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 05:23 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 XIV

E. Breen Arntz, Esq.
Nevada Bar No. 3853
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 21st day of July, 2021, I served a true and correct copy of the foregoing **APPELLANT'S APPENDIX VOLUME XIV** 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.

IN THE EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

DARELL L. MOORE and CHARLENE A. MOORE, individually and as husband and wife, Plaintiffs, vs. JASON LASRY, M.D., individually; FREMONT EMERGENCY SERVICES (MANDAVIA), LTD.; TERRY BARTMUS, RN, APRN; and DOES I through X, inclusive; and ROE CORPORATIONS I through V, inclusive, Defendants.	)	CASE NO. A-17-766426-C DEPT. NO. 25

REPORTER'S TRANSCRIPT OF PROCEEDINGS OF JURY TRIAL

P.M. SESSION

BEFORE THE HONORABLE KATHLEEN E. DELANEY

WEDNESDAY, FEBRUARY 5, 2020

APPEARANCES:

For the Plaintiffs:

E. BREEN ARNTZ, ESQ.
HANK HYMANSON, ESQ.
PHILIP M. HYMANSON, ESQ.

For the Defendants:

ROBERT C. McBRIDE, ESQ.
KEITH A. WEAVER, ESQ.
ALISSA BESTICK, ESQ.

REPORTED BY: DANA J. TAVAGLIONE, RPR, CCR No. 841

I N D E X

WITNESSES	PAGE
SAMUEL WILSON, M.D.	
Direct Examination by Mr. Weaver	24
JOHN JANZEN, M.D.	
Direct Examination by Mr. McBride	100
Cross-Examination by Mr. P. Hymanson	117
Redirect Examination by Mr. McBride	132
Recross-Examination by Mr. P. Hymanson	135

E X H I B I T S

JOINT EXHIBIT		MARKED	ADMITTED
113	Office visit note from Dr. Wiencek		14

LAS VEGAS, NEVADA, WEDNESDAY, FEBRUARY 5, 2020

1:41 P.M.

* * * * *

(Outside the presence of the jury.)

THE COURT: Good afternoon.

MR. McBRIDE: Good afternoon, Your Honor.

MR. ARNTZ: Good afternoon.

MR. WEAVER: Good afternoon, Your Honor.

THE COURT: I have a housekeeping thing. But I understand we have something outside the presence as well.

MR. ARNTZ: Yeah, just real briefly, Your Honor. So Dr. Wilson is going to be testifying today. He's got a report that's two pages. That's his initial report, and you'll recall that, before trial started, we had discussions about his rebuttal reports and whether he could bring those out in his initial testimony. I'd like to renew that objection.

I don't remember what your ruling was in terms of whether he could testify as to the things that are in his rebuttal?

THE COURT: I'm going to check. I still haven't had a chance to see the JAVS. That's true,

but give me a second. Who was the proponent of the motion related to that?

MR. ARNTZ: Let's see. Was that I think it was a motion that discussed the experts being kept to the opinions that are in their deposition or in their reports.

THE COURT: Right. Which, generally, gets granted as sort of a ProForma follow-the-law type of issue, but give me one second. I'm looking. Give me a second. There was a Motion in Limine regarding personal opinions, but that's not the same thing. That was granted. No expert testimony based on hearsay for the experts, that was granted. Still looking.

So it was a stipulated -- or what I'm finding anyway that might be what you're talking about, there was a stipulated, Stipulation and Order on Motions in Limine, the fourth of which -- sorry. Third of which -- nope -- fifth of which says: "Experts will be precluded from offering opinions not contained in their expert reports, supplements thereto, and/or deposition testimony."

So there's that one, but that's not the one you're talking about?

MR. ARNTZ: Well, no. See, the problem

with that is that the supplements amount to rebuttals. So they were made as rebuttal designations, and I want to have Dr. Wilson confined to his expert report. We didn't depose him on purpose. He's just got a two-page opinion, and so I wanted to bring that up before because I want to keep him confined to that report.

THE COURT: Well, I mean, let me see. I've got the orders on motions in limine that were proposed by Defendant Nurse Practitioner Bartmus. I've got the orders Defendant Jason Lasry's Motion in Limine, and I've got the stipulated orders.

So if it was one of yours, I don't know that I have that order that's been provided yet. We had talked about you providing it to us because the others had come in. I thought I had yours.

MR. ARNTZ: Oh, they didn't get it over to you? I put that on Mr. Hoffman's office. I thought they had --

THE COURT: I don't have it here. I'll double-check the log to see where it is. But at this point in time, I can't, without having the order in front of me -- that's why I kept these here even though they haven't been formerly filed; they've been signed -- but I've kept them here

because I need them for reference. But if I don't have yours, I don't know.

Mr. Weaver.

MR. ARNTZ: Let me just, real briefly, you'll recall that the reason why we brought it up is because --

THE COURT: Sorry. I'm checking with my clerk because it was a relief clerk who covered that day, and she still, as of last week, had not posted them. We've gently nudged, and if her minutes are there, that would assist.

MR. ARNTZ: So the only reason I brought it up before was because his rebuttal report went into an opinion as it related to smoking is a contributing factor, and that was a new opinion. So the reason I brought it up before was because it was not an old opinion. It wasn't even a supplement to an old opinion. It was a brand new opinion.

(Off-record discussion with clerk.)

THE COURT: I understand. You believe it's a new opinion, but I guess what I'm trying to get at is did you formally request, or are we just dealing with this the first time here? I don't independently recall.

MR. ARNTZ: I formally requested it to

be -- to prevent them from going into that as the rebuttal because it was a new opinion. But it was, I believe, in connection with the hearing that we had on all of our motions in limine.

THE COURT: Right. That's what I'm looking for.

MR. ARNTZ: Right. And we had -- in fact, we filed a joinder, I believe, to the one having to do with experts being confined to their reports and deposition testimony.

THE COURT: Well, and that's the one I just read which is, it's not a joinder. It's a stipulated Motion in Limine, the one I just read you. I just read it to you. It's Stipulated Motion in Limine No. 5.

MR. ARNTZ: Did we do a stipulation after that hearing?

MