6</p> <p><b>became</b> [1] - 148:11</p> <p><b>become</b> [2] - 39:21, 112:10</p> <p><b>becomes</b> [1] - 56:10</p> <p><b>bed</b> [33] - 21:8, 23:3, 29:7, 29:9, 32:7, 32:14, 32:18, 32:20, 32:23, 33:7, 37:6, 37:9, 80:6, 80:12, 82:1, 82:2, 82:7, 133:3, 134:24, 137:16, 137:18, 137:22, 138:1, 138:5, 138:10, 138:15, 138:19, 139:1, 139:21, 139:24, 140:14, 140:15, 140:16</p> <p><b>beds</b> [1] - 135:5</p> <p><b>bedside</b> [4] - 30:18, 31:14, 133:6, 133:8</p> <p><b>begin</b> [2] - 12:6, 46:25</p> <p><b>beginning</b> [1] - 56:19</p> <p><b>behalf</b> [4] - 7:24, 50:18, 55:8, 75:5</p> <p><b>behind</b> [4] - 158:15, 158:22, 159:9, 160:16</p> <p><b>belief</b> [1] - 7:11</p> <p><b>below</b> [2] - 62:20, 113:24</p> <p><b>bench</b> [6] - 31:6, 31:15, 100:6, 105:13, 157:16, 158:8</p> <p><b>bends</b> [1] - 22:19</p> <p><b>benefit</b> [2] - 18:21, 110:13</p> <p><b>benefits</b> [1] - 44:17</p> <p><b>bent</b> [2] - 35:11, 36:5</p> <p><b>best</b> [12] - 14:1, 14:6, 14:8, 14:12, 19:3, 20:1, 29:14, 60:12, 85:19, 125:18, 154:6</p> <p><b>Bestick</b> [1] - 2:7</p> <p><b>bet</b> [2] - 49:7, 49:10</p> <p><b>better</b> [12] - 22:20, 24:6, 26:25, 39:22, 52:12, 103:5, 142:10, 158:15, 161:6, 161:17</p> <p><b>between</b> [8] - 10:1, 28:8, 43:11, 68:24, 105:15,</p>
<b>B</b>			
<p><b>bad</b> [3] - 37:10, 135:2, 150:1</p> <p><b>bag</b> [1] - 43:16</p> <p><b>balance</b> [1] - 115:2</p> <p><b>Baltimore</b> [1] - 147:19</p> <p><b>bars</b> [3] - 100:6, 100:19, 135:23</p> <p><b>Bartmus</b> [5] - 7:6, 47:10, 47:14, 57:15, 58:7</p> <p><b>Bartmus'</b> [1] - 6:20</p> <p><b>base</b> [2] - 107:13, 113:1</p> <p><b>based</b> [24] - 7:11, 10:4, 15:5, 18:3, 34:11, 41:24, 43:25, 54:11, 58:12, 74:24, 79:4, 79:12, 81:15, 83:19, 83:25, 85:12, 91:15, 105:10, 108:11, 108:13, 109:21,</p>			

<p>136:6, 144:5, 153:24  <b>beyond</b> [1] - 110:9  <b>big</b> [8] - 49:12, 49:21, 67:18, 126:25, 150:24, 151:4, 151:6, 151:7  <b>bigger</b> [2] - 49:17, 155:4  <b>Bill</b> [6] - 163:5, 163:15, 163:16, 164:10, 164:18, 164:19  <b>BILL</b> [1] - 1:24  <b>billing</b> [3] - 4:16, 5:24, 8:16  <b>bills</b> [4] - 4:16, 5:1, 5:12, 106:3  <b>binders</b> [1] - 88:13  <b>bit</b> [8] - 44:7, 44:19, 81:11, 100:3, 103:4, 116:16, 122:6, 150:22  <b>blank</b> [1] - 132:18  <b>bleeding</b> [1] - 16:1  <b>block</b> [2] - 70:1, 113:20  <b>blood</b> [6] - 15:21, 15:24, 16:1, 118:24, 119:3, 119:4  <b>blow</b> [1] - 25:7  <b>blowing</b> [1] - 150:17  <b>board</b> [5] - 12:8, 14:21, 14:22, 16:20, 62:15  <b>body</b> [4] - 27:23, 28:9, 93:6, 137:11  <b>bother</b> [3] - 92:6, 129:19, 129:21  <b>bottom</b> [2] - 96:14, 126:4  <b>bowel</b> [1] - 20:4  <b>brace</b> [3] - 23:8, 23:14, 129:6  <b>brain</b> [2] - 16:22, 19:11  <b>break</b> [5] - 10:8, 43:8, 43:11, 116:18, 155:3  <b>breakdown</b> [4] - 32:11, 32:18, 32:22, 33:11  <b>breakdowns</b> [1] - 33:3  <b>Breen</b> [1] - 2:3  <b>BRIDE</b> [19] - 4:10, 6:6, 7:2, 7:14, 50:21, 50:25, 53:1, 53:9, 144:15, 144:19, 145:6, 155:23, 159:17, 159:19, 159:21, 160:18, 161:23, 162:5, 162:8  <b>brief</b> [2] - 42:16, 42:21  <b>briefly</b> [5] - 21:25, 54:24, 62:18, 63:5, 145:9  <b>bring</b> [9] - 6:3, 35:15, 42:24, 61:4, 90:14, 90:18, 92:5, 92:23, 153:21  <b>bringing</b> [2] - 47:17, 88:15  <b>brings</b> [1] - 155:3  <b>Brisbois</b> [1] - 149:6  <b>broken</b> [1] - 39:13  <b>brought</b> [9] - 57:14, 92:12, 92:15, 127:2, 132:4, 133:17, 142:8, 151:5, 151:18</p>	<p><b>brushes</b> [1] - 80:23  <b>brushing</b> [1] - 82:3  <b>built</b> [2] - 27:13, 34:18  <b>bunch</b> [1] - 113:5  <b>butl</b> [1] - 43:10  <b>buttocks</b> [2] - 139:8, 140:11  <b>buy</b> [1] - 34:8  <b>BY</b> [24] - 1:23, 12:12, 36:8, 42:9, 61:21, 67:2, 69:5, 83:15, 88:11, 89:10, 92:22, 97:19, 103:6, 106:14, 108:1, 110:12, 134:5, 134:10, 139:13, 144:19, 145:13, 149:21, 151:17, 153:3</p> <p style="text-align: center;"><b>C</b></p> <p><b>calculation</b> [1] - 70:21  <b>calming</b> [1] - 19:17  <b>calms</b> [1] - 19:12  <b>cancers</b> [1] - 63:17  <b>cane</b> [4] - 29:5, 29:12, 29:18, 100:5  <b>cannot</b> [4] - 9:12, 44:9, 44:17, 59:2  <b>capability</b> [1] - 130:20  <b>capacity</b> [1] - 33:16  <b>captain</b> [1] - 147:10  <b>car</b> [4] - 47:14, 57:16, 84:20  <b>cardio</b> [2] - 103:21, 122:8  <b>cardio-thoracic</b> [1] - 103:21  <b>cardiopulmonary</b> [1] - 117:14  <b>care</b> [48] - 5:23, 12:25, 18:23, 19:4, 39:5, 39:17, 40:15, 41:16, 48:9, 66:9, 77:20, 80:15, 85:8, 85:15, 85:18, 86:12, 86:19, 87:17, 91:4, 93:15, 93:16, 93:23, 95:24, 96:4, 96:8, 96:9, 96:16, 97:13, 98:9, 98:15, 99:12, 99:22, 100:14, 100:18, 108:15, 111:14, 111:21, 112:3, 113:11, 120:2, 125:12, 125:14, 125:25, 128:6, 140:19, 142:1, 146:9, 152:12  <b>caregiver</b> [1] - 49:9  <b>carrying</b> [2] - 106:3, 106:6  <b>case</b> [17] - 4:17, 13:24, 46:15, 48:22, 56:6, 59:12, 62:3, 64:7, 64:14, 69:6, 82:8, 90:8, 104:24, 106:11, 106:21, 121:13, 122:20  <b>Case</b> [1] - 1:11  <b>cases</b> [2] - 44:15, 75:5  <b>categories</b> [2] - 108:23, 139:16</p>	<p><b>category</b> [3] - 108:25, 118:15, 152:17  <b>cautious</b> [1] - 23:12  <b>CCR</b> [4] - 1:24, 163:16, 164:10, 164:19  <b>cells</b> [1] - 119:4  <b>Center</b> [8] - 89:20, 89:24, 90:15, 90:18, 90:20, 91:11, 91:12, 91:18  <b>center</b> [2] - 111:16, 129:5  <b>central</b> [1] - 19:11  <b>certain</b> [8] - 59:5, 59:17, 101:25, 102:1, 102:6, 143:25, 148:12, 161:9  <b>certainly</b> [8] - 9:10, 44:25, 46:2, 49:2, 49:15, 51:11, 107:20, 125:3  <b>Certainly</b> [1] - 9:11  <b>certainty</b> [2] - 42:11, 161:20  <b>CERTIFICATE</b> [1] - 163:3  <b>CERTIFIED</b> [1] - 1:24  <b>Certified</b> [2] - 163:5, 164:20  <b>certify</b> [2] - 163:6, 164:11  <b>Certify</b> [1] - 163:10  <b>chair</b> [32] - 21:9, 23:20, 23:22, 24:1, 24:18, 25:8, 25:14, 25:15, 25:18, 25:24, 25:25, 30:19, 30:25, 31:14, 34:22, 35:1, 35:3, 35:8, 35:15, 36:1, 36:15, 36:19, 36:20, 36:23, 38:13, 38:19, 38:22, 117:5, 137:2, 137:6, 139:24, 140:7  <b>chairman</b> [1] - 148:11  <b>chairs</b> [3] - 25:4, 139:15, 140:16  <b>challenges</b> [1] - 62:19  <b>chance</b> [1] - 8:22  <b>change</b> [15] - 13:14, 20:11, 64:17, 66:17, 66:20, 70:6, 70:11, 71:7, 74:25, 75:3, 112:20, 147:6, 148:25, 149:14, 153:9  <b>changed</b> [11] - 16:11, 34:5, 62:4, 62:7, 62:9, 62:13, 68:6, 70:9, 85:11, 95:23, 135:17  <b>changes</b> [4] - 34:9, 66:13, 148:17, 148:20  <b>changing</b> [1] - 112:9  <b>charge</b> [2] - 16:6, 33:13  <b>chart</b> [7] - 79:24, 86:15, 94:13, 94:19, 97:1, 115:3, 154:23  <b>charts</b> [1] - 97:24  <b>chase</b> [1] - 116:21  <b>cheap</b> [1] - 28:1  <b>check</b> [1] - 6:21  <b>chief</b> [4] - 139:3, 139:23, 140:4, 140:5</p>	<p><b>chose</b> [2] - 108:13, 109:17  <b>chronic</b> [1] - 17:17  <b>chronically</b> [1] - 17:18  <b>circumstances</b> [5] - 57:20, 57:21, 60:8, 60:13, 60:17  <b>cite</b> [1] - 121:1  <b>cited</b> [1] - 56:7  <b>claim</b> [2] - 7:9, 49:20  <b>claims</b> [1] - 46:6  <b>clarification</b> [1] - 9:20  <b>clarified</b> [2] - 9:5, 158:1  <b>clarify</b> [2] - 139:12, 145:16  <b>CLARK</b> [2] - 1:6, 164:7  <b>cleaning</b> [1] - 141:1  <b>clear</b> [8] - 56:7, 66:21, 69:6, 71:20, 134:4, 144:23, 151:19, 152:14  <b>clearly</b> [2] - 109:12, 141:25  <b>clerk</b> [2] - 6:22, 9:11  <b>clients</b> [1] - 160:21  <b>clinic</b> [1] - 94:6  <b>closet</b> [5] - 33:23, 135:17, 135:19, 138:12  <b>closings</b> [1] - 160:24  <b>clot</b> [1] - 144:23  <b>clothes</b> [2] - 80:13, 82:2  <b>clotting</b> [1] - 16:1  <b>co</b> [3] - 155:10, 155:13, 156:1  <b>co-morbidities</b> [1] - 156:1  <b>co-morbidity</b> [2] - 155:10, 155:13  <b>Colace</b> [4] - 20:2, 20:22, 22:6, 127:24  <b>collagen</b> [1] - 122:6  <b>collateral</b> [15] - 44:9, 44:14, 46:15, 46:21, 52:4, 55:4, 55:5, 55:13, 58:16, 58:21, 58:24, 59:4, 59:10, 59:23, 60:16  <b>colleagues</b> [1] - 73:7  <b>column</b> [1] - 16:25  <b>combination</b> [4] - 19:18, 111:21, 122:9, 122:23  <b>combs</b> [1] - 80:23  <b>comfort</b> [1] - 125:14  <b>comfortable</b> [1] - 137:20  <b>coming</b> [7] - 4:16, 10:3, 39:18, 51:22, 58:8, 59:3, 89:5  <b>comment</b> [1] - 5:18  <b>commode</b> [3] - 49:24, 133:6, 133:8  <b>common</b> [4] - 19:19, 94:14, 94:15, 95:18  <b>commonly</b> [3] - 73:6, 119:13, 121:2  <b>communications</b> [1] - 65:23  <b>community</b> [10] - 24:5,</p>
--	--	--	--

<p>24:11, 38:5, 38:6, 38:12, 117:23, 121:16, 123:7, 152:10</p> <p><b>companion</b> [4] - 12:25, 125:12, 125:17, 125:25</p> <p><b>compare</b> [1] - 17:9</p> <p><b>comparing</b> [2] - 58:8, 151:23</p> <p><b>compatible</b> [1] - 34:6</p> <p><b>competent</b> [3] - 95:25, 96:4, 103:16</p> <p><b>complained</b> [1] - 91:12</p> <p><b>complaining</b> [1] - 15:19</p> <p><b>complaint</b> [3] - 139:3, 139:23, 140:13</p> <p><b>complaints</b> [6] - 93:21, 95:14, 95:19, 140:4, 140:5, 141:22</p> <p><b>complete</b> [4] - 11:11, 15:24, 153:18, 153:20</p> <p><b>completed</b> [2] - 154:8, 156:6</p> <p><b>completely</b> [1] - 26:23</p> <p><b>completion</b> [1] - 10:1</p> <p><b>complex</b> [3] - 120:12, 120:13, 120:14</p> <p><b>complexity</b> [1] - 136:7</p> <p><b>compliments</b> [1] - 155:18</p> <p><b>component</b> [13] - 27:24, 28:1, 28:10, 32:4, 32:20, 33:9, 38:24, 41:11, 44:15, 47:1, 119:6, 124:7, 124:13</p> <p><b>components</b> [2] - 27:15, 49:2</p> <p><b>compound</b> [1] - 122:7</p> <p><b>Comprehensive</b> [1] - 89:19</p> <p><b>compression</b> [1] - 28:5</p> <p><b>compromise</b> [1] - 84:16</p> <p><b>computer</b> [1] - 75:18</p> <p><b>concede</b> [1] - 49:1</p> <p><b>concept</b> [2] - 59:2, 59:9</p> <p><b>concern</b> [5] - 43:20, 44:5, 47:4, 47:5, 49:17</p> <p><b>concerned</b> [3] - 4:12, 79:17, 133:16</p> <p><b>conclude</b> [1] - 45:20</p> <p><b>concluded</b> [3] - 11:7, 12:3, 162:12</p> <p><b>condition</b> [2] - 14:5, 117:14</p> <p><b>conditioning</b> [1] - 20:6</p> <p><b>conference</b> [2] - 157:16, 158:8</p> <p><b>confirmation</b> [1] - 45:8</p> <p><b>confirmed</b> [2] - 45:18, 87:2</p> <p><b>conformity</b> [1] - 121:15</p> <p><b>confused</b> [4] - 85:12, 85:14, 85:17, 128:12</p> <p><b>confusion</b> [1] - 88:22</p> <p><b>conjunction</b> [1] - 128:20</p> <p><b>connected</b> [1] - 27:23</p> <p><b>connection</b> [1] - 161:3</p>	<p><b>conservative</b> [1] - 146:18</p> <p><b>consider</b> [4] - 59:22, 105:25, 106:2, 106:5</p> <p><b>consideration</b> [1] - 79:9</p> <p><b>considered</b> [1] - 63:18</p> <p><b>consist</b> [1] - 80:8</p> <p><b>constantly</b> [1] - 128:25</p> <p><b>constipated</b> [1] - 20:24</p> <p><b>consulted</b> [1] - 86:3</p> <p><b>contained</b> [1] - 135:3</p> <p><b>content</b> [1] - 19:12</p> <p><b>context</b> [3] - 77:17, 77:18, 77:19</p> <p><b>continual</b> [1] - 126:13</p> <p><b>CONTINUING</b> [1] - 12:11</p> <p><b>contractor</b> [3] - 33:15, 136:19, 136:21</p> <p><b>contralateral</b> [2] - 121:10, 137:13</p> <p><b>control</b> [1] - 19:15</p> <p><b>controversial</b> [2] - 121:18, 122:19</p> <p><b>conversation</b> [2] - 54:12, 157:24</p> <p><b>conversion</b> [2] - 37:24, 37:25</p> <p><b>convoluted</b> [2] - 99:17, 116:16</p> <p><b>copy</b> [3] - 5:8, 7:14, 109:2</p> <p><b>cord</b> [9] - 16:22, 20:15, 76:5, 93:4, 93:12, 123:2, 123:19, 123:23, 123:24</p> <p><b>correct</b> [195] - 12:3, 12:4, 17:25, 18:1, 18:6, 20:12, 21:5, 21:21, 23:6, 24:18, 24:19, 24:21, 24:24, 27:8, 29:2, 30:7, 31:1, 31:2, 31:17, 31:19, 31:24, 32:24, 34:21, 36:21, 36:25, 39:2, 39:3, 39:8, 40:2, 40:3, 40:9, 40:11, 40:12, 40:17, 40:23, 40:24, 41:13, 41:14, 41:17, 41:20, 41:21, 41:23, 57:19, 62:1, 62:2, 62:4, 62:7, 62:10, 62:13, 62:14, 62:23, 62:24, 64:11, 64:12, 64:15, 64:21, 64:22, 64:25, 65:1, 65:3, 65:4, 65:8, 65:13, 65:15, 65:17, 65:19, 65:20, 65:24, 65:25, 66:3, 66:4, 66:6, 66:7, 66:9, 66:11, 66:12, 66:18, 66:23, 67:8, 67:10, 67:16, 67:17, 67:22, 68:2, 68:7, 68:17, 68:20, 69:9, 69:13, 69:14, 69:16, 69:17, 69:18, 69:24, 70:15, 70:21, 70:22, 71:1, 71:5, 71:22, 72:6, 72:12, 72:21, 72:23, 73:8, 73:19, 73:22, 74:1, 74:4, 74:5,</p>	<p>74:12, 74:15, 74:16, 74:23, 76:11, 77:10, 78:7, 78:9, 78:13, 78:14, 78:23, 79:23, 80:7, 83:17, 86:8, 86:20, 87:15, 87:21, 88:1, 88:4, 89:25, 90:8, 90:9, 90:15, 91:2, 91:8, 91:9, 91:22, 92:2, 93:8, 93:12, 96:1, 99:22, 99:23, 101:11, 102:11, 103:12, 108:3, 108:4, 108:7, 108:8, 108:10, 108:12, 108:15, 109:5, 109:6, 109:8, 109:14, 110:14, 111:6, 111:17, 114:1, 114:5, 114:15, 114:16, 115:16, 117:2, 118:16, 118:17, 119:1, 123:7, 126:8, 126:9, 127:10, 127:19, 128:15, 128:16, 129:17, 129:18, 130:8, 130:11, 133:5, 134:15, 135:7, 138:7, 140:19, 142:5, 142:23, 143:16, 143:17, 148:22, 148:23, 149:7, 150:16, 164:12</p> <p><b>corrected</b> [5] - 68:6, 69:7, 69:8, 157:20, 157:21</p> <p><b>corrections</b> [5] - 69:12, 70:14, 70:24, 71:10, 78:7</p> <p><b>correctly</b> [1] - 70:1</p> <p><b>cosmetics</b> [1] - 122:3</p> <p><b>cost</b> [25] - 16:15, 18:5, 25:2, 27:3, 27:6, 27:10, 29:21, 31:1, 31:23, 33:5, 37:20, 37:21, 39:25, 40:13, 40:23, 41:18, 68:5, 70:7, 126:1, 136:3, 136:5, 154:22, 154:23</p> <p><b>costs</b> [2] - 12:23, 29:20</p> <p><b>couch</b> [1] - 115:23</p> <p><b>counsel</b> [17] - 4:18, 8:3, 18:11, 42:18, 51:5, 52:18, 61:12, 66:2, 68:25, 105:13, 105:16, 144:6, 148:17, 153:22, 153:25, 154:8, 161:2</p> <p><b>count</b> [1] - 15:24</p> <p><b>COUNTY</b> [2] - 1:6, 164:7</p> <p><b>couple</b> [5] - 21:17, 75:16, 77:4, 120:21, 157:3</p> <p><b>course</b> [5] - 9:21, 44:8, 52:11, 105:24, 154:7</p> <p><b>Court</b> [21] - 8:6, 9:11, 9:12, 11:10, 42:18, 42:23, 43:21, 45:5, 52:21, 52:22, 55:2, 56:7, 59:22, 60:10, 68:25, 105:16, 144:6, 153:25, 156:13, 163:5, 164:20</p> <p><b>court</b> [2] - 11:2, 61:10</p>	<p><b>COURT</b> [110] - 1:6, 1:24, 4:6, 6:5, 6:8, 6:12, 7:3, 7:16, 8:15, 8:20, 9:10, 9:19, 10:10, 11:3, 11:18, 12:5, 12:9, 35:5, 35:13, 35:21, 42:8, 42:15, 42:24, 43:4, 43:19, 46:14, 48:23, 49:5, 49:8, 49:11, 50:14, 50:18, 50:23, 51:1, 51:14, 52:20, 53:3, 53:10, 53:22, 54:2, 54:5, 54:10, 54:21, 55:9, 55:10, 55:16, 57:18, 60:19, 61:3, 61:8, 61:11, 61:16, 66:25, 68:23, 69:1, 82:21, 83:4, 83:9, 83:14, 88:8, 88:21, 92:19, 97:17, 103:2, 105:13, 105:17, 106:23, 107:4, 107:12, 109:24, 110:7, 133:24, 134:2, 134:9, 139:12, 144:4, 144:7, 144:13, 145:8, 149:17, 151:15, 152:22, 153:14, 154:1, 154:18, 154:22, 155:6, 155:15, 155:20, 155:22, 155:24, 156:5, 156:9, 156:14, 157:3, 158:12, 158:14, 159:12, 159:18, 159:20, 159:22, 160:1, 160:10, 160:17, 160:25, 161:8, 161:12, 162:3, 162:7, 162:11</p> <p><b>Court's</b> [10] - 6:3, 8:1, 35:4, 42:6, 52:24, 53:13, 55:18, 157:7, 157:13, 157:15</p> <p><b>courtroom</b> [3] - 43:1, 88:24, 156:17</p> <p><b>Courts</b> [1] - 52:23</p> <p><b>cover</b> [3] - 50:13, 54:17, 106:3</p> <p><b>coverage</b> [4] - 43:24, 47:11, 59:7, 59:8</p> <p><b>covered</b> [16] - 31:20, 45:1, 49:3, 49:16, 49:19, 50:8, 52:11, 53:21, 54:20, 58:15, 59:18, 60:3, 60:7, 102:20, 136:1, 140:20</p> <p><b>covering</b> [1] - 6:22</p> <p><b>CR</b> [1] - 3:5</p> <p><b>created</b> [1] - 71:8</p> <p><b>criminal</b> [2] - 158:25, 161:4</p> <p><b>critical</b> [2] - 21:4, 146:10</p> <p><b>CROSS</b> [2] - 61:20, 144:18</p> <p><b>cross</b> [4] - 10:2, 10:8, 42:17, 51:12</p> <p><b>cross-examination</b> [2] - 42:17, 51:12</p> <p><b>CROSS-EXAMINATION</b> [2] - 61:20, 144:18</p> <p><b>crutches</b> [7] - 29:13, 29:18,</p>
--	--	---	--



67:13, 67:14, 67:15, 69:15, 100:5 <b>crystal</b> [1] - 56:7 <b>CTRMC</b> [1] - 55:7 <b>cumbersome</b> [2] - 20:20, 26:8 <b>current</b> [15] - 33:22, 40:5, 43:22, 90:25, 96:3, 99:12, 103:20, 125:6, 127:13, 128:6, 130:4, 130:14, 132:23, 143:11, 146:5 <b>cushion</b> [3] - 28:8, 28:10, 30:22 <b>cushions</b> [1] - 27:12 <b>custom</b> [1] - 77:2 <b>cut</b> [4] - 14:3, 102:6, 116:20, 139:11 <b>CV</b> [4] - 75:17, 75:18, 75:20, 119:7 <b>Cymbalta</b> [6] - 19:6, 19:11, 19:18, 21:22, 22:7, 128:8	75:1, 75:6, 132:1, 148:24, 149:2, 149:12, 151:22, 152:1, 152:2, 152:5, 152:7, 152:11, 152:16 <b>deferred</b> [1] - 44:20 <b>deficits</b> [1] - 141:1 <b>defray</b> [1] - 135:3 <b>degree</b> [1] - 42:11 <b>Delaney</b> [1] - 1:17 <b>delay</b> [1] - 10:4 <b>deletions</b> [1] - 71:12 <b>deliberations</b> [1] - 105:25 <b>delicate</b> [1] - 20:23 <b>demonstrative</b> [1] - 53:17 <b>denied</b> [1] - 7:6 <b>department</b> [1] - 148:11 <b>Department</b> [1] - 73:16 <b>deposition</b> [67] - 4:25, 5:2, 18:10, 30:20, 39:6, 45:12, 46:7, 61:25, 64:4, 64:19, 65:22, 66:19, 66:22, 67:5, 67:25, 68:4, 68:19, 69:8, 69:11, 71:9, 71:21, 72:5, 72:8, 72:17, 75:4, 75:9, 76:24, 77:5, 77:12, 77:25, 78:2, 78:8, 82:9, 82:14, 82:18, 83:16, 83:19, 84:1, 84:2, 87:21, 87:24, 88:4, 88:5, 88:7, 89:2, 89:24, 90:6, 90:12, 90:22, 91:17, 94:1, 94:3, 95:22, 95:25, 101:2, 101:9, 102:10, 108:6, 110:20, 117:11, 117:18, 117:25, 118:10, 129:8, 131:15, 134:14, 151:8 <b>depositions</b> [1] - 65:17 <b>depression</b> [1] - 142:1 <b>Dept</b> [1] - 1:11 <b>describe</b> [1] - 143:13 <b>described</b> [2] - 95:20, 140:2 <b>designed</b> [1] - 111:11 <b>detail</b> [9] - 14:15, 20:13, 20:20, 30:11, 33:14, 80:21, 107:4, 127:5, 134:15 <b>detailed</b> [1] - 155:4 <b>details</b> [2] - 126:25, 155:2 <b>determination</b> [3] - 40:25, 83:2, 113:23 <b>devastating</b> [1] - 38:4 <b>device</b> [8] - 117:4, 117:20, 117:21, 124:5, 124:6, 124:11, 124:12, 137:15 <b>diagnosed</b> [2] - 104:16, 107:7 <b>diagnoses</b> [19] - 86:9, 86:14, 86:24, 87:1, 87:5, 87:9, 87:14, 94:8, 94:12, 94:13, 94:17, 94:18, 94:20, 95:2, 97:10, 97:23, 98:7, 98:14,	131:22 <b>diagnosis</b> [10] - 86:6, 86:14, 86:18, 86:22, 87:4, 95:18, 97:22, 108:10, 108:11, 113:22 <b>diagnostic</b> [6] - 13:17, 13:20, 14:14, 18:2, 127:9, 127:11 <b>die</b> [1] - 126:21 <b>difference</b> [8] - 68:5, 68:10, 70:6, 70:7, 106:10, 113:5, 160:14, 161:13 <b>differences</b> [1] - 150:11 <b>different</b> [31] - 19:23, 22:15, 23:20, 26:23, 28:6, 51:20, 53:4, 56:3, 57:2, 58:10, 63:11, 74:7, 74:18, 74:22, 77:17, 90:13, 90:14, 110:7, 111:1, 118:9, 122:6, 122:21, 122:22, 125:19, 137:6, 138:14, 140:1, 141:24, 151:1, 152:8, 152:17 <b>differently</b> [1] - 118:11 <b>difficult</b> [4] - 29:5, 32:25, 36:14, 140:14 <b>difficulties</b> [8] - 81:13, 138:5, 138:21, 138:23, 139:7, 140:8, 143:11 <b>difficulty</b> [13] - 52:7, 62:23, 137:25, 138:2, 138:18, 138:25, 139:20, 140:2, 140:3, 140:6, 140:25, 141:21, 160:21 <b>dig</b> [1] - 161:12 <b>Dillingham</b> [3] - 147:25, 148:2, 150:3 <b>DIRECT</b> [1] - 12:11 <b>direct</b> [1] - 42:19 <b>directed</b> [3] - 155:8, 155:9, 155:12 <b>disabilities</b> [1] - 34:6 <b>disagree</b> [2] - 68:9, 129:13 <b>disarticulation</b> [1] - 63:9 <b>discuss</b> [4] - 5:12, 106:1, 106:5, 130:5 <b>discussed</b> [13] - 15:20, 17:15, 39:10, 70:12, 93:20, 101:12, 112:8, 115:3, 115:9, 128:5, 138:14, 138:20, 157:7 <b>discussing</b> [1] - 157:25 <b>discussion</b> [20] - 6:25, 7:22, 18:10, 18:11, 33:19, 51:2, 60:21, 61:6, 68:24, 70:14, 79:15, 81:14, 94:11, 97:25, 105:15, 129:12, 133:14, 144:5, 148:17, 153:24 <b>discussions</b> [2] - 15:4, 143:10 <b>dishes</b> [1] - 141:2	<b>dislocation</b> [1] - 23:12 <b>disorders</b> [1] - 16:1 <b>dispute</b> [3] - 55:21, 55:23, 122:20 <b>disputes</b> [1] - 33:15 <b>distance</b> [1] - 25:23 <b>DISTRICT</b> [1] - 1:6 <b>dit's</b> [1] - 73:3 <b>docket</b> [1] - 161:4 <b>doctor</b> [7] - 21:20, 50:13, 85:20, 88:23, 101:19, 103:1, 146:22 <b>doctor's</b> [1] - 88:6 <b>doctors</b> [7] - 14:4, 85:24, 86:3, 86:5, 109:11, 122:22, 148:5 <b>document</b> [2] - 71:4, 163:9 <b>documents</b> [3] - 64:16, 64:20, 64:23 <b>dog</b> [13] - 12:25, 13:2, 19:4, 125:12, 125:14, 125:17, 125:25, 126:2, 126:13, 126:16, 126:18, 126:19, 126:22 <b>dogs</b> [1] - 13:12 <b>dollar</b> [3] - 56:24, 70:21, 70:22 <b>dollars</b> [4] - 56:20, 67:19, 68:19, 92:14 <b>done</b> [29] - 5:3, 12:20, 41:10, 44:17, 47:20, 55:13, 69:10, 71:17, 76:2, 87:17, 97:16, 103:1, 104:25, 105:1, 114:2, 114:9, 114:11, 114:14, 123:7, 135:11, 135:13, 136:15, 136:19, 136:24, 145:25, 146:1, 148:8, 158:17 <b>door</b> [12] - 44:4, 45:15, 45:24, 47:6, 47:16, 51:10, 51:13, 57:11, 58:2, 58:23, 59:14, 59:20 <b>door's</b> [2] - 54:19, 57:21 <b>doors</b> [5] - 34:4, 34:18, 135:13, 135:14, 135:18 <b>dorsal</b> [1] - 16:25 <b>double</b> [1] - 6:21 <b>doubled</b> [1] - 149:22 <b>doubt</b> [1] - 49:18 <b>down</b> [9] - 33:20, 51:14, 80:3, 96:22, 116:18, 117:24, 119:3, 126:19, 149:22 <b>DR</b> [7] - 3:5, 12:11, 61:20, 144:18, 145:12, 149:20, 153:2 <b>dr</b> [1] - 3:6 <b>Dr</b> [94] - 4:20, 4:25, 5:3, 7:3, 7:12, 8:8, 8:13, 8:17, 8:19, 9:1, 10:4, 10:10, 11:8,
<b>D</b>			
<b>dailies</b> [2] - 53:23, 54:21 <b>daily</b> [5] - 21:2, 63:4, 138:3, 138:15, 140:19 <b>damages</b> [1] - 106:4 <b>danger</b> [1] - 50:11 <b>DARELL</b> [1] - 1:9 <b>Darell</b> [1] - 5:16 <b>date</b> [4] - 91:24, 95:24, 100:16, 154:19 <b>David</b> [1] - 3:6 <b>DAVID</b> [6] - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2 <b>day's</b> [1] - 6:23 <b>day-to-day</b> [2] - 13:15, 113:8 <b>days</b> [4] - 37:10, 137:19, 137:20, 137:21 <b>deal</b> [8] - 10:1, 10:5, 109:11, 125:9, 150:24, 151:4, 151:6, 151:7 <b>dealt</b> [1] - 155:14 <b>decades</b> [3] - 51:7, 73:5, 153:10 <b>December</b> [1] - 144:21 <b>decided</b> [2] - 48:10, 67:15 <b>decipher</b> [1] - 105:9 <b>decision</b> [2] - 44:20, 157:5 <b>declined</b> [1] - 110:17 <b>decreased</b> [1] - 20:6 <b>Defendant</b> [2] - 7:7, 151:25 <b>Defendant's</b> [1] - 158:18 <b>Defendants</b> [4] - 1:13, 2:6, 53:2, 106:6 <b>Defense</b> [19] - 72:9, 73:4, 73:16, 74:8, 74:18, 74:21,			

11:16, 11:19, 12:14, 29:22, 42:3, 42:10, 42:19, 43:4, 43:12, 44:21, 45:8, 45:17, 45:25, 46:2, 46:5, 47:10, 47:19, 48:4, 48:12, 48:15, 49:2, 49:22, 50:6, 50:7, 56:17, 56:20, 58:2, 58:7, 60:2, 60:14, 61:12, 61:22, 62:18, 64:4, 67:14, 72:9, 72:20, 73:4, 85:7, 86:16, 87:3, 87:12, 88:12, 89:11, 89:23, 93:11, 96:12, 97:5, 98:4, 103:21, 105:22, 106:15, 107:5, 108:22, 109:16, 111:13, 125:10, 127:2, 131:17, 131:18, 134:6, 139:17, 143:14, 144:11, 145:14, 146:21, 147:25, 148:2, 149:16, 149:22, 150:3, 150:15, 153:4, 154:2, 155:7, 156:6, 157:9, 157:16, 158:9, 159:14, 159:19 <b>draw</b> [1] - 63:11 <b>drawing</b> [1] - 28:18 <b>drew</b> [1] - 14:23 <b>drilled</b> [1] - 150:8 <b>drive</b> [1] - 38:18 <b>driver's</b> [2] - 38:15, 84:22 <b>due</b> [2] - 45:22, 87:18 <b>uplicated</b> [1] - 66:16 <b>durable</b> [7] - 30:9, 30:24, 31:22, 50:5, 100:8, 101:16, 132:11 <b>during</b> [8] - 24:13, 39:16, 82:5, 84:9, 84:11, 147:11, 149:25, 157:18 <b>duty</b> [1] - 147:13 <b>dying</b> [1] - 17:17 <b>dynamic</b> [3] - 71:4, 112:20, 130:7	<b>elbow</b> [1] - 146:13 <b>electric</b> [20] - 23:18, 23:21, 24:7, 24:17, 24:22, 25:14, 25:18, 25:20, 25:25, 26:5, 26:6, 30:21, 30:25, 38:10, 38:14, 44:24, 84:22, 101:10, 129:7, 129:8 <b>electricity</b> [1] - 16:24 <b>electronic</b> [1] - 132:17 <b>electronically</b> [1] - 88:19 <b>elevate</b> [1] - 36:21 <b>elicited</b> [1] - 44:22 <b>eliminate</b> [2] - 17:10, 17:19 <b>embarrassment</b> [1] - 141:19 <b>emotional</b> [1] - 19:12 <b>employee</b> [1] - 163:11 <b>encompass</b> [1] - 81:6 <b>encompasses</b> [1] - 108:6 <b>end</b> [7] - 11:10, 59:9, 60:1, 105:19, 105:24, 158:4, 160:13 <b>ends</b> [1] - 121:10 <b>energy</b> [2] - 63:1, 63:3 <b>enhanced</b> [1] - 119:11 <b>entire</b> [6] - 12:21, 12:23, 40:20, 63:2, 63:25, 77:6 <b>entitled</b> [4] - 7:21, 103:14, 103:17, 105:24 <b>envelope</b> [1] - 89:5 <b>environment</b> [1] - 21:11 <b>epidemic</b> [1] - 17:16 <b>equally</b> [3] - 72:19, 73:19 <b>equipment</b> [14] - 25:10, 30:9, 30:13, 30:24, 31:22, 50:5, 50:6, 100:4, 100:8, 101:16, 126:13, 132:12, 135:2, 135:16 <b>equipped</b> [1] - 38:14 <b>error</b> [6] - 51:3, 51:16, 52:14, 60:2, 68:11, 70:8 <b>errors</b> [4] - 68:4, 69:7, 69:12, 157:19 <b>especially</b> [5] - 23:12, 95:19, 112:19, 133:11, 150:4 <b>Esq</b> [6] - 2:3, 2:4, 2:4, 2:6, 2:6, 2:7 <b>essence</b> [1] - 26:17 <b>essential</b> [1] - 51:24 <b>essentially</b> [2] - 43:21, 51:21 <b>establish</b> [3] - 107:9, 113:1, 113:2 <b>establishing</b> [1] - 45:25 <b>estimate</b> [1] - 158:15 <b>estimates</b> [1] - 159:8 <b>estimating</b> [1] - 159:13 <b>ET</b> [2] - 1:9, 1:12 <b>ethics</b> [1] - 143:19 <b>evaluate</b> [3] - 5:15, 85:22, 131:21	<b>evaluated</b> [11] - 16:4, 29:24, 30:5, 85:23, 87:14, 98:10, 98:12, 110:3, 111:22, 131:19, 143:9 <b>evaluation</b> [8] - 5:9, 5:20, 32:3, 41:25, 89:12, 130:5, 131:18, 131:19 <b>evening</b> [4] - 39:12, 80:21, 83:22, 156:10 <b>event</b> [2] - 110:21, 111:19 <b>eventually</b> [3] - 120:25, 121:10, 121:25 <b>evidence</b> [7] - 4:15, 7:8, 8:6, 9:16, 55:6, 55:8, 142:3 <b>exact</b> [2] - 46:24, 77:16 <b>exactly</b> [4] - 74:11, 74:14, 117:17, 129:11 <b>examination</b> [1] - 157:17 <b>examination</b> [4] - 5:16, 42:17, 42:19, 51:12 <b>EXAMINATION</b> [6] - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2 <b>examined</b> [3] - 66:5, 87:4, 98:5 <b>example</b> [15] - 30:24, 49:22, 56:16, 56:23, 56:24, 57:7, 57:9, 57:12, 58:4, 75:8, 93:4, 93:5, 116:10, 125:15 <b>examples</b> [2] - 54:8, 59:17 <b>exception</b> [4] - 43:22, 46:16, 58:24, 60:15 <b>excuse</b> [1] - 70:3 <b>excused</b> [3] - 43:1, 156:7, 156:17 <b>exercise</b> [4] - 24:9, 115:10, 118:1, 118:6 <b>exercising</b> [2] - 20:7, 117:20 <b>exhibit</b> [3] - 52:22, 88:23, 88:25 <b>Exhibit</b> [7] - 9:7, 52:22, 52:23, 52:24, 53:14, 157:7, 157:13 <b>existing</b> [1] - 154:25 <b>exists</b> [1] - 47:5 <b>expect</b> [4] - 9:11, 91:23, 98:1, 150:21 <b>expectancy</b> [2] - 31:23, 154:12 <b>expectation</b> [1] - 58:13 <b>expense</b> [1] - 8:16 <b>expenses</b> [3] - 5:19, 7:9, 59:3 <b>expensive</b> [9] - 21:22, 22:3, 24:25, 25:4, 27:13, 34:9, 38:24, 49:13, 151:24 <b>experience</b> [18] - 15:6, 18:4, 19:24, 41:24, 51:19, 73:25, 75:25, 79:4, 79:8, 79:12, 81:15, 105:10, 112:10, 120:24, 121:24, 129:2, 135:8, 136:15 <b>expert</b> [8] - 7:8, 33:16, 72:9, 73:4, 104:23, 143:18, 143:23, 149:8 <b>expertise</b> [2] - 18:4, 41:24 <b>experts</b> [2] - 148:1, 161:23 <b>explain</b> [11] - 13:1, 14:16, 16:7, 16:17, 18:20, 32:8, 33:17, 37:1, 38:1, 114:24, 139:22 <b>explained</b> [2] - 54:12, 125:13 <b>explaining</b> [2] - 141:25, 158:23 <b>explored</b> [1] - 57:22 <b>extension</b> [1] - 22:18 <b>extrapolate</b> [1] - 54:18 <b>extremely</b> [1] - 34:2 <b>extremities</b> [1] - 16:2
<b>F</b>		
		<b>face</b> [2] - 122:12, 122:14 <b>facilities</b> [2] - 73:15, 73:16 <b>fact</b> [10] - 5:1, 41:5, 48:14, 86:6, 94:4, 101:17, 141:20, 141:23, 149:2, 149:5 <b>factor</b> [6] - 41:12, 126:22, 141:25, 154:11, 154:17, 155:13 <b>factors</b> [4] - 13:14, 138:14, 141:20, 151:1 <b>facts</b> [1] - 105:4 <b>factual</b> [2] - 62:6, 62:12 <b>fair</b> [31] - 34:14, 47:3, 48:2, 50:1, 56:10, 57:3, 70:25, 72:15, 76:8, 94:22, 103:10, 105:12, 106:19, 109:17, 110:6, 111:23, 113:21, 117:10, 117:15, 119:12, 123:11, 123:14, 126:17, 128:9, 131:19, 133:25, 136:14, 136:20, 141:6, 143:1, 148:8 <b>fairly</b> [2] - 43:8, 46:11 <b>fairness</b> [2] - 44:5, 57:22 <b>fall</b> [4] - 21:16, 31:8, 31:10, 31:12 <b>fallen</b> [6] - 21:16, 29:16, 133:15, 133:20, 134:8, 134:11 <b>falls</b> [2] - 134:15, 134:18 <b>family</b> [3] - 41:4, 77:2 <b>far</b> [14] - 7:3, 79:17, 109:20, 111:5, 117:24, 118:2, 123:10, 127:13, 128:7, 129:7, 129:15, 158:15, 158:21, 159:8 <b>father</b> [2] - 134:7, 134:11

<b>favor</b> <sup>[1]</sup> - 57:14 <b>feasible</b> <sup>[1]</sup> - 54:14 <b>February</b> <sup>[2]</sup> - 1:18, 4:1 <b>federal</b> <sup>[3]</sup> - 44:11, 55:3, 59:11 <b>fee</b> <sup>[2]</sup> - 40:3, 59:5 <b>fell</b> <sup>[3]</sup> - 134:16, 141:23, 154:19 <b>fellowship</b> <sup>[1]</sup> - 147:19 <b>felt</b> <sup>[8]</sup> - 17:1, 44:4, 71:17, 85:18, 90:7, 93:22, 97:21, 124:21 <b>femur</b> <sup>[1]</sup> - 63:15 <b>fend</b> <sup>[1]</sup> - 39:22 <b>few</b> <sup>[17]</sup> - 11:6, 60:20, 61:25, 64:5, 64:15, 67:7, 69:11, 72:15, 90:11, 101:2, 101:9, 109:10, 114:20, 117:11, 129:9, 145:16, 153:16 <b>field</b> <sup>[3]</sup> - 41:25, 121:2, 121:3 <b>figure</b> <sup>[2]</sup> - 160:3, 160:5 <b>figured</b> <sup>[1]</sup> - 158:19 <b>filed</b> <sup>[2]</sup> - 4:13, 8:23 <b>final</b> <sup>[1]</sup> - 54:23 <b>finalized</b> <sup>[1]</sup> - 89:7 <b>financially</b> <sup>[1]</sup> - 163:12 <b>fine</b> <sup>[5]</sup> - 42:8, 50:25, 52:5, 150:25, 162:3 <b>finish</b> <sup>[4]</sup> - 83:6, 94:4, 158:23, 159:22 <b>finished</b> <sup>[4]</sup> - 12:20, 83:8, 158:1, 160:4 <b>firm</b> <sup>[4]</sup> - 72:14, 149:5, 149:8, 151:18 <b>first</b> <sup>[11]</sup> - 4:19, 13:20, 22:11, 31:15, 32:6, 89:11, 108:24, 118:15, 120:4, 150:8, 154:10 <b>Fisg</b> <sup>[1]</sup> - 60:2 <b>FISH</b> <sup>[5]</sup> - 12:11, 61:20, 144:18, 145:12, 149:20 <b>Fish</b> <sup>[69]</sup> - 3:6, 4:20, 4:25, 5:3, 7:12, 8:9, 8:13, 8:17, 8:19, 9:1, 10:4, 10:11, 11:8, 11:16, 11:19, 12:14, 29:22, 42:3, 42:10, 42:20, 43:4, 44:21, 45:8, 45:17, 45:25, 46:2, 46:5, 47:19, 48:4, 48:12, 48:15, 49:3, 49:22, 50:6, 50:7, 56:17, 56:20, 58:2, 60:15, 61:12, 61:22, 62:18, 64:4, 85:7, 86:16, 87:3, 87:12, 88:12, 89:11, 89:23, 98:4, 105:22, 106:15, 107:5, 108:22, 127:2, 134:6, 139:17, 143:14, 144:11, 145:14, 149:16, 149:22, 153:4, 154:2, 155:7, 156:6, 157:9, 158:9 <b>Fish's</b> <sup>[3]</sup> - 7:19, 9:23, 157:17 <b>fit</b> <sup>[6]</sup> - 26:17, 26:25, 33:22, 37:18, 38:14, 138:13 <b>fitted</b> <sup>[6]</sup> - 100:24, 101:4, 101:7, 101:11, 101:13, 129:9 <b>fitting</b> <sup>[3]</sup> - 27:7, 124:20, 124:22 <b>five</b> <sup>[12]</sup> - 24:17, 31:19, 33:4, 36:24, 37:20, 42:22, 67:21, 69:25, 70:2, 70:16, 134:25, 135:5 <b>fix</b> <sup>[1]</sup> - 154:24 <b>flexibility</b> <sup>[1]</sup> - 25:20 <b>flexible</b> <sup>[3]</sup> - 161:10, 161:11, 161:16 <b>flexion</b> <sup>[1]</sup> - 22:18 <b>flexion-extension</b> <sup>[1]</sup> - 22:18 <b>flow</b> <sup>[1]</sup> - 16:2 <b>flying</b> <sup>[1]</sup> - 161:24 <b>focus</b> <sup>[1]</sup> - 20:21 <b>focused</b> <sup>[2]</sup> - 41:8, 92:7 <b>focusing</b> <sup>[2]</sup> - 44:22, 129:24 <b>fold</b> <sup>[1]</sup> - 51:21 <b>follow</b> <sup>[6]</sup> - 9:3, 65:23, 131:23, 144:1, 154:9, 155:15 <b>follow-up</b> <sup>[5]</sup> - 9:3, 65:23, 131:23, 154:9, 155:15 <b>following</b> <sup>[8]</sup> - 4:4, 11:1, 43:2, 61:1, 61:9, 93:22, 133:17, 157:1 <b>food</b> <sup>[1]</sup> - 126:12 <b>footage</b> <sup>[2]</sup> - 33:21, 34:11 <b>force</b> <sup>[3]</sup> - 15:2, 15:16, 15:17 <b>foregoing</b> <sup>[1]</sup> - 164:11 <b>foremost</b> <sup>[1]</sup> - 148:1 <b>forget</b> <sup>[3]</sup> - 38:22, 94:12, 148:14 <b>forgotten</b> <sup>[1]</sup> - 81:6 <b>form</b> <sup>[2]</sup> - 138:18, 148:21 <b>formal</b> <sup>[2]</sup> - 76:16, 76:19 <b>formality</b> <sup>[1]</sup> - 89:8 <b>formalized</b> <sup>[1]</sup> - 66:20 <b>formed</b> <sup>[3]</sup> - 90:21, 107:17, 107:22 <b>former</b> <sup>[2]</sup> - 33:14, 148:9 <b>formulate</b> <sup>[2]</sup> - 41:2, 131:22 <b>formulated</b> <sup>[7]</sup> - 86:17, 86:19, 94:8, 97:22, 98:7, 98:8, 102:12 <b>forth</b> <sup>[1]</sup> - 22:19 <b>forthcoming</b> <sup>[2]</sup> - 79:16, 79:20 <b>foundation</b> <sup>[3]</sup> - 4:24, 6:7, 44:7 <b>four</b> <sup>[10]</sup> - 25:12, 27:4, 29:6, 39:12, 84:8, 84:25, 85:4, 102:3, 122:10, 158:25 <b>frame</b> <sup>[1]</sup> - 102:7 <b>frankly</b> <sup>[2]</sup> - 48:8, 48:14 <b>fraud</b> <sup>[2]</sup> - 47:22, 48:21 <b>frequency</b> <sup>[1]</sup> - 114:1 <b>frequently</b> <sup>[1]</sup> - 27:22 <b>Friday</b> <sup>[22]</sup> - 11:10, 12:3, 45:8, 45:18, 62:10, 62:13, 62:19, 65:11, 67:24, 69:7, 70:13, 76:15, 86:16, 91:7, 98:4, 116:6, 160:13, 161:13, 161:15, 161:17, 161:24, 161:25 <b>front</b> <sup>[1]</sup> - 30:15 <b>frustrated</b> <sup>[2]</sup> - 93:23, 141:24 <b>frustrations</b> <sup>[1]</sup> - 141:18 <b>full</b> <sup>[1]</sup> - 43:7 <b>fun</b> <sup>[1]</sup> - 38:8 <b>function</b> <sup>[6]</sup> - 13:4, 15:25, 21:7, 100:14, 109:11, 139:5 <b>functional</b> <sup>[11]</sup> - 21:18, 34:13, 34:14, 34:17, 37:11, 112:10, 138:21, 139:7, 140:1, 140:8, 140:25 <b>functioning</b> <sup>[2]</sup> - 16:3, 16:8 <b>functions</b> <sup>[2]</sup> - 139:2, 140:12 <b>furnishing</b> <sup>[1]</sup> - 32:4 <b>furnishings</b> <sup>[3]</sup> - 32:2, 39:1, 134:22 <b>fuse</b> <sup>[1]</sup> - 63:23 <b>future</b> <sup>[12]</sup> - 5:21, 14:5, 56:2, 56:21, 86:19, 95:16, 98:8, 98:15, 99:22, 105:10, 142:1, 155:9 	<b>grab</b> <sup>[2]</sup> - 13:9, 135:23 <b>graft</b> <sup>[1]</sup> - 13:18 <b>granted</b> <sup>[1]</sup> - 59:1 <b>great</b> <sup>[2]</sup> - 54:2, 162:5 <b>ground</b> <sup>[2]</sup> - 29:16, 36:12 <b>group</b> <sup>[1]</sup> - 152:2 <b>growth</b> <sup>[1]</sup> - 122:8 <b>guess</b> <sup>[2]</sup> - 26:17, 158:19 <b>guessing</b> <sup>[3]</sup> - 30:17, 60:11, 92:25 <b>guide</b> <sup>[1]</sup> - 105:25 <b>guidelines</b> <sup>[1]</sup> - 143:25 
<b>G</b> <b>gambit</b> <sup>[1]</sup> - 123:24 <b>game</b> <sup>[1]</sup> - 56:11 <b>gel</b> <sup>[2]</sup> - 27:21, 28:8 <b>general</b> <sup>[6]</sup> - 44:9, 47:8, 56:9, 59:9, 59:13, 97:5 <b>generally</b> <sup>[4]</sup> - 44:11, 49:1, 57:20, 60:9 <b>generation</b> <sup>[1]</sup> - 16:24 <b>generic</b> <sup>[5]</sup> - 21:23, 22:2, 22:4, 22:7, 22:8 <b>gentleman</b> <sup>[1]</sup> - 146:24 <b>gentlemen</b> <sup>[13]</sup> - 11:4, 13:2, 14:17, 16:7, 16:17, 18:20, 32:9, 33:17, 37:2, 38:2, 105:17, 147:7, 156:9 <b>gently</b> <sup>[1]</sup> - 22:17 <b>given</b> <sup>[10]</sup> - 6:19, 6:24, 16:1, 59:17, 97:10, 105:19, 105:23, 111:20, 112:2 <b>goal</b> <sup>[2]</sup> - 8:8 <b>Golden</b> <sup>[1]</sup> - 125:18 <b>government</b> <sup>[1]</sup> - 44:12 	<b>H</b> <b>habit</b> <sup>[1]</sup> - 154:11 <b>hair</b> <sup>[1]</sup> - 80:23 <b>half</b> <sup>[1]</sup> - 160:9 <b>hallways</b> <sup>[4]</sup> - 34:4, 34:19, 135:15, 135:20 <b>hand</b> <sup>[2]</sup> - 100:6, 100:19 <b>happy</b> <sup>[2]</sup> - 35:17, 62:17 <b>hard</b> <sup>[5]</sup> - 25:17, 32:15, 34:2, 36:17, 141:1 <b>harder</b> <sup>[1]</sup> - 137:21 <b>hardware</b> <sup>[3]</sup> - 15:11, 16:10, 17:8 <b>harm</b> <sup>[1]</sup> - 58:19 <b>harness</b> <sup>[2]</sup> - 37:8, 137:15 <b>harnesses</b> <sup>[1]</sup> - 126:12 <b>head</b> <sup>[2]</sup> - 28:24, 69:21 <b>heal</b> <sup>[1]</sup> - 118:25 <b>healed</b> <sup>[1]</sup> - 23:15 <b>health</b> <sup>[18]</sup> - 5:23, 39:25, 41:7, 48:9, 66:8, 75:9, 81:2, 84:10, 85:8, 93:15, 95:24, 96:4, 97:13, 99:12, 111:20, 112:3, 112:15, 128:6 <b>hear</b> <sup>[3]</sup> - 6:9, 7:23, 148:2 <b>heard</b> <sup>[6]</sup> - 6:15, 44:20, 51:8, 143:19, 143:23, 147:2 <b>hearing</b> <sup>[1]</sup> - 113:21 <b>heart</b> <sup>[1]</sup> - 24:8 <b>heartburn</b> <sup>[1]</sup> - 161:2 <b>hearts</b> <sup>[1]</sup> - 121:21 <b>heavy</b> <sup>[3]</sup> - 37:5, 84:16 <b>held</b> <sup>[3]</sup> - 7:1, 55:2, 72:8 <b>help</b> <sup>[36]</sup> - 13:15, 17:18, 31:7, 32:17, 36:21, 37:3, 78:16, 78:17, 78:18, 78:21, 79:14, 80:5, 81:12, 81:19, 81:24, 82:12, 83:22, 83:23, 84:9, 85:4, 90:23, 100:13, 110:21, 110:25, 111:1, 113:6, 118:25, 119:14, 120:4, 122:9, 122:23, 137:3, 137:10, 137:22, 140:3 

<p><b>helped</b> [1] - 90:24</p> <p><b>helper</b> [1] - 13:6</p> <p><b>helping</b> [6] - 24:2, 36:20, 37:4, 41:2, 100:13, 141:21</p> <p><b>helps</b> [4] - 19:7, 19:8, 19:13, 19:19</p> <p><b>hereby</b> [2] - 163:6, 164:10</p> <p><b>high</b> [2] - 15:7, 147:4</p> <p><b>higherm</b> [1] - 24:25</p> <p><b>highly</b> [1] - 13:12</p> <p><b>himself</b> [3] - 39:20, 48:13, 123:6</p> <p><b>hip</b> [41] - 13:21, 13:23, 13:25, 14:15, 14:19, 15:3, 15:5, 15:18, 16:5, 16:13, 20:14, 22:15, 23:8, 23:11, 23:13, 62:22, 63:8, 63:9, 63:15, 63:18, 63:21, 63:25, 91:8, 91:13, 91:18, 114:18, 115:3, 116:8, 116:13, 116:23, 116:25, 117:9, 119:17, 119:21, 120:10, 120:20, 122:4, 129:6, 146:13, 147:4, 148:18</p> <p><b>hired</b> [1] - 75:1</p> <p><b>history</b> [1] - 23:25</p> <p><b>hobbies</b> [1] - 84:17</p> <p><b>hold</b> [5] - 42:5, 72:23, 72:25, 82:21, 82:24</p> <p><b>home</b> [27] - 12:18, 32:2, 32:4, 33:12, 37:14, 38:7, 38:25, 39:4, 39:25, 41:7, 41:15, 47:14, 49:9, 49:14, 75:8, 81:2, 84:9, 84:10, 85:5, 99:8, 100:19, 128:22, 134:22, 135:10, 136:12, 136:13, 142:2</p> <p><b>hone</b> [2] - 51:20, 52:8</p> <p><b>honestly</b> [1] - 158:3</p> <p><b>Honor</b> [44] - 4:23, 7:15, 8:2, 8:3, 9:4, 10:9, 11:15, 12:7, 35:19, 42:7, 49:18, 54:1, 54:24, 55:12, 60:18, 61:18, 66:24, 68:21, 69:4, 82:19, 88:20, 92:17, 97:14, 102:25, 106:20, 109:22, 110:5, 110:11, 133:22, 144:2, 144:10, 144:15, 145:9, 149:18, 152:21, 152:23, 155:19, 155:21, 155:23, 156:3, 158:11, 158:13, 160:19, 162:9</p> <p><b>Honorable</b> [1] - 1:17</p> <p><b>hook</b> [3] - 152:3, 152:12, 152:13</p> <p><b>hope</b> [6] - 8:9, 23:1, 79:18, 81:22, 85:6, 96:5</p> <p><b>hopefully</b> [1] - 126:15</p> <p><b>Hopkins</b> [2] - 147:20, 150:5</p> <p><b>Hospital</b> [4] - 64:24, 87:10,</p>	<p>87:19, 87:25</p> <p><b>hospital</b> [3] - 23:3, 87:16, 144:21</p> <p><b>hospitalizations</b> [1] - 113:18</p> <p><b>hour</b> [7] - 39:14, 40:1, 40:3, 40:6, 40:8, 79:22, 80:1</p> <p><b>hours</b> [26] - 23:5, 39:7, 39:11, 39:12, 39:23, 39:24, 40:10, 77:20, 78:16, 78:21, 79:1, 79:2, 79:5, 79:13, 80:5, 80:8, 81:2, 81:19, 81:24, 83:21, 83:22, 84:8, 85:1, 85:4, 140:19</p> <p><b>house</b> [17] - 26:2, 33:22, 34:3, 34:7, 34:8, 34:10, 34:13, 34:20, 37:17, 41:9, 57:17, 84:13, 84:19, 84:20, 115:19, 136:17, 141:2</p> <p><b>housekeeper</b> [1] - 141:3</p> <p><b>housekeeping</b> [5] - 40:22, 41:1, 41:11, 140:21, 157:4</p> <p><b>houses</b> [1] - 34:16</p> <p><b>Hoyer</b> [5] - 37:2, 37:3, 37:7, 37:13, 137:14</p> <p><b>huge</b> [1] - 161:2</p> <p><b>humbling</b> [2] - 112:12, 115:12</p> <p><b>hundred</b> [1] - 33:20</p> <p><b>hundreds</b> [1] - 92:13</p> <p><b>hyaluronic</b> [2] - 122:2, 122:7</p> <p><b>HYMANSON</b> [43] - 6:11, 8:1, 8:18, 9:3, 9:15, 10:9, 11:14, 12:7, 12:12, 35:4, 35:19, 36:8, 42:3, 42:6, 42:9, 42:13, 51:2, 52:15, 54:24, 55:11, 66:24, 68:21, 82:19, 83:1, 92:17, 97:14, 102:24, 106:20, 109:22, 110:4, 133:22, 134:1, 144:2, 145:9, 145:13, 149:16, 151:12, 152:23, 153:3, 153:13, 155:17, 158:11, 159:10</p> <p><b>Hymanson</b> [17] - 2:4, 2:4, 6:9, 11:13, 12:6, 51:1, 65:11, 75:17, 76:10, 77:7, 131:16, 145:8, 152:22, 155:15, 157:18, 157:23, 158:7</p> <p><b>Hymanson's</b> [2] - 71:3, 149:24</p> <p><b>hypothetically</b> [1] - 144:20</p> <p style="text-align: center;"><b>I</b></p> <p><b>idea</b> [9] - 13:24, 14:6, 31:4, 33:21, 38:3, 90:19, 120:19, 143:3, 161:6</p> <p><b>identified</b> [5] - 65:18, 87:24,</p>	<p>91:18, 94:20, 95:2</p> <p><b>identifies</b> [2] - 118:19, 122:16</p> <p><b>image</b> [1] - 63:11</p> <p><b>imaging</b> [1] - 14:1</p> <p><b>immaterial</b> [1] - 106:10</p> <p><b>imminently</b> [1] - 111:8</p> <p><b>impact</b> [1] - 58:5</p> <p><b>imperative</b> [1] - 105:20</p> <p><b>implant</b> [1] - 20:16</p> <p><b>implantation</b> [1] - 124:11</p> <p><b>implements</b> [1] - 29:14</p> <p><b>implicate</b> [1] - 60:15</p> <p><b>implication</b> [1] - 56:25</p> <p><b>implicitly</b> [1] - 45:18</p> <p><b>implied</b> [1] - 57:10</p> <p><b>implies</b> [2] - 45:10, 57:20</p> <p><b>important</b> [4] - 77:9, 112:15, 112:25, 124:21</p> <p><b>impression</b> [3] - 47:20, 48:19, 56:23</p> <p><b>improper</b> [1] - 107:18</p> <p><b>improve</b> [1] - 97:9</p> <p><b>IN</b> [1] - 1:6</p> <p><b>in-home</b> [1] - 49:9</p> <p><b>inability</b> [1] - 58:19</p> <p><b>inaccurate</b> [2] - 66:23, 67:5</p> <p><b>inappropriate</b> [1] - 110:1</p> <p><b>incident</b> [7] - 48:15, 91:25, 95:24, 99:13, 100:1, 100:16, 102:18</p> <p><b>include</b> [4] - 29:13, 39:24, 89:19, 153:19</p> <p><b>included</b> [7] - 15:15, 27:10, 30:22, 113:5, 124:3, 141:5, 163:7</p> <p><b>including</b> [1] - 117:13</p> <p><b>independently</b> [1] - 9:13</p> <p><b>indicate</b> [3] - 7:4, 52:5, 59:13</p> <p><b>indicated</b> [22] - 7:11, 45:13, 48:3, 48:11, 48:16, 50:6, 71:2, 78:11, 103:9, 103:10, 106:19, 107:15, 108:15, 109:7, 114:4, 114:19, 123:5, 126:1, 127:14, 128:8, 131:15, 134:25</p> <p><b>indicating</b> [1] - 44:1</p> <p><b>indication</b> [2] - 78:12, 125:21</p> <p><b>individual</b> [16] - 13:11, 21:19, 34:1, 37:7, 39:11, 41:3, 73:13, 81:7, 105:8, 114:8, 146:17, 148:3, 148:6, 150:6, 150:10, 150:23</p> <p><b>individually</b> [1] - 122:19</p> <p><b>individuals</b> [6] - 13:13, 18:25, 79:12, 81:15, 121:24, 148:13</p> <p><b>indulgence</b> [2] - 8:1, 42:6</p> <p><b>inevitable</b> [1] - 120:9</p>	<p><b>infer</b> [2] - 51:5, 56:15</p> <p><b>inference</b> [1] - 56:25</p> <p><b>inferred</b> [1] - 57:10</p> <p><b>inflate</b> [1] - 32:19</p> <p><b>inflation</b> [1] - 40:2</p> <p><b>information</b> [11] - 4:20, 5:24, 60:14, 91:5, 129:25, 130:6, 130:11, 130:15, 131:8, 132:7, 134:17</p> <p><b>informed</b> [1] - 4:19</p> <p><b>initial</b> [1] - 33:5</p> <p><b>injecting</b> [1] - 122:4</p> <p><b>injection</b> [2] - 120:15, 122:13</p> <p><b>injections</b> [10] - 69:23, 93:5, 113:19, 114:7, 118:16, 120:3, 120:7, 120:18, 121:17, 146:20</p> <p><b>injury</b> [2] - 23:13, 38:4</p> <p><b>inquire</b> [4] - 43:23, 46:17, 50:14, 107:20</p> <p><b>inquiry</b> [3] - 9:24, 44:6, 58:3</p> <p><b>insert</b> [1] - 93:11</p> <p><b>inside</b> [3] - 27:25, 38:19, 46:7</p> <p><b>insight</b> [5] - 72:10, 72:20, 73:8, 73:21, 150:16</p> <p><b>instance</b> [2] - 44:23, 55:23</p> <p><b>instead</b> [2] - 72:12, 73:10</p> <p><b>instruction</b> [3] - 105:19, 105:21, 105:23</p> <p><b>insulting</b> [9] - 72:11, 72:19, 73:3, 73:7, 73:12, 73:19, 73:20, 149:23, 150:14</p> <p><b>insurance</b> [6] - 9:8, 46:20, 51:5, 105:3, 106:3, 106:6</p> <p><b>insure</b> [2] - 23:14, 28:8</p> <p><b>insured</b> [1] - 106:9</p> <p><b>insurers</b> [1] - 52:3</p> <p><b>intact</b> [1] - 16:10</p> <p><b>integrate</b> [1] - 38:9</p> <p><b>integration</b> [1] - 24:5</p> <p><b>intend</b> [1] - 4:20</p> <p><b>intended</b> [1] - 105:25</p> <p><b>intending</b> [1] - 109:20</p> <p><b>intention</b> [1] - 8:15</p> <p><b>interarticular</b> [1] - 63:21</p> <p><b>interest</b> [1] - 150:7</p> <p><b>interested</b> [2] - 125:23, 163:12</p> <p><b>interrupt</b> [1] - 6:4</p> <p><b>interview</b> [3] - 76:12, 76:17, 76:20</p> <p><b>interviewed</b> [2] - 76:10, 76:15</p> <p><b>introduce</b> [5] - 47:8, 55:7, 56:1, 57:4, 57:5</p> <p><b>introduced</b> [1] - 56:8</p> <p><b>invalid</b> [1] - 39:20</p> <p><b>invasive</b> [4] - 14:7, 14:12,</p>
--	---	--	---

<p>146:19  <b>involved</b> [5] - 19:10, 21:2, 27:6, 38:5, 163:11  <b>issue</b> [13] - 8:24, 9:24, 42:18, 43:20, 45:24, 47:16, 55:19, 55:25, 57:2, 57:8, 124:25, 133:9, 141:11  <b>issues</b> [13] - 9:5, 20:21, 49:25, 50:2, 54:19, 54:25, 94:14, 95:12, 95:15, 98:6, 121:19, 133:12  <b>item</b> [8] - 26:11, 27:18, 32:6, 33:12, 34:22, 37:23, 60:6, 67:19  <b>items</b> [14] - 9:13, 27:13, 43:24, 49:21, 49:23, 50:12, 51:24, 58:13, 74:7, 111:12, 144:25, 145:1  <b>itself</b> [1] - 157:21</p> <p style="text-align: center;"><b>J</b></p> <p><b>Jacobson</b> [1] - 131:17  <b>Jansen</b> [9] - 67:14, 72:9, 72:20, 131:18, 146:21, 150:15, 151:1, 159:19  <b>JASON</b> [1] - 1:12  <b>JAVS</b> [2] - 6:21, 8:22  <b>job</b> [1] - 21:6  <b>Johns</b> [2] - 147:20, 150:4  <b>join</b> [1] - 11:6  <b>joining</b> [1] - 50:21  <b>joint</b> [10] - 15:10, 27:12, 63:22, 114:17, 115:4, 116:7, 119:14, 122:9, 122:24, 146:16  <b>joints</b> [2] - 116:3, 121:10  <b>Joseph</b> [1] - 2:4  <b>joust</b> [1] - 8:12  <b>judgment</b> [3] - 4:13, 6:17, 7:5  <b>JUDICIAL</b> [1] - 1:6  <b>July</b> [10] - 5:7, 30:6, 66:14, 71:7, 87:14, 89:17, 97:6, 111:19, 123:15, 123:18  <b>juror</b> [3] - 153:19, 157:8  <b>Juror</b> [3] - 157:10, 157:11, 157:14  <b>juror's</b> [1] - 157:15  <b>jurors</b> [12] - 10:6, 35:13, 46:18, 50:10, 61:4, 153:14, 153:16, 154:3, 154:7, 155:16, 155:18, 157:13  <b>jury</b> [44] - 4:5, 11:2, 13:2, 14:17, 16:8, 16:18, 32:9, 33:18, 37:2, 38:2, 42:23, 43:1, 43:3, 45:16, 45:20, 47:12, 47:21, 47:22, 48:2, 48:18, 48:21, 50:1, 52:6,</p>	<p>56:1, 56:15, 56:16, 56:23, 57:14, 58:11, 58:12, 61:2, 61:10, 62:21, 105:18, 115:6, 115:15, 119:15, 130:13, 147:8, 150:13, 156:10, 156:13, 156:17, 157:2  <b>JURY</b> [1] - 1:16  <b>jury's</b> [1] - 89:4</p> <p style="text-align: center;"><b>K</b></p> <p><b>Kathleen</b> [1] - 1:17  <b>keep</b> [4] - 25:25, 26:1, 36:3, 112:16  <b>Keith</b> [1] - 2:6  <b>kicked</b> [1] - 150:1  <b>kind</b> [13] - 14:8, 14:11, 17:1, 20:19, 20:21, 28:10, 36:3, 100:10, 121:19, 124:3, 130:4, 150:6, 162:2  <b>kindly</b> [1] - 85:25  <b>Kindred</b> [1] - 87:23  <b>kinds</b> [1] - 121:18  <b>kitchen</b> [1] - 84:15  <b>knee</b> [58] - 13:21, 13:22, 13:25, 14:7, 14:9, 14:15, 14:19, 15:4, 15:5, 15:18, 16:5, 16:12, 20:14, 22:12, 22:14, 22:17, 22:18, 22:22, 22:24, 23:2, 23:8, 23:11, 23:15, 27:12, 35:25, 62:20, 73:18, 91:8, 91:13, 91:18, 114:18, 115:3, 116:8, 116:13, 116:23, 116:25, 117:9, 119:17, 119:21, 120:11, 120:20, 121:25, 122:1, 122:5, 122:13, 122:23, 124:14, 124:16, 125:4, 128:13, 129:1, 129:3, 129:6, 144:24, 146:13, 155:8, 155:12  <b>knee's</b> [1] - 36:5  <b>knowledge</b> [2] - 110:8, 150:22  <b>known</b> [1] - 90:25  <b>knows</b> [1] - 46:7</p> <p style="text-align: center;"><b>L</b></p> <p><b>lab</b> [2] - 15:21, 15:23  <b>label</b> [1] - 13:8  <b>lack</b> [3] - 7:8, 85:18, 142:9  <b>lacking</b> [3] - 72:20, 73:7, 73:21  <b>ladies</b> [13] - 11:3, 13:1, 14:16, 16:7, 16:17, 18:20, 32:8, 33:17, 37:1, 38:1, 105:17, 147:7, 156:9</p>	<p><b>laid</b> [1] - 44:7  <b>lane</b> [1] - 113:1  <b>language</b> [1] - 150:12  <b>large</b> [1] - 58:20  <b>larger</b> [1] - 43:11  <b>Las</b> [4] - 4:1, 61:23, 151:23, 164:20  <b>Lasry</b> [4] - 7:4, 43:12, 47:11, 159:14  <b>LASRY</b> [1] - 1:12  <b>last</b> [14] - 9:21, 28:21, 30:6, 37:23, 39:10, 40:5, 48:4, 92:19, 102:3, 112:8, 122:10, 135:5, 141:12, 152:16  <b>lastly</b> [1] - 58:7  <b>laundry</b> [3] - 41:9, 99:21, 141:1  <b>law</b> [7] - 43:22, 44:8, 55:2, 55:22, 56:6, 57:4, 57:20  <b>lawsuit</b> [1] - 104:24  <b>lawyer</b> [3] - 130:16, 152:6, 152:16  <b>lawyers</b> [1] - 129:19  <b>lead</b> [1] - 78:24  <b>leads</b> [3] - 17:4, 32:23, 116:2  <b>least</b> [10] - 14:12, 38:16, 39:11, 48:17, 51:3, 121:12, 126:16, 131:23, 146:19, 150:22  <b>leave</b> [1] - 161:1  <b>leaves</b> [1] - 63:22  <b>left</b> [6] - 9:21, 36:4, 50:10, 73:18, 148:18  <b>leg</b> [11] - 34:25, 35:10, 36:3, 36:4, 63:2, 115:1, 137:13, 146:25, 153:7  <b>legged</b> [1] - 36:16  <b>length</b> [1] - 107:5  <b>less</b> [7] - 22:3, 24:8, 32:19, 63:3, 74:22, 112:10, 148:21  <b>level</b> [2] - 62:22, 119:4  <b>Lewis</b> [1] - 149:6  <b>liability</b> [1] - 47:11  <b>life</b> [10] - 23:9, 28:5, 31:23, 38:20, 97:9, 112:9, 112:19, 154:12, 154:16  <b>life-changing</b> [1] - 112:9  <b>lifecare</b> [41] - 5:9, 5:20, 5:21, 40:16, 42:1, 48:1, 49:2, 49:19, 51:24, 58:2, 66:13, 68:6, 68:7, 70:25, 71:3, 71:11, 74:14, 74:22, 90:5, 97:21, 99:6, 99:10, 99:25, 100:17, 102:13, 102:17, 102:21, 103:8, 103:13, 103:24, 106:18, 108:25, 109:19, 111:4, 131:22, 145:19, 148:21, 151:23,</p>	<p>151:25, 152:2, 155:7  <b>lift</b> [14] - 34:22, 36:19, 37:2, 37:3, 37:7, 37:13, 38:23, 114:21, 137:2, 137:14, 137:23, 138:6, 138:19, 139:21  <b>lifting</b> [1] - 84:15  <b>light</b> [1] - 105:21  <b>lightweight</b> [1] - 25:3  <b>likelihood</b> [1] - 15:6  <b>likely</b> [6] - 14:18, 21:3, 27:24, 45:21, 45:22, 117:12  <b>limb</b> [25] - 17:22, 32:16, 33:3, 72:12, 73:11, 76:5, 81:13, 98:6, 112:9, 112:12, 124:14, 124:20, 124:22, 125:4, 137:12, 138:23, 140:9, 140:10, 141:10, 141:17, 141:18, 141:19, 148:7, 149:23, 153:11  <b>limbs</b> [1] - 150:23  <b>limine</b> [1] - 6:16  <b>limitations</b> [1] - 142:1  <b>limited</b> [2] - 59:11, 117:24  <b>line</b> [3] - 52:5, 60:6, 158:2  <b>lining</b> [1] - 33:10  <b>Lisinopril</b> [1] - 142:20  <b>list</b> [2] - 99:21, 157:13  <b>listed</b> [7] - 30:16, 30:25, 37:25, 101:17, 140:4, 140:5, 144:25  <b>listen</b> [2] - 85:25, 141:22  <b>literature</b> [12] - 72:18, 73:1, 118:18, 121:1, 121:6, 121:7, 121:8, 121:11, 121:22, 121:23, 122:15, 153:5  <b>live</b> [3] - 67:22, 126:16, 126:20  <b>liver</b> [1] - 15:25  <b>living</b> [2] - 138:3, 138:15  <b>located</b> [1] - 28:17  <b>location</b> [4] - 16:15, 35:23, 93:6, 160:4  <b>locations</b> [1] - 92:1  <b>locks</b> [1] - 27:12  <b>logged</b> [1] - 53:13  <b>long-term</b> [2] - 38:11, 146:9  <b>look</b> [14] - 7:15, 8:22, 14:9, 16:11, 21:7, 52:10, 52:20, 57:24, 82:14, 88:5, 95:4, 97:1, 105:8, 152:1  <b>looked</b> [4] - 53:10, 64:16, 84:6, 98:5  <b>looking</b> [9] - 14:6, 18:3, 52:23, 95:16, 133:2, 147:17, 155:25, 158:20, 161:7  <b>looks</b> [3] - 15:10, 15:11, 153:16</p>
---	--	---	---

<p><b>lose</b> [2] - 20:21, 47:14  <b>losing</b> [1] - 112:9  <b>love</b> [1] - 50:16  <b>low</b> [1] - 17:3  <b>lower</b> [3] - 16:2, 17:2, 152:18  <b>lowered</b> [1] - 33:20  <b>lumbar</b> [3] - 17:2, 17:3, 17:8</p>	<p><b>McBride</b> [7] - 2:6, 3:2, 7:4, 50:20, 74:13, 144:13, 149:9  <b>McBride's</b> [1] - 149:8  <b>McCrosky</b> [8] - 55:1, 55:21, 55:22, 55:24, 56:4, 57:2, 57:24, 59:1  <b>meals</b> [4] - 39:13, 84:13, 84:14, 141:2  <b>mean</b> [11] - 17:24, 27:11, 47:7, 85:19, 98:12, 119:24, 120:23, 121:18, 127:4, 130:19, 146:5  <b>meaning</b> [2] - 45:10, 65:13  <b>means</b> [3] - 32:18, 94:16, 94:21  <b>medial</b> [1] - 113:20  <b>Medicaid</b> [3] - 44:18, 55:8, 59:1  <b>medical</b> [62] - 4:16, 5:9, 5:12, 5:15, 5:19, 5:20, 7:9, 8:16, 18:23, 19:2, 19:3, 30:9, 30:24, 31:22, 42:11, 44:10, 44:14, 48:13, 50:4, 56:1, 56:21, 65:5, 65:9, 69:21, 73:16, 85:15, 85:18, 86:6, 86:15, 86:19, 86:24, 87:5, 87:8, 87:12, 87:16, 89:12, 89:15, 89:16, 94:21, 95:1, 95:4, 95:6, 98:8, 98:14, 99:2, 99:7, 99:11, 100:8, 100:14, 101:16, 104:23, 105:2, 106:3, 120:2, 121:1, 121:16, 121:19, 125:6, 132:11, 146:21, 150:4, 150:6  <b>medically</b> [15] - 45:13, 48:3, 48:11, 48:16, 50:6, 97:10, 103:9, 103:10, 106:19, 108:15, 114:4, 119:16, 123:5, 127:14, 128:8  <b>medically-indicated</b> [12] - 45:13, 48:3, 48:11, 48:16, 103:9, 103:10, 106:19, 108:15, 114:4, 123:5, 127:14, 128:8  <b>medicals</b> [1] - 59:11  <b>Medicare</b> [31] - 9:24, 43:24, 44:3, 44:18, 45:1, 45:25, 46:1, 46:2, 46:4, 46:11, 47:8, 49:20, 50:8, 50:13, 51:3, 51:4, 51:5, 53:21, 54:13, 54:17, 54:19, 54:20, 56:2, 56:3, 57:4, 57:5, 58:25, 59:2, 59:18, 60:3, 60:7  <b>Medicare/Medicaid</b> [1] - 49:3  <b>medication</b> [22] - 18:12, 18:13, 18:14, 19:7, 19:15, 19:21, 21:24, 22:2, 22:8,</p>	<p>80:11, 92:7, 92:24, 100:6, 101:18, 101:21, 113:7, 113:11, 114:7, 142:7, 142:15, 142:16, 146:14  <b>medication's</b> [1] - 141:20  <b>medications</b> [14] - 18:9, 18:16, 18:19, 18:21, 20:3, 20:10, 20:11, 20:17, 21:21, 22:4, 91:4, 127:19, 142:11, 142:18  <b>Medicine</b> [2] - 143:16, 143:25  <b>medicine</b> [3] - 107:6, 108:2, 142:22  <b>member</b> [2] - 77:2, 143:15  <b>members</b> [1] - 143:24  <b>mental</b> [1] - 112:15  <b>mentioned</b> [1] - 11:7  <b>mentors</b> [1] - 150:4  <b>met</b> [3] - 79:22, 86:17, 94:7  <b>middle</b> [4] - 29:8, 40:5, 82:8, 133:10  <b>might</b> [25] - 13:6, 25:24, 26:6, 26:9, 46:3, 46:5, 46:12, 46:19, 58:18, 58:19, 59:7, 59:8, 75:12, 76:6, 76:16, 77:16, 81:5, 82:5, 88:24, 103:23, 108:21, 110:1, 127:24, 150:1  <b>migrate</b> [1] - 17:5  <b>military</b> [1] - 147:17  <b>million</b> [2] - 56:20, 56:24  <b>mind</b> [1] - 161:15  <b>minus</b> [1] - 31:25  <b>minute</b> [3] - 75:15, 102:19, 126:24  <b>minutes</b> [7] - 6:23, 42:22, 60:20, 79:23, 80:2, 90:11, 120:16  <b>miraculously</b> [1] - 38:23  <b>miserable</b> [1] - 38:8  <b>Miss</b> [2] - 47:13, 57:15  <b>missed</b> [3] - 124:15, 132:13, 137:17  <b>missing</b> [11] - 17:22, 32:16, 35:25, 63:2, 86:1, 112:12, 117:7, 136:17, 146:24, 153:7, 153:11  <b>misspoken</b> [1] - 77:22  <b>mistake</b> [1] - 30:19  <b>mistrial</b> [1] - 51:6  <b>misunderstood</b> [1] - 116:5  <b>mobile</b> [2] - 33:1, 33:2  <b>mobility</b> [2] - 138:10, 138:15  <b>mode</b> [1] - 24:10  <b>modification</b> [1] - 34:7  <b>modifications</b> [3] - 33:12, 37:14, 135:10  <b>modified</b> [1] - 34:20  <b>modify</b> [3] - 34:3, 34:10,</p>	<p>154:24  <b>moment</b> [5] - 62:15, 86:21, 143:14, 155:21, 158:3  <b>Monday</b> [2] - 159:2, 159:6  <b>monetize</b> [1] - 41:3  <b>money</b> [2] - 47:13, 106:7  <b>month</b> [1] - 126:11  <b>monthly</b> [2] - 91:2, 126:10  <b>months</b> [14] - 61:25, 64:5, 64:15, 68:18, 69:11, 71:9, 72:15, 101:3, 101:9, 102:3, 117:11, 122:10, 129:10, 131:7  <b>mood</b> [1] - 19:7  <b>MOORE</b> [1] - 1:9  <b>Moore</b> [116] - 5:16, 13:23, 18:15, 20:12, 21:18, 23:19, 29:14, 30:14, 33:14, 39:7, 39:17, 41:25, 45:10, 46:12, 47:20, 47:23, 48:8, 49:23, 50:1, 50:11, 50:15, 54:12, 54:14, 56:21, 65:19, 65:24, 66:5, 67:13, 67:20, 76:11, 76:22, 76:24, 77:9, 77:21, 78:3, 78:13, 78:16, 78:17, 78:18, 78:21, 78:24, 79:6, 79:13, 79:15, 80:4, 81:2, 81:8, 81:19, 81:23, 83:2, 85:3, 85:15, 86:7, 86:17, 87:5, 91:23, 92:11, 92:23, 93:14, 94:7, 94:21, 95:13, 97:7, 97:12, 97:15, 97:20, 98:5, 98:11, 98:17, 99:11, 99:22, 100:2, 102:23, 103:1, 103:14, 104:13, 106:19, 107:7, 107:8, 107:10, 108:15, 109:7, 109:20, 109:23, 110:1, 110:13, 111:2, 111:5, 118:25, 119:16, 125:21, 126:15, 127:21, 131:6, 131:19, 131:21, 132:7, 132:21, 136:16, 136:18, 136:23, 136:25, 139:20, 140:18, 140:22, 141:15, 142:4, 144:21, 145:1, 146:9, 154:19, 160:6, 161:5  <b>Moore's</b> [31] - 5:23, 11:16, 14:19, 35:25, 39:15, 52:25, 56:1, 64:25, 66:2, 73:18, 83:16, 85:8, 87:5, 87:14, 90:25, 95:23, 96:3, 103:8, 103:20, 113:8, 123:4, 130:13, 133:19, 133:23, 134:6, 136:8, 142:9, 154:12, 154:24, 155:10, 159:14  <b>Moore's</b> [1] - 160:2  <b>morbidity</b> [1] - 156:1</p>
<b>M</b>			
<p><b>machine</b> [6] - 22:12, 22:25, 23:4, 128:13, 128:25, 164:13  <b>main</b> [1] - 49:8  <b>maintenance</b> [1] - 126:10  <b>majority</b> [5] - 38:11, 50:5, 81:4, 115:8, 117:21  <b>makers</b> [1] - 121:20  <b>mall</b> [1] - 38:12  <b>malpractice</b> [2] - 44:10, 44:15  <b>management</b> [29] - 91:1, 91:24, 92:1, 93:7, 93:11, 96:20, 100:7, 101:18, 101:19, 101:21, 103:22, 104:21, 111:15, 113:12, 114:3, 114:6, 114:8, 114:13, 123:4, 123:19, 125:5, 141:13, 141:16, 142:5, 142:8, 142:25, 143:4, 143:5  <b>maneuver</b> [2] - 25:7, 115:1  <b>maneuvering</b> [1] - 54:14  <b>manner</b> [1] - 153:9  <b>manual</b> [9] - 24:15, 25:12, 25:15, 25:19, 25:24, 26:2, 44:23, 100:11, 100:18  <b>manually</b> [1] - 23:25  <b>mark</b> [1] - 157:15  <b>marked</b> [2] - 80:3, 157:8  <b>market</b> [1] - 22:5  <b>marshal</b> [1] - 153:20  <b>materials</b> [1] - 5:6  <b>matter</b> [5] - 9:1, 9:21, 56:8, 56:10, 57:11  <b>matters</b> [2] - 11:6, 157:4  <b>mattress</b> [6] - 32:7, 32:10, 32:17, 134:24, 135:1, 135:3  <b>mattresses</b> [1] - 135:5  <b>maximize</b> [1] - 85:18  <b>maximized</b> [1] - 86:13  <b>MBB</b> [1] - 113:20  <b>MC</b> [19] - 4:10, 6:6, 7:2, 7:14, 50:21, 50:25, 53:1, 53:9, 144:15, 144:19, 145:6, 155:23, 159:17, 159:19, 159:21, 160:18, 161:23, 162:5, 162:8</p>			

<p><b>morbidity</b> [2] - 155:10, 155:13</p> <p><b>morning</b> [12] - 39:12, 43:8, 80:6, 80:20, 81:3, 81:20, 83:21, 85:5, 125:13, 160:6, 161:18</p> <p><b>most</b> [24] - 9:22, 14:18, 15:17, 21:12, 26:3, 27:23, 31:10, 34:16, 37:18, 48:17, 62:22, 63:24, 75:24, 81:6, 82:16, 84:13, 96:23, 115:15, 130:14, 147:21, 150:3, 155:11, 157:6, 160:23</p> <p><b>motion</b> [4] - 7:5, 7:7, 43:20, 128:13</p> <p><b>motions</b> [4] - 4:12, 6:15, 6:16</p> <p><b>motorized</b> [5] - 30:18, 30:21, 30:25, 31:14, 132:17</p> <p><b>move</b> [10] - 9:16, 13:17, 17:5, 21:1, 22:17, 32:15, 106:15, 115:14, 151:14</p> <p><b>moved</b> [1] - 16:10</p> <p><b>movement</b> [1] - 23:5</p> <p><b>movements</b> [1] - 20:4</p> <p><b>moving</b> [5] - 22:25, 23:2, 24:11, 32:13, 128:25</p> <p><b>MR</b> [124] - 4:10, 6:6, 6:11, 7:2, 7:14, 8:1, 8:18, 9:3, 9:15, 10:9, 11:14, 12:7, 12:12, 35:4, 35:19, 36:8, 42:3, 42:5, 42:6, 42:9, 42:13, 43:17, 45:5, 47:3, 49:4, 49:7, 49:10, 49:12, 50:16, 50:21, 50:25, 51:2, 52:15, 53:1, 53:7, 53:9, 53:19, 53:25, 54:4, 54:7, 54:11, 54:24, 55:11, 55:17, 60:18, 61:18, 61:21, 66:24, 67:1, 67:2, 68:21, 69:4, 69:5, 82:19, 83:1, 83:15, 88:6, 88:11, 88:20, 89:10, 92:17, 92:21, 92:22, 97:14, 97:18, 97:19, 102:24, 103:3, 103:6, 106:14, 106:20, 107:2, 107:5, 108:1, 109:22, 110:2, 110:4, 110:6, 110:11, 110:12, 133:22, 134:1, 134:5, 134:10, 139:13, 144:2, 144:10, 144:15, 144:19, 145:6, 145:9, 145:13, 149:16, 149:18, 149:21, 151:12, 151:14, 151:17, 152:20, 152:23, 153:3, 153:13, 155:17, 155:21, 155:23, 155:25, 158:11, 158:13, 159:10, 159:16, 159:17, 159:19, 159:21, 159:24, 160:8,</p>	<p>160:16, 160:18, 161:7, 161:10, 161:23, 162:5, 162:6, 162:8, 162:10</p> <p><b>MRI</b> [6] - 13:21, 13:22, 14:1, 14:4, 14:8, 14:12</p> <p><b>multi</b> [4] - 18:18, 20:5, 22:6, 127:22</p> <p><b>multi-vitamin</b> [3] - 18:18, 20:5, 127:22</p> <p><b>multi-vitamins</b> [1] - 22:6</p> <p><b>multiple</b> [6] - 19:22, 20:1, 58:4, 63:17, 132:3</p> <p><b>must</b> [2] - 57:23, 77:22</p> <p><b>MVA</b> [1] - 73:15</p>	<p>104:17, 105:9, 112:21, 115:9, 115:10, 115:11, 119:16, 119:23, 120:2, 120:6, 126:14, 134:25, 135:11, 136:19, 136:24, 138:19, 139:21, 140:3, 140:18, 150:6, 155:9</p> <p><b>Nelson</b> [6] - 163:5, 163:15, 163:16, 164:10, 164:18, 164:19</p> <p><b>NELSON</b> [1] - 1:24</p> <p><b>nerve</b> [3] - 16:22, 19:9, 19:10</p> <p><b>nerves</b> [1] - 19:18</p> <p><b>nervous</b> [1] - 19:13</p> <p><b>Neurontin</b> [4] - 19:14, 19:18, 128:8</p> <p><b>neuropsychiatrist</b> [1] - 113:11</p> <p><b>NEVADA</b> [2] - 1:6, 164:5</p> <p><b>Nevada</b> [21] - 4:1, 33:21, 43:23, 46:7, 55:2, 55:5, 55:6, 74:1, 74:4, 75:5, 89:19, 89:24, 90:14, 90:18, 90:20, 91:10, 91:12, 91:17, 105:5, 163:6, 164:20</p> <p><b>never</b> [13] - 51:8, 66:8, 68:6, 76:7, 85:9, 137:25, 148:14, 150:7, 150:9, 151:21, 152:6, 152:15, 161:15</p> <p><b>new</b> [10] - 6:24, 68:7, 123:16, 126:18, 126:19, 130:10, 131:7, 154:23, 155:1, 155:5</p> <p><b>newer</b> [1] - 22:7</p> <p><b>next</b> [18] - 13:18, 18:8, 23:18, 26:11, 33:12, 34:22, 39:4, 43:13, 112:5, 113:3, 118:14, 127:8, 127:18, 128:12, 140:17, 158:24, 159:7</p> <p><b>nice</b> [1] - 147:17</p> <p><b>night</b> [8] - 29:8, 81:24, 82:4, 82:8, 85:5, 133:10, 156:15, 162:11</p> <p><b>nobody</b> [1] - 39:16</p> <p><b>non</b> [1] - 60:16</p> <p><b>non-application</b> [1] - 60:16</p> <p><b>none</b> [5] - 62:3, 62:6, 62:9, 62:12, 155:17</p> <p><b>norm</b> [1] - 150:14</p> <p><b>note</b> [1] - 157:7</p> <p><b>notes</b> [1] - 164:13</p> <p><b>nothing</b> [4] - 45:13, 52:6, 74:21, 155:23</p> <p><b>notice</b> [1] - 39:15</p> <p><b>noticed</b> [1] - 151:2</p> <p><b>nowhere</b> [4] - 5:10, 5:12, 94:14, 140:13</p> <p><b>NRS</b> [2] - 55:3, 163:7</p> <p><b>Number</b> [5] - 52:22, 52:23,</p>	<p>157:10, 157:11, 157:14</p> <p><b>number</b> [10] - 52:24, 66:22, 67:4, 113:17, 151:22, 152:16, 152:18, 153:19, 157:13, 163:8</p> <p><b>numbers</b> [6] - 31:25, 70:15, 152:4, 152:7, 152:9</p> <p><b>numbness</b> [2] - 139:8, 140:11</p> <p><b>Nurse</b> [4] - 6:20, 7:5, 47:10, 58:6</p>
<b>O</b>			
<p><b>oath</b> [4] - 11:24, 12:2, 61:14, 149:13</p> <p><b>object</b> [1] - 151:12</p> <p><b>objection</b> [13] - 66:24, 69:2, 82:19, 82:25, 83:11, 92:17, 102:24, 106:23, 109:22, 144:8, 151:11, 157:17, 158:8</p> <p><b>objections</b> [1] - 82:23</p> <p><b>obligated</b> [1] - 159:3</p> <p><b>obtained</b> [1] - 60:5</p> <p><b>obviously</b> [5] - 35:13, 57:19, 94:9, 141:10, 159:1</p> <p><b>occurred</b> [1] - 98:1</p> <p><b>October</b> [3] - 5:2, 65:22, 71:8</p> <p><b>OF</b> [7] - 12:11, 61:20, 144:18, 145:12, 149:20, 153:2, 164:5</p> <p><b>offer</b> [1] - 5:17</p> <p><b>offered</b> [1] - 105:22</p> <p><b>offhand</b> [1] - 82:15</p> <p><b>officially</b> [1] - 11:12</p> <p><b>offset</b> [1] - 46:18</p> <p><b>older</b> [1] - 40:15</p> <p><b>once</b> [3] - 31:11, 75:20, 153:20</p> <p><b>one</b> [78] - 4:6, 4:11, 4:12, 6:20, 7:3, 12:13, 19:20, 19:25, 20:16, 21:22, 22:23, 23:18, 26:12, 26:22, 26:24, 27:24, 30:23, 33:13, 34:25, 35:10, 36:16, 37:21, 37:24, 38:8, 42:17, 43:5, 43:19, 47:18, 53:6, 53:19, 54:6, 66:15, 67:9, 69:15, 69:17, 69:19, 71:21, 77:8, 84:22, 88:13, 90:3, 95:7, 95:9, 99:3, 101:6, 106:16, 109:8, 109:10, 111:20, 115:1, 115:11, 117:6, 121:22, 124:24, 125:16, 129:2, 129:9, 129:16, 130:23, 131:25, 132:2, 134:25, 138:15, 144:16, 145:19, 147:21, 147:25, 148:13,</p>			

<p>150:18, 150:25, 151:2, 151:5, 151:10, 151:19, 154:4, 155:21, 157:11, 160:4</p> <p><b>one-legged</b> [1] - 36:16</p> <p><b>one-time</b> [2] - 33:13, 37:24</p> <p><b>ones</b> [5] - 9:7, 19:24, 65:14, 65:17, 87:10</p> <p><b>open</b> [9] - 11:2, 45:24, 51:10, 54:19, 57:21, 58:23, 59:20, 61:10, 120:24</p> <p><b>opened</b> [6] - 44:4, 45:15, 47:15, 51:13, 56:8, 58:2</p> <p><b>opening</b> [15] - 14:9, 43:25, 45:16, 45:21, 51:23, 52:16, 52:17, 52:21, 53:15, 56:9, 56:10, 58:1, 59:14, 59:19, 60:14</p> <p><b>opens</b> [2] - 47:6, 57:11</p> <p><b>Opiate</b> [1] - 17:16</p> <p><b>Opiates</b> [3] - 17:14, 17:19, 17:24</p> <p><b>opinion</b> [14] - 5:17, 17:20, 26:22, 68:16, 71:21, 72:9, 72:14, 72:23, 72:25, 99:3, 113:10, 136:2, 146:8, 153:9</p> <p><b>opinions</b> [16] - 42:10, 62:3, 62:6, 62:9, 62:13, 64:10, 64:14, 64:17, 64:21, 65:7, 85:12, 86:4, 90:12, 90:21, 95:23, 150:12</p> <p><b>Opioid</b> [1] - 17:17</p> <p><b>Opioids</b> [1] - 17:11</p> <p><b>opportunity</b> [6] - 9:25, 55:14, 60:4, 131:25, 132:2, 154:9</p> <p><b>opposed</b> [4] - 14:9, 54:8, 74:8, 79:7</p> <p><b>opposing</b> [1] - 52:18</p> <p><b>opposite</b> [2] - 15:3, 46:24</p> <p><b>optimize</b> [2] - 18:23, 19:3</p> <p><b>option</b> [2] - 85:9, 115:14</p> <p><b>options</b> [2] - 97:25, 132:3</p> <p><b>oral</b> [1] - 66:1</p> <p><b>order</b> [19] - 4:9, 6:21, 45:14, 53:5, 53:12, 64:21, 98:19, 99:14, 103:25, 104:5, 104:6, 104:16, 106:17, 107:10, 108:14, 114:21, 119:17, 158:19, 159:20</p> <p><b>ordered</b> [7] - 45:11, 48:13, 102:22, 104:12, 111:22, 125:5, 127:12</p> <p><b>ordering</b> [1] - 103:15</p> <p><b>orders</b> [2] - 6:15, 8:23</p> <p><b>organs</b> [1] - 16:3</p> <p><b>orient</b> [1] - 44:8</p> <p><b>original</b> [1] - 164:13</p> <p><b>originally</b> [1] - 10:3</p> <p><b>orthopedic</b> [6] - 16:12, 97:2,</p>	<p>97:3, 103:22, 111:14, 121:7</p> <p><b>orthotic</b> [1] - 121:6</p> <p><b>otherwise</b> [3] - 7:17, 47:16, 59:20</p> <p><b>outcome</b> [1] - 85:19</p> <p><b>outcomes</b> [1] - 22:20</p> <p><b>outset</b> [1] - 6:2</p> <p><b>outside</b> [3] - 4:7, 4:8, 150:14</p> <p><b>outstanding</b> [1] - 42:18</p> <p><b>overall</b> [3] - 20:6, 20:19, 138:22</p> <p><b>overcome</b> [1] - 59:20</p> <p><b>overflow</b> [3] - 159:1, 159:5, 161:1</p> <p><b>override</b> [1] - 83:5</p> <p><b>overruled</b> [3] - 69:2, 144:8, 158:4</p> <p><b>overview</b> [2] - 12:20, 12:22</p> <p><b>own</b> [6] - 21:11, 38:19, 54:11, 111:17, 127:22, 151:11</p> <p><b>owner</b> [1] - 13:11</p> <p><b>Oxycodone</b> [1] - 142:20</p> <p><b>Oxycontin</b> [1] - 17:11</p>	<p>141:19, 142:4, 142:8, 142:15, 142:22, 142:25, 143:4, 143:5, 143:12, 146:14, 148:18</p> <p><b>pair</b> [2] - 28:4, 28:11</p> <p><b>paper</b> [1] - 9:13</p> <p><b>paragraph</b> [1] - 56:19</p> <p><b>part</b> [15] - 9:22, 38:6, 55:1, 60:2, 70:8, 106:17, 108:6, 114:23, 114:24, 117:2, 128:18, 130:17, 130:24, 137:17</p> <p><b>partial</b> [3] - 4:13, 6:16, 7:5</p> <p><b>participating</b> [1] - 128:24</p> <p><b>particular</b> [5] - 4:17, 27:14, 28:15, 54:16, 58:11</p> <p><b>parties</b> [1] - 6:14</p> <p><b>partly</b> [1] - 81:9</p> <p><b>parts</b> [3] - 49:19, 137:11, 154:24</p> <p><b>party</b> [2] - 106:9, 163:11</p> <p><b>passed</b> [1] - 97:12</p> <p><b>passive</b> [1] - 128:25</p> <p><b>past</b> [6] - 7:9, 8:16, 42:14, 56:1, 131:7, 159:6</p> <p><b>patience</b> [1] - 11:5</p> <p><b>patient</b> [7] - 108:17, 108:18, 108:19, 145:17, 147:17, 148:3, 153:11</p> <p><b>patients</b> [4] - 92:5, 94:5, 120:24, 129:2</p> <p><b>pay</b> [9] - 41:6, 44:2, 44:3, 45:25, 46:1, 46:3, 46:4, 58:19, 106:8</p> <p><b>paying</b> [2] - 46:11, 68:15</p> <p><b>payments</b> [5] - 55:4, 55:5, 55:8, 56:3, 59:23</p> <p><b>PCB</b> [1] - 103:21</p> <p><b>PCP</b> [1] - 103:21</p> <p><b>pelvis</b> [3] - 63:13, 63:17, 63:18</p> <p><b>people</b> [17] - 17:16, 19:13, 21:12, 22:1, 22:20, 26:3, 31:10, 62:21, 79:3, 79:11, 80:19, 84:13, 94:15, 112:11, 121:20, 121:25, 141:13</p> <p><b>per</b> [5] - 18:2, 40:1, 40:6, 41:12, 55:4</p> <p><b>perceive</b> [1] - 58:1</p> <p><b>percent</b> [1] - 142:10</p> <p><b>perform</b> [1] - 5:15</p> <p><b>performance</b> [1] - 119:12</p> <p><b>perhaps</b> [1] - 50:1</p> <p><b>period</b> [14] - 15:22, 16:16, 18:3, 20:10, 24:13, 28:11, 37:22, 39:2, 40:1, 40:14, 40:20, 41:13, 41:20, 146:15</p> <p><b>peripheral</b> [1] - 19:17</p>	<p><b>permission</b> [2] - 35:4, 35:20</p> <p><b>person</b> [11] - 38:9, 39:22, 75:2, 85:21, 95:8, 105:9, 112:14, 152:12, 153:7, 163:8, 163:12</p> <p><b>person's</b> [1] - 112:16</p> <p><b>personal</b> [1] - 46:12</p> <p><b>pet</b> [1] - 13:2</p> <p><b>phantom</b> [6] - 17:21, 19:9, 19:19, 76:4, 76:5, 143:12</p> <p><b>pharmacy</b> [1] - 22:1</p> <p><b>phase</b> [1] - 120:5</p> <p><b>Philip</b> [1] - 2:4</p> <p><b>phrase</b> [1] - 157:22</p> <p><b>physiatrist</b> [3] - 109:4, 109:10, 109:13</p> <p><b>Physical</b> [2] - 143:15, 143:24</p> <p><b>physical</b> [6] - 107:6, 108:2, 121:7, 125:3, 125:4, 128:19</p> <p><b>physician</b> [21] - 92:2, 92:24, 96:8, 96:9, 96:16, 96:20, 96:25, 102:22, 102:23, 103:7, 103:14, 103:16, 104:9, 104:20, 107:6, 108:3, 111:13, 111:15, 123:4, 141:16, 142:5</p> <p><b>physician's</b> [1] - 96:23</p> <p><b>physicians</b> [9] - 45:11, 45:14, 48:19, 92:9, 98:18, 98:21, 103:20, 141:21, 143:4</p> <p><b>picture</b> [3] - 14:23, 126:25, 155:4</p> <p><b>pie</b> [1] - 9:12</p> <p><b>piecemeal</b> [1] - 51:9</p> <p><b>pieces</b> [1] - 155:5</p> <p><b>pin</b> [1] - 28:18</p> <p><b>pitfalls</b> [2] - 95:11, 113:6</p> <p><b>place</b> [10] - 7:10, 23:15, 23:17, 28:15, 37:7, 38:13, 72:18, 91:11, 145:19, 164:14</p> <p><b>placed</b> [1] - 20:16</p> <p><b>places</b> [3] - 16:12, 34:1, 38:17</p> <p><b>Plaintiff</b> [15] - 7:25, 44:1, 44:16, 46:19, 47:6, 47:13, 50:19, 53:12, 57:23, 58:10, 59:4, 106:4, 106:8, 152:4, 159:8</p> <p><b>Plaintiff's</b> [6] - 7:9, 47:9, 52:22, 53:6, 149:13, 162:1</p> <p><b>Plaintiffs</b> [9] - 1:10, 2:3, 44:21, 54:23, 57:15, 74:9, 74:19, 106:2, 107:10</p> <p><b>plan</b> [73] - 5:9, 5:21, 12:21, 14:11, 18:5, 18:23, 18:24, 19:2, 21:18, 21:20, 29:18, 38:3, 39:19, 39:24, 40:4,</p>
---	---	--	---



<p>40:7, 40:16, 41:3, 41:7, 42:1, 44:24, 48:1, 49:2, 49:19, 56:24, 58:2, 66:13, 68:6, 68:7, 70:25, 71:3, 71:11, 74:14, 74:22, 74:24, 86:19, 90:5, 94:9, 97:21, 97:22, 98:8, 98:14, 99:7, 99:11, 100:1, 100:17, 102:13, 102:17, 102:21, 103:8, 103:13, 103:24, 104:7, 106:18, 107:7, 108:16, 108:18, 109:1, 109:20, 111:4, 111:10, 111:11, 131:22, 141:5, 145:19, 148:21, 151:23, 151:25, 152:2, 154:13, 155:7, 155:14, 162:1</p> <p><b>planning</b> [1] - 25:23</p> <p><b>plans</b> [1] - 40:5</p> <p><b>plasma</b> [7] - 118:20, 118:21, 118:22, 119:4, 119:5, 119:16, 121:17</p> <p><b>plaster</b> [2] - 28:9, 28:10</p> <p><b>platelet</b> [4] - 118:21, 118:22, 119:16, 121:17</p> <p><b>platelet-rich</b> [4] - 118:21, 118:22, 119:16, 121:17</p> <p><b>platelets</b> [1] - 118:19</p> <p><b>plethora</b> [1] - 121:23</p> <p><b>plus</b> [1] - 9:7</p> <p><b>pocket</b> [1] - 49:6</p> <p><b>point</b> [28] - 8:13, 17:13, 29:4, 30:13, 30:17, 41:2, 42:22, 49:1, 55:21, 58:9, 58:20, 58:21, 60:5, 63:18, 63:25, 78:15, 102:9, 110:18, 112:19, 117:24, 127:1, 129:25, 130:1, 138:5, 138:16, 138:19, 139:21, 149:24</p> <p><b>Point</b> [4] - 53:8, 53:9, 53:10, 53:16</p> <p><b>pointed</b> [1] - 30:20</p> <p><b>points</b> [3] - 8:4, 29:6, 29:16</p> <p><b>policy</b> [3] - 47:7, 47:9, 56:13</p> <p><b>poor</b> [2] - 16:1, 32:12</p> <p><b>pop</b> [1] - 23:17</p> <p><b>portion</b> [1] - 46:4</p> <p><b>portrayed</b> [1] - 117:19</p> <p><b>posed</b> [1] - 157:17</p> <p><b>position</b> [3] - 55:20, 87:3, 119:15</p> <p><b>possible</b> [5] - 84:12, 85:19, 109:18, 120:23, 161:21</p> <p><b>possibly</b> [2] - 35:15, 93:19</p> <p><b>post</b> [2] - 63:6, 128:16</p> <p><b>post-surgical</b> [1] - 128:16</p> <p><b>potential</b> [4] - 15:13, 51:16, 52:13, 155:9</p> <p><b>potentially</b> [2] - 98:24, 148:9</p>	<p><b>Power</b> [4] - 53:8, 53:9, 53:10, 53:16</p> <p><b>Practitioner</b> [4] - 6:20, 7:6, 47:10, 58:6</p> <p><b>precluded</b> [2] - 47:16, 59:2</p> <p><b>prefaced</b> [1] - 154:16</p> <p><b>preference</b> [1] - 161:24</p> <p><b>prejudice</b> [1] - 7:6</p> <p><b>preliminary</b> [2] - 113:21, 113:22</p> <p><b>preparation</b> [2] - 15:8, 65:12</p> <p><b>prepare</b> [4] - 14:3, 72:4, 72:5, 84:4</p> <p><b>prepared</b> [6] - 7:4, 65:6, 80:16, 84:13, 84:18, 90:21</p> <p><b>prescribe</b> [6] - 98:18, 99:14, 103:25, 106:18, 108:14, 128:7</p> <p><b>prescribed</b> [7] - 22:1, 50:13, 102:22, 111:22, 125:6, 127:12, 129:3</p> <p><b>prescribing</b> [1] - 103:15</p> <p><b>prescription</b> [1] - 127:22</p> <p><b>presence</b> [8] - 4:5, 4:7, 4:8, 11:2, 43:3, 61:2, 61:10, 157:2</p> <p><b>present</b> [5] - 88:24, 91:25, 99:14, 100:17, 102:18</p> <p><b>presently</b> [1] - 80:9</p> <p><b>pressure</b> [5] - 28:20, 115:2, 116:13, 116:24, 140:10</p> <p><b>pressurize</b> [1] - 32:20</p> <p><b>pretty</b> [5] - 12:13, 21:4, 28:2, 33:11, 161:18</p> <p><b>price</b> [3] - 24:14, 24:22, 33:21</p> <p><b>priced</b> [1] - 36:23</p> <p><b>prices</b> [3] - 24:24, 46:8, 74:1</p> <p><b>pricing</b> [4] - 74:3, 74:6, 75:10, 75:11</p> <p><b>primarily</b> [3] - 43:25, 78:15, 119:11</p> <p><b>primary</b> [4] - 96:8, 96:9, 96:16, 111:14</p> <p><b>principles</b> [1] - 143:19</p> <p><b>privy</b> [1] - 102:7</p> <p><b>probability</b> [2] - 15:7, 19:3</p> <p><b>problem</b> [5] - 4:22, 35:22, 54:13, 94:6, 107:12</p> <p><b>problems</b> [9] - 15:5, 15:20, 23:25, 32:12, 95:15, 124:18, 124:19, 141:4, 143:11</p> <p><b>procedure</b> [1] - 128:19</p> <p><b>procedures</b> [1] - 113:18</p> <p><b>proceed</b> [5] - 69:3, 105:14, 106:1, 106:13, 158:5</p> <p><b>proceedings</b> [8] - 4:4, 11:1, 43:2, 61:1, 61:9, 157:1, 162:12, 164:11</p>	<p><b>Proceedings</b> [1] - 1:19</p> <p><b>process</b> [4] - 19:11, 101:10, 129:9, 130:18</p> <p><b>Proctor</b> [1] - 55:6</p> <p><b>product</b> [1] - 119:6</p> <p><b>productive</b> [1] - 84:12</p> <p><b>professional</b> [2] - 17:20, 47:11</p> <p><b>program</b> [2] - 17:5, 23:9</p> <p><b>programming</b> [2] - 123:23, 124:6</p> <p><b>projected</b> [2] - 12:23, 41:18</p> <p><b>projecting</b> [4] - 13:25, 40:16, 95:7, 95:10</p> <p><b>prolonged</b> [1] - 139:7</p> <p><b>prolonging</b> [1] - 120:21</p> <p><b>proper</b> [2] - 20:4, 32:20</p> <p><b>properly</b> [5] - 26:17, 55:13, 100:24, 124:23, 158:5</p> <p><b>proportion</b> [1] - 150:18</p> <p><b>proposition</b> [1] - 47:8</p> <p><b>prosthesis</b> [30] - 15:1, 21:15, 23:14, 24:10, 35:1, 35:2, 35:9, 35:11, 36:9, 36:11, 80:14, 82:3, 87:15, 87:25, 100:12, 100:23, 100:24, 101:3, 108:7, 114:22, 116:11, 117:8, 117:13, 118:6, 120:1, 121:6, 124:20, 124:23, 124:25, 138:13</p> <p><b>prosthetic</b> [13] - 26:12, 26:14, 26:21, 26:23, 27:6, 27:14, 27:24, 27:25, 28:19, 29:10, 87:11, 154:22, 154:25</p> <p><b>prosthetics</b> [5] - 65:3, 109:11, 129:17, 148:1, 154:23</p> <p><b>protein</b> [1] - 118:19</p> <p><b>proteins</b> [1] - 119:5</p> <p><b>prothrombin</b> [1] - 15:25</p> <p><b>provide</b> [1] - 7:12</p> <p><b>provided</b> [2] - 4:25, 53:13</p> <p><b>provider</b> [2] - 99:12, 113:6</p> <p><b>providers</b> [20] - 5:23, 48:9, 48:13, 66:9, 85:8, 93:15, 95:15, 95:24, 96:4, 97:13, 98:3, 98:25, 111:21, 112:3, 125:7, 125:9, 127:13, 128:7, 143:13</p> <p><b>providing</b> [2] - 65:12, 78:21</p> <p><b>PRP</b> [2] - 121:24, 122:8</p> <p><b>psychiatry</b> [1] - 113:11</p> <p><b>psychological</b> [3] - 112:6, 112:7, 113:14</p> <p><b>psychologist</b> [2] - 110:14, 110:21</p> <p><b>psychotherapy</b> [2] - 112:22, 113:12</p>	<p><b>PTT</b> [1] - 15:25</p> <p><b>publish</b> [1] - 88:6</p> <p><b>published</b> [2] - 89:2, 89:5</p> <p><b>pull</b> [6] - 37:6, 37:8, 110:24, 117:18, 137:21, 137:22</p> <p><b>pulled</b> [1] - 94:14</p> <p><b>purpose</b> [6] - 13:22, 16:8, 16:18, 46:14, 46:17, 46:24</p> <p><b>purposes</b> [6] - 89:17, 99:11, 99:22, 104:24, 124:14, 154:12</p> <p><b>pursuant</b> [1] - 163:7</p> <p><b>push</b> [5] - 35:10, 36:3, 36:4, 36:7, 160:20</p> <p><b>pushing</b> [2] - 23:25, 24:3</p> <p><b>put</b> [29] - 8:13, 23:4, 24:1, 24:3, 24:8, 26:5, 29:9, 35:9, 36:11, 46:9, 71:4, 74:21, 80:14, 80:15, 80:16, 88:4, 96:21, 111:10, 115:4, 115:25, 116:12, 116:24, 117:8, 118:25, 122:11, 122:13, 126:7, 126:19, 151:22</p> <p><b>puts</b> [4] - 28:20, 33:10, 80:13, 115:2</p> <p><b>putting</b> [8] - 15:2, 15:16, 18:24, 19:5, 117:4, 117:6, 124:11, 160:21</p>
<b>Q</b>			
<p><b>quad</b> [2] - 35:11, 36:1</p> <p><b>quadriplegic</b> [2] - 25:6, 25:11</p> <p><b>qualify</b> [1] - 22:4</p> <p><b>quality</b> [1] - 97:9</p> <p><b>questioning</b> [2] - 157:18, 158:2</p> <p><b>questions</b> [24] - 42:4, 51:12, 61:12, 71:3, 75:16, 76:19, 77:8, 82:11, 107:13, 109:25, 113:5, 144:14, 153:15, 153:17, 153:23, 154:2, 154:4, 154:8, 155:16, 155:19, 156:4, 157:9, 157:10, 157:12</p> <p><b>quick</b> [6] - 25:18, 92:8, 141:23, 145:14, 157:3, 157:4</p> <p><b>quickly</b> [4] - 28:2, 43:9, 108:22, 123:1</p> <p><b>quite</b> [3] - 48:7, 48:14, 112:9</p> <p><b>quote</b> [2] - 45:9, 45:19</p>			
<b>R</b>			
<p><b>radio</b> [1] - 114:1</p> <p><b>raise</b> [1] - 7:7</p>			

<p><b>raising</b> [2] - 8:25, 141:12</p> <p><b>ramp</b> [5] - 135:18, 136:3, 136:7, 136:9, 136:11</p> <p><b>ramps</b> [3] - 135:14, 136:4, 136:5</p> <p><b>range</b> [1] - 128:13</p> <p><b>rather</b> [2] - 6:3, 8:12</p> <p><b>rationale</b> [1] - 126:4</p> <p><b>rays</b> [5] - 15:9, 16:5, 16:8, 16:14, 17:7</p> <p><b>RCR</b> [1] - 3:5</p> <p><b>RDR</b> [1] - 3:5</p> <p><b>re</b> [7] - 11:25, 44:8, 116:17, 116:20, 123:23, 124:6, 157:21</p> <p><b>re-ask</b> [2] - 116:17, 116:20</p> <p><b>re-corrected</b> [1] - 157:21</p> <p><b>re-orient</b> [1] - 44:8</p> <p><b>re-programming</b> [2] - 123:23, 124:6</p> <p><b>re-swear</b> [1] - 11:25</p> <p><b>reach</b> [1] - 11:20</p> <p><b>reacher</b> [1] - 100:5</p> <p><b>read</b> [5] - 7:18, 53:4, 82:9, 105:18, 139:6</p> <p><b>ready</b> [10] - 10:5, 10:6, 64:11, 64:15, 64:21, 80:24, 82:1, 89:3, 130:2</p> <p><b>real</b> [1] - 20:21</p> <p><b>realistic</b> [1] - 39:19</p> <p><b>reality</b> [3] - 39:14, 58:14, 79:10</p> <p><b>realize</b> [4] - 17:16, 79:11, 89:22, 112:16</p> <p><b>really</b> [16] - 15:14, 15:19, 19:17, 19:19, 21:14, 36:3, 36:16, 37:3, 41:8, 51:20, 58:21, 70:9, 76:12, 85:10, 104:2, 133:13</p> <p><b>realm</b> [1] - 124:4</p> <p><b>reason</b> [22] - 6:19, 7:1, 19:20, 47:7, 47:9, 48:2, 75:12, 77:24, 78:3, 80:2, 90:24, 97:11, 101:20, 116:7, 116:22, 119:20, 127:12, 129:13, 130:16, 141:15, 142:4, 151:6</p> <p><b>reasonable</b> [5] - 18:5, 24:22, 25:2, 42:1, 42:10</p> <p><b>reasonableness</b> [3] - 4:15, 5:18, 5:25</p> <p><b>reasons</b> [1] - 92:10</p> <p><b>rebuttal</b> [2] - 5:3, 5:4</p> <p><b>recalled</b> [1] - 11:11</p> <p><b>received</b> [1] - 91:5</p> <p><b>recent</b> [5] - 101:23, 101:24, 114:8, 157:6, 157:8</p> <p><b>recess</b> [4] - 42:16, 42:21, 60:23, 156:10</p> <p><b>recliner</b> [12] - 30:19, 31:3,</p>	<p>31:6, 31:13, 31:14, 34:22, 36:19, 115:25, 133:3, 137:3, 137:8</p> <p><b>reclining</b> [1] - 36:19</p> <p><b>recollection</b> [1] - 91:16</p> <p><b>recommend</b> [6] - 81:16, 108:17, 111:6, 118:1, 118:7, 128:2</p> <p><b>recommendation</b> [3] - 30:12, 118:6, 123:10</p> <p><b>recommendations</b> [2] - 125:22, 147:7</p> <p><b>recommended</b> [4] - 93:16, 110:17, 146:4, 146:12</p> <p><b>recommending</b> [4] - 18:13, 18:14, 123:19, 145:25</p> <p><b>record</b> [15] - 6:8, 6:13, 11:23, 12:1, 52:19, 55:1, 60:22, 61:7, 61:13, 86:24, 96:14, 107:16, 142:12, 144:8, 158:7</p> <p><b>records</b> [51] - 5:10, 5:15, 9:4, 64:24, 65:2, 65:5, 65:9, 65:13, 86:10, 87:6, 87:8, 87:11, 87:12, 87:16, 87:19, 87:23, 87:24, 87:25, 88:1, 89:13, 89:15, 89:16, 89:25, 90:3, 90:4, 90:7, 90:15, 90:20, 91:11, 91:12, 91:14, 91:16, 91:19, 94:21, 95:1, 95:5, 95:7, 95:20, 99:2, 101:23, 101:24, 102:1, 102:2, 102:6, 102:7, 108:11, 110:16, 114:9, 123:16, 142:8, 142:14</p> <p><b>recovering</b> [1] - 59:3</p> <p><b>recovery</b> [2] - 46:19, 120:13</p> <p><b>recross</b> [1] - 149:17</p> <p><b>RECROSS</b> [1] - 149:20</p> <p><b>RECROSS-EXAMINATION</b> [1] - 149:20</p> <p><b>red</b> [1] - 119:4</p> <p><b>redacted</b> [1] - 9:9</p> <p><b>redaction</b> [1] - 9:6</p> <p><b>redactions</b> [1] - 9:17</p> <p><b>redirect</b> [1] - 145:8</p> <p><b>REDIRECT</b> [2] - 145:12, 153:2</p> <p><b>refer</b> [8] - 47:10, 60:2, 123:6, 147:16, 148:2, 148:5, 149:23, 153:11</p> <p><b>reference</b> [1] - 138:17</p> <p><b>references</b> [2] - 9:8, 44:2</p> <p><b>referencing</b> [1] - 79:1</p> <p><b>referred</b> [1] - 73:17</p> <p><b>reflect</b> [3] - 68:7, 78:9, 89:16</p> <p><b>reflected</b> [2] - 118:10, 164:12</p> <p><b>reflecting</b> [1] - 142:9</p> <p><b>regard</b> [4] - 8:10, 73:21, 142:7, 155:16</p>	<p><b>regarding</b> [4] - 5:24, 158:8, 158:9</p> <p><b>regards</b> [1] - 153:6</p> <p><b>regular</b> [3] - 17:12, 22:2, 113:12</p> <p><b>rehab</b> [3] - 33:16, 107:6, 120:13</p> <p><b>rehabilitation</b> [2] - 108:3, 121:8</p> <p><b>Rehabilitation</b> [2] - 143:16, 143:25</p> <p><b>reimburse</b> [2] - 59:8, 106:7</p> <p><b>reissued</b> [1] - 157:22</p> <p><b>Rejuviderm</b> [1] - 122:11</p> <p><b>related</b> [4] - 64:24, 65:3, 87:19, 89:1</p> <p><b>relative</b> [1] - 163:10</p> <p><b>relevance</b> [1] - 106:21</p> <p><b>relevant</b> [3] - 6:25, 65:13, 90:7</p> <p><b>relied</b> [2] - 66:1, 136:18</p> <p><b>relief</b> [1] - 120:17</p> <p><b>rely</b> [10] - 19:20, 39:23, 41:4, 41:5, 77:24, 78:1, 78:2, 79:6, 88:3, 112:10</p> <p><b>relying</b> [4] - 136:14, 136:16, 136:23, 136:25</p> <p><b>remand</b> [1] - 55:7</p> <p><b>remember</b> [18] - 14:23, 14:25, 21:6, 28:18, 53:11, 69:20, 72:8, 76:23, 79:25, 82:15, 83:7, 83:12, 84:2, 90:10, 101:2, 110:22, 118:4, 158:3</p> <p><b>removal</b> [1] - 63:21</p> <p><b>remove</b> [2] - 63:17, 119:4</p> <p><b>removed</b> [1] - 14:25</p> <p><b>removing</b> [2] - 82:2, 82:3</p> <p><b>render</b> [1] - 106:11</p> <p><b>renovations</b> [1] - 49:14</p> <p><b>rental</b> [3] - 22:13, 22:21, 128:23</p> <p><b>repairs</b> [1] - 34:12</p> <p><b>repay</b> [2] - 44:16, 59:6</p> <p><b>rephrase</b> [2] - 97:17, 103:2</p> <p><b>replace</b> [2] - 23:11, 27:4</p> <p><b>replaced</b> [10] - 24:17, 27:4, 27:19, 27:22, 29:2, 31:16, 31:19, 33:4, 33:8, 37:19</p> <p><b>replacement</b> [26] - 13:25, 14:19, 15:7, 15:11, 15:14, 20:15, 22:14, 22:15, 22:16, 22:22, 24:12, 63:19, 114:18, 116:8, 116:23, 119:18, 119:21, 120:5, 120:11, 120:17, 120:21, 124:16, 126:22, 129:3, 146:12, 146:20</p> <p><b>replacements</b> [2] - 120:25, 122:1</p>	<p><b>reply</b> [1] - 47:2</p> <p><b>report</b> [47] - 5:3, 5:4, 5:8, 7:15, 7:20, 8:14, 28:25, 30:15, 46:9, 65:18, 66:20, 66:23, 67:6, 67:20, 68:17, 68:20, 69:7, 69:13, 71:4, 75:15, 78:11, 78:12, 78:20, 80:1, 88:4, 88:12, 88:15, 88:17, 88:22, 89:12, 89:17, 90:6, 90:13, 108:9, 111:20, 126:7, 127:3, 127:5, 130:7, 133:2, 135:11, 138:17, 138:25, 139:20, 157:19, 157:21, 158:10</p> <p><b>REPORTED</b> [1] - 1:23</p> <p><b>reported</b> [1] - 164:11</p> <p><b>REPORTER</b> [1] - 1:24</p> <p><b>Reporter</b> [2] - 163:5, 164:20</p> <p><b>Reporter's</b> [1] - 1:19</p> <p><b>REPORTER'S</b> [1] - 163:3</p> <p><b>reporting</b> [1] - 143:4</p> <p><b>reports</b> [1] - 130:2</p> <p><b>represent</b> [1] - 114:11</p> <p><b>representations</b> [3] - 7:17, 52:18, 66:2</p> <p><b>reprinted</b> [1] - 157:22</p> <p><b>requested</b> [1] - 5:4</p> <p><b>require</b> [1] - 37:14</p> <p><b>required</b> [4] - 14:20, 63:1, 144:24, 145:2</p> <p><b>requirements</b> [1] - 63:3</p> <p><b>requires</b> [1] - 44:15</p> <p><b>research</b> [2] - 75:24, 76:2</p> <p><b>residencies</b> [1] - 147:22</p> <p><b>residency</b> [2] - 147:20, 149:25</p> <p><b>resident</b> [1] - 148:10</p> <p><b>residents</b> [1] - 148:5</p> <p><b>residual</b> [18] - 33:3, 72:12, 73:10, 73:18, 81:13, 98:6, 124:14, 124:20, 124:22, 125:4, 137:12, 138:23, 140:9, 141:10, 141:17, 148:7, 149:23, 150:23</p> <p><b>resolved</b> [2] - 89:9, 125:1</p> <p><b>respect</b> [4] - 87:18, 148:13, 150:10, 150:22</p> <p><b>respectful</b> [1] - 150:5</p> <p><b>respectively</b> [1] - 157:8</p> <p><b>respond</b> [4] - 30:4, 50:18, 107:2, 154:6</p> <p><b>responded</b> [1] - 131:16</p> <p><b>response</b> [4] - 6:10, 6:24, 71:2, 77:7</p> <p><b>responsibility</b> [1] - 46:13</p> <p><b>responsible</b> [1] - 9:12</p> <p><b>rest</b> [1] - 117:3</p> <p><b>restate</b> [2] - 66:25, 107:23</p> <p><b>results</b> [1] - 20:1</p> <p><b>resume</b> [3] - 42:17, 61:11,</p>
---	--	---	---

<p>156:12  <b>resuming</b> [1] - 11:22  <b>retained</b> [4] - 74:8, 74:13, 74:18, 74:19  <b>rethink</b> [1] - 71:22  <b>Retrievers</b> [1] - 125:18  <b>retrofitted</b> [1] - 135:22  <b>retrofitting</b> [1] - 135:15  <b>return</b> [3] - 8:9, 11:9, 156:11  <b>returned</b> [1] - 157:25  <b>returning</b> [1] - 12:16  <b>revert</b> [1] - 55:4  <b>review</b> [11] - 7:20, 8:16, 9:12, 75:4, 84:4, 87:8, 89:13, 90:3, 90:8, 90:20, 153:22  <b>reviewed</b> [16] - 5:7, 5:11, 52:16, 64:23, 65:2, 65:6, 65:13, 65:16, 72:4, 83:16, 85:13, 87:13, 89:15, 89:17, 91:10, 91:16  <b>revisions</b> [1] - 99:8  <b>rich</b> [5] - 118:19, 118:21, 118:22, 119:16, 121:17  <b>risk</b> [1] - 15:13  <b>RMR</b> [4] - 1:24, 163:16, 164:10, 164:19  <b>Robert</b> [1] - 2:6  <b>Roho</b> [1] - 30:22  <b>role</b> [8] - 85:21, 85:22, 104:14, 104:18, 105:7, 106:17, 109:16, 130:25  <b>room</b> [5] - 76:13, 76:18, 76:21, 77:2, 77:6  <b>rooms</b> [2] - 37:18, 43:5  <b>roots</b> [1] - 16:22  <b>Rose</b> [4] - 64:24, 87:10, 87:19, 87:25  <b>Ross</b> [1] - 93:11  <b>rotated</b> [1] - 16:10  <b>rotations</b> [1] - 150:9  <b>roughly</b> [3] - 118:16, 126:1, 136:3  <b>RPM</b> [1] - 22:12  <b>rule</b> [5] - 44:9, 46:24, 51:4, 55:5, 55:13  <b>rules</b> [1] - 60:10</p> <p style="text-align: center;"><b>S</b></p> <p><b>safe</b> [16] - 21:10, 21:11, 21:15, 29:4, 31:4, 31:6, 31:8, 80:18, 80:22, 82:6, 82:7, 84:12, 84:14, 84:24, 98:2, 133:15  <b>safely</b> [3] - 21:8, 21:9, 80:12  <b>safety</b> [11] - 32:21, 49:23, 49:25, 50:2, 50:12, 51:24, 97:8, 133:9, 133:12, 135:15</p>	<p><b>save</b> [1] - 8:21  <b>saw</b> [5] - 30:1, 119:7, 124:19, 132:24, 133:1  <b>scar</b> [1] - 125:5  <b>scenario</b> [1] - 57:25  <b>scheduling</b> [2] - 157:5, 158:14  <b>school</b> [1] - 150:4  <b>se</b> [1] - 55:4  <b>sealed</b> [1] - 89:5  <b>search</b> [2] - 75:18, 76:4  <b>seat</b> [2] - 11:21, 84:23  <b>second</b> [8] - 26:22, 37:21, 47:1, 47:18, 48:24, 55:14, 78:19, 106:16  <b>secure</b> [1] - 162:4  <b>Security</b> [1] - 163:8  <b>see</b> [45] - 12:17, 13:7, 14:9, 14:24, 17:8, 28:25, 35:7, 35:14, 35:18, 35:20, 35:24, 55:6, 59:13, 75:19, 82:18, 84:3, 85:22, 89:13, 89:15, 91:11, 91:14, 91:17, 91:19, 96:23, 100:11, 103:4, 105:3, 105:13, 110:16, 118:3, 122:2, 130:16, 130:23, 132:1, 132:2, 132:3, 136:12, 136:13, 139:5, 142:12, 142:14, 153:4, 153:14, 155:25, 156:16  <b>seeing</b> [2] - 91:23, 93:7  <b>seem</b> [1] - 127:4  <b>segways</b> [1] - 48:24  <b>seizure</b> [1] - 19:15  <b>seizures</b> [1] - 19:16  <b>sell</b> [1] - 57:16  <b>send</b> [1] - 158:25  <b>sensation</b> [1] - 143:12  <b>sensations</b> [1] - 19:10  <b>sense</b> [4] - 29:17, 43:7, 120:3, 131:24  <b>separate</b> [1] - 27:18  <b>served</b> [1] - 161:17  <b>service</b> [1] - 13:6  <b>services</b> [3] - 69:21, 112:6, 114:20  <b>set</b> [1] - 25:9  <b>sets</b> [1] - 12:18  <b>several</b> [2] - 20:25, 88:8  <b>shape</b> [1] - 138:18  <b>shield</b> [1] - 56:14  <b>short</b> [2] - 22:21, 25:22  <b>shorthand</b> [1] - 164:13  <b>shoulder</b> [2] - 23:25, 24:2  <b>shoulders</b> [1] - 137:11  <b>show</b> [7] - 14:1, 35:3, 58:12, 63:6, 76:6, 121:9, 138:24  <b>shower</b> [20] - 21:8, 21:10, 21:11, 30:19, 31:3, 31:5,</p>	<p>31:7, 31:11, 31:12, 49:24, 82:4, 82:6, 100:6, 100:19, 100:21, 100:22, 133:3, 140:1  <b>showers</b> [1] - 80:19  <b>shown</b> [2] - 29:15, 32:11  <b>sic</b> [1] - 131:17  <b>side</b> [10] - 15:3, 29:9, 51:7, 51:19, 117:6, 117:7, 124:16, 132:2, 149:13  <b>sidebar</b> [4] - 68:25, 105:16, 144:6, 153:25  <b>sides</b> [1] - 149:10  <b>sidetracked</b> [1] - 83:13  <b>signed</b> [1] - 6:18  <b>significant</b> [4] - 49:16, 92:12, 92:24, 141:11  <b>silicone</b> [3] - 27:21, 28:8, 28:9  <b>simple</b> [1] - 20:22  <b>simply</b> [1] - 77:18  <b>single</b> [4] - 91:11, 99:25, 102:16, 109:19  <b>sink</b> [1] - 138:12  <b>sit</b> [5] - 22:16, 38:7, 60:9, 115:23, 117:24  <b>sitting</b> [3] - 112:11, 139:7, 140:10  <b>situation</b> [5] - 21:4, 24:11, 58:10, 81:17, 120:12  <b>six</b> [6] - 39:7, 39:14, 78:21, 79:1, 131:7, 154:16  <b>six-hour</b> [1] - 39:14  <b>size</b> [1] - 27:7  <b>skin</b> [4] - 32:11, 32:17, 32:21, 32:22  <b>slash</b> [2] - 154:24  <b>sleep</b> [1] - 115:20  <b>slow</b> [1] - 17:16  <b>slugfest</b> [1] - 8:5  <b>smoking</b> [2] - 154:11, 154:17  <b>snapshot</b> [1] - 20:19  <b>Social</b> [1] - 163:8  <b>socialization</b> [1] - 38:7  <b>society</b> [1] - 38:9  <b>socket</b> [2] - 27:25, 63:15  <b>sockets</b> [3] - 27:11, 27:19, 27:20  <b>socks</b> [4] - 28:1, 28:4, 28:5, 28:6  <b>softener</b> [2] - 20:2, 20:23  <b>someone</b> [18] - 20:14, 21:4, 21:7, 21:9, 22:14, 25:6, 25:10, 31:7, 32:25, 33:2, 37:4, 110:25, 111:15, 137:22, 146:15, 150:19, 153:5, 153:6  <b>sometimes</b> [3] - 25:17, 25:25, 141:22  <b>somewhere</b> [3] - 25:19,</p>	<p>25:22, 123:6  <b>son</b> [4] - 133:19, 133:23, 134:7, 136:8  <b>soon</b> [1] - 42:25  <b>sores</b> [1] - 32:23  <b>sorry</b> [13] - 52:23, 53:3, 54:1, 90:17, 96:18, 99:20, 104:4, 104:8, 124:15, 129:15, 131:18, 132:13, 160:11  <b>sort</b> [4] - 46:18, 47:1, 154:3, 158:1  <b>sought</b> [1] - 147:21  <b>sounded</b> [1] - 72:5  <b>source</b> [14] - 44:9, 44:14, 46:15, 52:4, 55:4, 55:5, 55:13, 58:16, 58:22, 58:24, 59:4, 59:10, 59:23, 60:16  <b>sources</b> [1] - 46:21  <b>space</b> [5] - 15:10, 38:15, 63:22, 135:23, 136:5  <b>speaking</b> [2] - 83:10, 83:11  <b>specialist</b> [10] - 91:1, 91:24, 93:7, 93:11, 114:3, 114:4, 114:6, 114:13, 123:19, 141:13  <b>specialized</b> [2] - 13:12, 25:9  <b>specials</b> [1] - 56:2  <b>specific</b> [9] - 52:13, 53:20, 53:21, 54:6, 57:12, 59:10, 74:4, 76:7, 125:16  <b>specifically</b> [16] - 5:1, 5:14, 12:24, 15:12, 44:2, 44:22, 76:3, 76:23, 84:7, 94:2, 98:20, 138:4, 138:9, 139:17, 140:15, 152:18  <b>speculated</b> [1] - 111:9  <b>speculation</b> [11] - 82:20, 83:1, 92:18, 97:15, 102:25, 106:20, 106:23, 109:23, 110:4, 110:9, 133:22  <b>spend</b> [2] - 115:6, 115:16  <b>spends</b> [1] - 39:7  <b>spent</b> [1] - 51:7  <b>spinal</b> [11] - 16:22, 16:25, 20:15, 76:5, 93:4, 93:12, 113:19, 123:2, 123:19, 123:23, 123:24  <b>spine</b> [4] - 16:14, 17:2, 17:8, 75:24  <b>spirits</b> [1] - 112:16  <b>spun</b> [1] - 119:3  <b>square</b> [2] - 33:21, 34:11  <b>squat</b> [1] - 36:16  <b>ss</b> [1] - 164:6  <b>St</b> [4] - 64:24, 87:10, 87:19, 87:25  <b>stabilization</b> [1] - 19:7  <b>stabilized</b> [1] - 23:16  <b>stairs</b> [1] - 136:4  <b>stamp</b> [1] - 52:24</p>
---	--	---	--

<p><b>stand</b> <sup>[9]</sup> - 11:17, 11:20, 31:5, 35:14, 35:20, 36:6, 36:10, 115:10, 154:3</p> <p><b>standing</b> <sup>[3]</sup> - 6:12, 84:14, 138:12</p> <p><b>stands</b> <sup>[1]</sup> - 160:18</p> <p><b>start</b> <sup>[2]</sup> - 99:24, 108:24</p> <p><b>started</b> <sup>[2]</sup> - 52:9, 144:22</p> <p><b>State</b> <sup>[1]</sup> - 163:6</p> <p><b>STATE</b> <sup>[1]</sup> - 164:5</p> <p><b>statement</b> <sup>[9]</sup> - 45:16, 45:21, 52:16, 52:17, 53:19, 56:9, 56:10, 58:1, 59:19</p> <p><b>statements</b> <sup>[3]</sup> - 43:25, 51:23, 52:21</p> <p><b>States</b> <sup>[2]</sup> - 119:14, 147:11</p> <p><b>states</b> <sup>[1]</sup> - 5:14</p> <p><b>status</b> <sup>[6]</sup> - 43:22, 89:6, 129:17, 129:20, 130:5, 130:14</p> <p><b>statute</b> <sup>[1]</sup> - 44:13</p> <p><b>stay</b> <sup>[1]</sup> - 21:10</p> <p><b>stays</b> <sup>[1]</sup> - 23:15</p> <p><b>stents</b> <sup>[1]</sup> - 121:21</p> <p><b>sticklers</b> <sup>[1]</sup> - 150:5</p> <p><b>stiffness</b> <sup>[1]</sup> - 122:9</p> <p><b>still</b> <sup>[24]</sup> - 6:22, 9:1, 9:5, 9:6, 9:17, 11:23, 12:2, 44:13, 57:5, 59:11, 60:4, 61:13, 63:21, 72:14, 72:23, 110:4, 112:17, 113:13, 120:1, 120:2, 123:24, 145:1, 160:3, 161:7</p> <p><b>stimulate</b> <sup>[1]</sup> - 23:5</p> <p><b>stimulates</b> <sup>[1]</sup> - 122:8</p> <p><b>stimulator</b> <sup>[13]</sup> - 16:15, 17:9, 17:18, 17:21, 19:4, 19:22, 20:15, 93:5, 93:12, 123:3, 123:20, 123:23, 123:25</p> <p><b>stimulators</b> <sup>[1]</sup> - 76:5</p> <p><b>stoic</b> <sup>[1]</sup> - 79:11</p> <p><b>stood</b> <sup>[2]</sup> - 47:12, 49:8</p> <p><b>stool</b> <sup>[2]</sup> - 20:2, 20:22</p> <p><b>stored</b> <sup>[1]</sup> - 38:17</p> <p><b>story</b> <sup>[2]</sup> - 56:3, 111:1</p> <p><b>straight</b> <sup>[3]</sup> - 35:9, 36:3, 36:7</p> <p><b>straighten</b> <sup>[1]</sup> - 36:6</p> <p><b>straightens</b> <sup>[1]</sup> - 22:19</p> <p><b>strain</b> <sup>[1]</sup> - 24:8</p> <p><b>strength</b> <sup>[2]</sup> - 35:12, 36:2</p> <p><b>stress</b> <sup>[8]</sup> - 24:1, 24:3, 33:10, 115:4, 116:2, 117:8, 121:9, 137:10</p> <p><b>stressful</b> <sup>[2]</sup> - 112:13, 120:12</p> <p><b>strong</b> <sup>[1]</sup> - 36:17</p> <p><b>structure</b> <sup>[1]</sup> - 14:8</p> <p><b>structures</b> <sup>[1]</sup> - 14:13</p> <p><b>struggling</b> <sup>[1]</sup> - 46:22</p> <p><b>stuff</b> <sup>[4]</sup> - 39:20, 57:1, 79:7, 122:11</p>	<p><b>stump</b> <sup>[9]</sup> - 72:11, 73:10, 73:18, 147:17, 148:3, 148:6, 149:24, 153:6, 153:7</p> <p><b>subject</b> <sup>[3]</sup> - 56:8, 56:10, 57:11</p> <p><b>submitted</b> <sup>[1]</sup> - 6:14</p> <p><b>subscribe</b> <sup>[1]</sup> - 143:18</p> <p><b>subsidies</b> <sup>[1]</sup> - 59:11</p> <p><b>substance</b> <sup>[1]</sup> - 44:12</p> <p><b>substantial</b> <sup>[4]</sup> - 68:5, 68:10, 68:13, 68:14</p> <p><b>substantive</b> <sup>[2]</sup> - 70:5, 70:10</p> <p><b>success</b> <sup>[3]</sup> - 22:22, 142:10, 142:22</p> <p><b>successful</b> <sup>[1]</sup> - 142:25</p> <p><b>succinctly</b> <sup>[1]</sup> - 45:6</p> <p><b>sufficient</b> <sup>[1]</sup> - 45:3</p> <p><b>suggesting</b> <sup>[2]</sup> - 29:12, 145:20</p> <p><b>suited</b> <sup>[1]</sup> - 52:13</p> <p><b>sum</b> <sup>[1]</sup> - 106:7</p> <p><b>summary</b> <sup>[3]</sup> - 4:13, 6:16, 7:5</p> <p><b>summertime</b> <sup>[1]</sup> - 82:5</p> <p><b>sun</b> <sup>[1]</sup> - 12:18</p> <p><b>supplement</b> <sup>[1]</sup> - 7:21</p> <p><b>supplies</b> <sup>[5]</sup> - 22:10, 27:1, 28:21, 128:12, 154:24</p> <p><b>supply</b> <sup>[1]</sup> - 32:12</p> <p><b>support</b> <sup>[2]</sup> - 7:8, 29:6</p> <p><b>surely</b> <sup>[1]</sup> - 59:16</p> <p><b>surgeon</b> <sup>[15]</sup> - 14:11, 16:12, 73:5, 96:12, 96:13, 97:2, 97:3, 97:4, 97:5, 103:22, 109:12, 109:14, 111:14</p> <p><b>surgeon's</b> <sup>[1]</sup> - 14:2</p> <p><b>surgeries</b> <sup>[1]</sup> - 113:18</p> <p><b>surgery</b> <sup>[10]</sup> - 14:3, 15:15, 22:24, 23:1, 23:3, 23:4, 23:14, 37:12, 120:13, 129:4</p> <p><b>surgical</b> <sup>[2]</sup> - 13:24, 128:16</p> <p><b>surprise</b> <sup>[1]</sup> - 75:21</p> <p><b>sustain</b> <sup>[1]</sup> - 151:10</p> <p><b>sustained</b> <sup>[6]</sup> - 92:19, 106:4, 107:21, 109:24, 110:10, 158:4</p> <p><b>swear</b> <sup>[1]</sup> - 11:25</p> <p><b>sweaty</b> <sup>[1]</sup> - 82:5</p> <p><b>sword</b> <sup>[1]</sup> - 56:14</p> <p><b>sympathy</b> <sup>[1]</sup> - 58:18</p> <p><b>symptoms</b> <sup>[5]</sup> - 16:25, 93:22, 122:10, 139:23, 143:11</p> <p><b>system</b> <sup>[1]</sup> - 19:13</p>	<p><b>task</b> <sup>[1]</sup> - 37:6</p> <p><b>tasked</b> <sup>[1]</sup> - 95:17</p> <p><b>taught</b> <sup>[1]</sup> - 148:12</p> <p><b>teach</b> <sup>[2]</sup> - 35:2, 36:2</p> <p><b>tears</b> <sup>[1]</sup> - 28:20</p> <p><b>technically</b> <sup>[1]</sup> - 158:24</p> <p><b>teeth</b> <sup>[2]</sup> - 80:23, 82:3</p> <p><b>template</b> <sup>[1]</sup> - 70:20</p> <p><b>ten</b> <sup>[33]</sup> - 12:22, 15:22, 16:16, 18:3, 18:5, 20:10, 21:20, 23:5, 23:9, 24:13, 28:11, 29:21, 29:23, 37:21, 39:2, 40:1, 40:2, 40:11, 40:14, 40:20, 40:23, 41:13, 41:20, 67:22, 69:23, 70:1, 70:2, 70:17, 95:8, 95:10, 113:3, 126:16, 126:21</p> <p><b>ten-year</b> <sup>[19]</sup> - 15:22, 16:16, 18:3, 18:5, 20:10, 21:20, 23:9, 24:13, 28:11, 29:21, 29:23, 37:21, 39:2, 40:1, 40:14, 40:20, 41:13, 41:20, 70:1</p> <p><b>tend</b> <sup>[1]</sup> - 31:12</p> <p><b>tens</b> <sup>[1]</sup> - 67:19</p> <p><b>term</b> <sup>[13]</sup> - 22:21, 38:11, 72:11, 72:19, 73:10, 76:14, 142:10, 146:9, 149:25, 150:14, 150:25, 151:3, 151:8</p> <p><b>terms</b> <sup>[13]</sup> - 4:14, 8:6, 9:22, 27:6, 68:11, 70:2, 70:8, 100:13, 114:17, 121:13, 122:20, 148:25, 152:10</p> <p><b>test</b> <sup>[1]</sup> - 15:25</p> <p><b>testified</b> <sup>[11]</sup> - 49:25, 72:17, 75:5, 80:4, 86:11, 86:16, 91:7, 98:4, 116:22, 134:7, 136:8</p> <p><b>testify</b> <sup>[2]</sup> - 49:22, 90:22</p> <p><b>testifying</b> <sup>[1]</sup> - 65:7</p> <p><b>testimony</b> <sup>[28]</sup> - 4:14, 6:4, 7:8, 7:13, 9:23, 10:1, 11:11, 11:22, 12:2, 43:12, 44:21, 44:22, 45:3, 45:12, 47:19, 51:22, 60:14, 65:12, 84:5, 89:1, 105:21, 106:1, 118:5, 143:19, 149:13, 150:13, 156:6, 156:12</p> <p><b>testing</b> <sup>[12]</sup> - 13:17, 13:20, 14:14, 15:21, 18:2, 112:7, 112:24, 112:25, 113:4, 113:14, 127:9, 127:11</p> <p><b>thankfully</b> <sup>[1]</sup> - 126:15</p> <p><b>THE</b> <sup>[122]</sup> - 1:6, 4:6, 6:5, 6:8, 6:12, 7:3, 7:16, 8:15, 8:20, 9:10, 9:19, 10:10, 11:3, 11:18, 12:4, 12:5, 12:9, 35:5, 35:6, 35:13, 35:16, 35:21, 35:25, 42:8, 42:15,</p>	<p>42:24, 43:4, 43:19, 46:14, 48:23, 49:5, 49:8, 49:11, 50:14, 50:18, 50:23, 51:1, 51:14, 52:20, 53:3, 53:10, 53:22, 54:2, 54:5, 54:10, 54:21, 55:9, 55:10, 55:16, 57:18, 60:19, 61:3, 61:8, 61:11, 61:15, 61:16, 66:25, 68:23, 69:1, 82:21, 83:4, 83:8, 83:9, 83:12, 83:14, 88:8, 88:21, 92:19, 97:17, 103:2, 105:13, 105:17, 106:23, 107:4, 107:12, 109:24, 110:7, 133:24, 134:2, 134:9, 139:12, 144:4, 144:7, 144:12, 144:13, 145:8, 149:17, 151:15, 152:22, 153:14, 154:1, 154:14, 154:18, 154:21, 154:22, 155:1, 155:6, 155:11, 155:15, 155:20, 155:22, 155:24, 156:5, 156:8, 156:9, 156:14, 157:3, 158:12, 158:14, 159:12, 159:18, 159:20, 159:22, 160:1, 160:10, 160:17, 160:25, 161:8, 161:12, 162:3, 162:7, 162:11</p> <p><b>themselves</b> <sup>[2]</sup> - 25:7, 150:21</p> <p><b>therapeutic</b> <sup>[2]</sup> - 124:4, 124:10</p> <p><b>therapies</b> <sup>[3]</sup> - 12:24, 124:2, 124:9</p> <p><b>therapist</b> <sup>[1]</sup> - 12:19</p> <p><b>therapy</b> <sup>[9]</sup> - 124:13, 124:15, 124:21, 125:3, 125:4, 128:19, 128:25, 144:22</p> <p><b>therefore</b> <sup>[1]</sup> - 59:4</p> <p><b>Thereupon</b> <sup>[13]</sup> - 4:4, 11:1, 43:2, 60:21, 60:23, 61:1, 61:6, 61:9, 68:24, 105:15, 144:5, 153:24, 157:1</p> <p><b>they've</b> <sup>[1]</sup> - 112:2</p> <p><b>thinking</b> <sup>[3]</sup> - 52:12, 121:16, 162:2</p> <p><b>third</b> <sup>[1]</sup> - 67:18</p> <p><b>thoracic</b> <sup>[3]</sup> - 17:2, 17:7, 103:21</p> <p><b>thorough</b> <sup>[2]</sup> - 59:21, 78:12</p> <p><b>thousand</b> <sup>[1]</sup> - 33:20</p> <p><b>thousands</b> <sup>[3]</sup> - 67:19, 68:19, 92:14</p> <p><b>three</b> <sup>[16]</sup> - 31:16, 33:7, 48:5, 48:14, 68:17, 71:9, 84:13, 133:15, 133:17, 133:20, 134:11, 141:12, 145:17, 154:19, 157:10, 158:25</p> <p><b>thrombolytic</b> <sup>[1]</sup> - 144:22</p>
<p style="text-align: center;"><b>T</b></p>			
		<p><b>table</b> <sup>[1]</sup> - 51:19</p> <p><b>talks</b> <sup>[2]</sup> - 5:10, 76:2</p>	

<p><b>throw</b> <sup>[1]</sup> - 19:1  <b>throwing</b> <sup>[1]</sup> - 18:25  <b>throws</b> <sup>[1]</sup> - 115:1  <b>Thursday</b> <sup>[12]</sup> - 159:4, 160:2, 160:8, 160:9, 160:12, 161:7, 161:13, 161:14, 161:18, 161:19, 162:1, 162:4  <b>ticket</b> <sup>[3]</sup> - 49:12, 49:21, 67:18  <b>tidying</b> <sup>[1]</sup> - 141:3  <b>tied</b> <sup>[1]</sup> - 119:17  <b>timeframe</b> <sup>[1]</sup> - 29:23  <b>tired</b> <sup>[1]</sup> - 34:1  <b>titanium</b> <sup>[1]</sup> - 25:3  <b>today</b> <sup>[20]</sup> - 4:18, 4:21, 8:7, 8:8, 10:3, 11:9, 48:16, 55:25, 65:7, 69:7, 72:5, 88:14, 100:1, 101:1, 118:5, 118:11, 151:5, 151:7, 151:23, 158:17  <b>together</b> <sup>[3]</sup> - 18:24, 122:16, 122:18  <b>toilet</b> <sup>[5]</sup> - 31:15, 115:18, 116:10, 139:25, 140:16  <b>tomorrow</b> <sup>[6]</sup> - 156:11, 156:16, 158:21, 160:1, 160:5, 161:15  <b>tons</b> <sup>[1]</sup> - 121:11  <b>took</b> <sup>[10]</sup> - 61:25, 64:4, 64:19, 65:22, 66:21, 67:4, 69:10, 71:8, 90:6, 90:22  <b>top</b> <sup>[2]</sup> - 28:24, 69:20  <b>topics</b> <sup>[1]</sup> - 76:3  <b>total</b> <sup>[8]</sup> - 16:16, 33:5, 38:25, 40:19, 41:15, 41:18, 114:17, 116:7  <b>totality</b> <sup>[1]</sup> - 92:12  <b>totally</b> <sup>[1]</sup> - 14:2  <b>towards</b> <sup>[3]</sup> - 120:8, 155:8, 155:10  <b>trained</b> <sup>[3]</sup> - 13:5, 13:9, 125:20  <b>training</b> <sup>[4]</sup> - 79:8, 105:10, 126:2, 126:13  <b>TRAN</b> <sup>[1]</sup> - 1:1  <b>Transcript</b> <sup>[1]</sup> - 1:19  <b>transcripts</b> <sup>[1]</sup> - 53:8  <b>transfer</b> <sup>[7]</sup> - 31:11, 31:15, 31:18, 116:9, 117:4, 137:22, 139:5  <b>transferring</b> <sup>[1]</sup> - 139:25  <b>transfers</b> <sup>[4]</sup> - 115:22, 132:16, 138:10, 139:2  <b>translate</b> <sup>[1]</sup> - 15:17  <b>transport</b> <sup>[1]</sup> - 25:17  <b>treat</b> <sup>[1]</sup> - 18:25  <b>treaters</b> <sup>[1]</sup> - 146:5  <b>treating</b> <sup>[6]</sup> - 96:4, 103:20, 103:23, 104:19, 111:13,</p>	<p>127:13  <b>treatment</b> <sup>[9]</sup> - 19:21, 91:1, 93:16, 94:9, 99:7, 99:11, 113:7, 120:20, 121:11  <b>TRIAL</b> <sup>[1]</sup> - 1:16  <b>trial</b> <sup>[18]</sup> - 4:14, 58:8, 64:11, 64:15, 64:21, 65:12, 71:10, 84:4, 90:22, 105:20, 105:24, 130:3, 130:24, 158:24, 158:25, 159:2, 159:11, 161:1  <b>trial-ready</b> <sup>[3]</sup> - 64:11, 64:15, 64:21  <b>trials</b> <sup>[1]</sup> - 95:12  <b>tried</b> <sup>[1]</sup> - 139:22  <b>trip</b> <sup>[2]</sup> - 25:18, 26:4  <b>true</b> <sup>[22]</sup> - 39:18, 46:3, 46:5, 54:15, 59:16, 73:23, 77:3, 77:11, 78:10, 80:2, 87:7, 102:13, 102:14, 111:18, 111:25, 123:20, 125:7, 125:11, 140:14, 141:9, 141:13, 164:12  <b>truly</b> <sup>[2]</sup> - 58:2, 60:2  <b>truth</b> <sup>[1]</sup> - 78:4  <b>try</b> <sup>[11]</sup> - 8:16, 20:7, 38:8, 55:14, 60:12, 63:20, 105:9, 112:15, 120:3, 146:18, 160:20  <b>trying</b> <sup>[18]</sup> - 8:6, 34:10, 35:13, 35:23, 37:5, 51:18, 53:11, 58:11, 82:22, 83:11, 116:19, 122:25, 126:25, 139:10, 146:13, 155:4, 160:3, 161:20  <b>tube</b> <sup>[1]</sup> - 25:8  <b>Tuesday</b> <sup>[4]</sup> - 1:18, 4:1, 160:24  <b>turn</b> <sup>[4]</sup> - 12:8, 18:8, 43:14, 89:11  <b>twice</b> <sup>[4]</sup> - 27:5, 27:19, 30:21, 69:23  <b>two</b> <sup>[17]</sup> - 20:17, 24:12, 31:16, 39:11, 39:12, 51:21, 57:8, 79:1, 80:5, 80:8, 81:2, 81:19, 81:24, 83:21, 83:22, 95:7, 152:16  <b>two-fold</b> <sup>[1]</sup> - 51:21  <b>type</b> <sup>[19]</sup> - 15:19, 15:23, 18:12, 18:13, 21:3, 25:1, 25:8, 26:21, 26:23, 27:7, 32:22, 38:2, 55:18, 63:17, 82:11, 108:7, 125:17, 140:16, 146:14  <b>types</b> <sup>[5]</sup> - 28:6, 59:23, 82:12, 122:21, 125:19  <b>typical</b> <sup>[1]</sup> - 125:17  <b>typically</b> <sup>[8]</sup> - 20:16, 27:22, 62:21, 63:7, 63:16, 88:23, 131:25, 146:18</p>	<p style="text-align: center;"><b>U</b></p> <p><b>UCLA</b> <sup>[3]</sup> - 73:1, 73:2, 105:5  <b>ultimately</b> <sup>[2]</sup> - 59:7, 60:1  <b>unable</b> <sup>[1]</sup> - 144:23  <b>unanimity</b> <sup>[1]</sup> - 121:15  <b>unaware</b> <sup>[1]</sup> - 142:23  <b>uncomfortable</b> <sup>[1]</sup> - 36:10  <b>under</b> <sup>[14]</sup> - 11:24, 12:2, 37:23, 41:15, 50:8, 60:8, 60:13, 60:16, 61:13, 112:5, 124:1, 124:9, 128:12, 149:13  <b>underestimate</b> <sup>[1]</sup> - 79:3  <b>underneath</b> <sup>[1]</sup> - 37:8  <b>understood</b> <sup>[3]</sup> - 101:4, 132:5, 140:22  <b>unexpected</b> <sup>[1]</sup> - 145:18  <b>unfavorable</b> <sup>[1]</sup> - 58:6  <b>unfinished</b> <sup>[1]</sup> - 12:3  <b>unit</b> <sup>[3]</sup> - 22:21, 128:23, 155:5  <b>United</b> <sup>[2]</sup> - 119:14, 147:10  <b>unless</b> <sup>[2]</sup> - 35:1, 151:10  <b>unquote</b> <sup>[2]</sup> - 45:9, 45:19  <b>unresolved</b> <sup>[1]</sup> - 9:22  <b>unusual</b> <sup>[2]</sup> - 145:17, 145:21  <b>up</b> <sup>[82]</sup> - 7:1, 9:3, 20:25, 21:1, 21:15, 22:2, 22:24, 23:1, 23:13, 29:6, 34:11, 34:25, 35:3, 35:11, 36:2, 36:7, 36:20, 37:9, 39:13, 40:6, 47:12, 47:15, 47:17, 54:25, 56:22, 57:14, 60:11, 62:22, 65:23, 69:22, 75:19, 76:6, 78:19, 79:4, 80:10, 80:17, 84:23, 84:25, 85:9, 86:14, 86:25, 87:4, 88:8, 90:14, 90:18, 92:5, 92:12, 92:15, 92:23, 94:12, 94:16, 95:12, 95:18, 98:14, 98:24, 99:18, 107:7, 110:24, 111:16, 112:16, 114:21, 115:10, 115:14, 116:23, 121:10, 122:10, 127:2, 129:23, 130:19, 131:2, 131:23, 133:17, 137:8, 141:4, 142:8, 143:14, 145:15, 151:5, 151:18, 154:9, 155:15, 160:13  <b>updated</b> <sup>[5]</sup> - 130:10, 130:14, 131:8, 132:6  <b>upi</b> <sup>[1]</sup> - 161:16  <b>upper</b> <sup>[1]</sup> - 17:2  <b>upset</b> <sup>[1]</sup> - 148:4  <b>upwards</b> <sup>[1]</sup> - 25:8  <b>useful</b> <sup>[2]</sup> - 21:24, 26:18  <b>uses</b> <sup>[3]</sup> - 72:18, 118:6, 150:15</p>	<p><b>utilized</b> <sup>[1]</sup> - 151:3</p> <p style="text-align: center;"><b>V</b></p> <p><b>value</b> <sup>[3]</sup> - 24:25, 26:15, 152:10  <b>van</b> <sup>[8]</sup> - 26:1, 26:5, 37:24, 38:14, 38:16, 38:20, 38:23, 38:24  <b>various</b> <sup>[1]</sup> - 115:24  <b>vascular</b> <sup>[6]</sup> - 32:12, 73:5, 96:13, 97:4, 109:12, 109:14  <b>vast</b> <sup>[1]</sup> - 50:5  <b>Vegas</b> <sup>[4]</sup> - 4:1, 61:23, 151:23, 164:20  <b>vehicle</b> <sup>[1]</sup> - 38:2  <b>verdict</b> <sup>[5]</sup> - 52:7, 58:6, 58:11, 58:20, 106:11  <b>versed</b> <sup>[1]</sup> - 44:25  <b>versus</b> <sup>[1]</sup> - 74:18  <b>view</b> <sup>[1]</sup> - 52:13  <b>visit</b> <sup>[2]</sup> - 92:8, 141:23  <b>vitamin</b> <sup>[3]</sup> - 18:18, 20:5, 127:22  <b>vitamins</b> <sup>[2]</sup> - 20:8, 22:6  <b>vs</b> <sup>[1]</sup> - 1:11</p> <p style="text-align: center;"><b>W</b></p> <p><b>wait</b> <sup>[1]</sup> - 43:5  <b>wake</b> <sup>[2]</sup> - 22:24, 23:1  <b>walk</b> <sup>[3]</sup> - 52:5, 115:18, 117:21  <b>walked</b> <sup>[1]</sup> - 118:2  <b>walker</b> <sup>[20]</sup> - 28:22, 28:23, 29:1, 29:5, 29:8, 29:17, 30:20, 31:15, 31:18, 31:25, 33:25, 66:16, 67:9, 68:12, 69:17, 100:4, 100:9, 100:18, 116:12, 132:15  <b>walking</b> <sup>[3]</sup> - 116:15, 117:24, 138:10  <b>wants</b> <sup>[2]</sup> - 50:18, 152:2  <b>warning</b> <sup>[1]</sup> - 13:11  <b>watch</b> <sup>[1]</sup> - 17:1  <b>wear</b> <sup>[5]</sup> - 28:2, 28:14, 28:15, 28:16  <b>wearing</b> <sup>[3]</sup> - 15:1, 36:9, 101:1  <b>wears</b> <sup>[1]</sup> - 28:19  <b>Weaver</b> <sup>[13]</sup> - 2:6, 3:3, 43:14, 61:17, 103:2, 105:14, 106:13, 107:1, 109:25, 149:17, 155:20, 157:25, 158:12  <b>WEAVER</b> <sup>[51]</sup> - 43:17, 45:5, 47:3, 49:4, 49:7, 49:10,</p>
---	--	---	---

<p>49:12, 50:16, 53:25, 54:4, 54:7, 55:17, 60:18, 61:18, 61:21, 67:1, 67:2, 69:4, 69:5, 83:15, 88:6, 88:11, 88:20, 89:10, 92:21, 92:22, 97:18, 97:19, 103:3, 103:6, 106:14, 107:2, 107:5, 108:1, 110:2, 110:6, 110:11, 110:12, 134:5, 134:10, 139:13, 144:10, 149:18, 149:21, 151:14, 151:17, 152:20, 155:21, 155:25, 158:13, 159:24 <b>Weaver's</b> [2] - 149:5, 157:18 <b>week</b> [2] - 158:24, 159:7 <b>weekly</b> [1] - 40:23 <b>weeks</b> [1] - 20:17 <b>weight</b> [2] - 15:2, 117:6 <b>welcome</b> [4] - 11:3, 12:14, 61:23, 144:12 <b>well-being</b> [2] - 13:14, 146:9 <b>well-versed</b> [1] - 44:25 <b>whatsoever</b> [2] - 5:17, 5:18 <b>wheel</b> [1] - 29:10 <b>wheelchair</b> [56] - 15:1, 23:18, 23:19, 24:7, 24:14, 24:15, 24:17, 24:23, 25:12, 25:19, 25:21, 26:5, 26:7, 29:10, 30:21, 33:23, 34:2, 34:14, 38:10, 38:15, 44:23, 44:24, 52:11, 53:21, 54:7, 54:13, 54:15, 54:16, 56:18, 56:22, 84:21, 84:23, 100:5, 100:9, 100:10, 100:11, 100:18, 101:11, 112:11, 114:21, 115:7, 115:9, 115:13, 115:16, 115:17, 115:21, 116:9, 116:24, 117:22, 129:7, 129:8, 132:17, 135:24, 137:3, 137:5, 137:7 <b>wheelchairs</b> [4] - 24:12, 25:1, 34:17, 44:2 <b>whole</b> [10] - 38:3, 46:14, 46:17, 57:10, 112:13, 130:17, 139:23, 141:25, 155:5 <b>wide</b> [3] - 34:18, 34:19, 54:19 <b>widened</b> [2] - 34:4, 34:5 <b>widening</b> [5] - 135:13, 135:14, 135:18, 135:20 <b>Wienczek</b> [6] - 96:12, 97:5, 103:21, 109:16, 111:14, 125:10 <b>wife</b> [3] - 39:7, 41:1, 100:13 <b>willing</b> [1] - 103:16 <b>Wilson</b> [3] - 73:4, 159:16, 159:19 <b>wind</b> [1] - 22:2 <b>wishes</b> [1] - 7:24</p>	<p><b>withdraw</b> [1] - 134:1 <b>witness</b> [8] - 11:9, 42:14, 43:13, 83:2, 143:18, 144:14, 153:15, 158:19 <b>WITNESS</b> [14] - 3:5, 12:4, 35:6, 35:16, 35:25, 61:15, 83:8, 83:12, 144:12, 154:14, 154:21, 155:1, 155:11, 156:8 <b>witnesses</b> [2] - 8:11, 143:23 <b>word</b> [4] - 75:18, 75:19, 150:8, 150:10 <b>words</b> [2] - 116:15, 124:1 <b>works</b> [5] - 19:25, 41:22, 121:13, 121:24, 162:3 <b>worse</b> [1] - 17:10 <b>worst</b> [1] - 20:23 <b>worth</b> [8] - 68:17, 68:20, 85:4, 113:13, 114:19, 118:16, 120:6, 120:20 <b>wrapping</b> [1] - 143:14 <b>written</b> [2] - 70:1, 148:21</p> <p style="text-align: center;"><b>X</b></p> <p><b>X'd</b> [1] - 157:14 <b>x-rays</b> [5] - 15:9, 16:5, 16:8, 16:14, 17:7 <b>Xarelto</b> [1] - 142:20</p> <p style="text-align: center;"><b>Y</b></p> <p><b>year</b> [26] - 15:22, 16:16, 17:5, 18:3, 18:5, 20:10, 21:20, 23:9, 24:13, 28:11, 29:21, 29:23, 30:6, 37:21, 39:2, 40:1, 40:5, 40:14, 40:20, 41:12, 41:13, 41:20, 41:22, 69:23, 70:1, 152:16 <b>yearly</b> [3] - 15:9, 16:11, 16:15 <b>years</b> [38] - 12:22, 24:18, 25:12, 27:4, 29:2, 31:16, 31:19, 33:5, 33:7, 36:24, 37:20, 40:2, 40:11, 40:23, 48:5, 48:14, 67:21, 67:22, 68:11, 69:22, 69:23, 69:24, 69:25, 70:8, 70:16, 70:18, 95:8, 95:10, 113:3, 114:20, 120:22, 126:16, 126:21, 135:1, 135:6, 141:12, 145:17, 154:16 <b>yesterday</b> [2] - 11:8, 158:23 <b>YMCA</b> [1] - 119:8 <b>yourself</b> [4] - 21:16, 32:15, 39:23, 84:17</p>	<p style="text-align: center;"><b>Z</b></p> <p><b>zero</b> [2] - 70:2, 70:17</p>
---	--	--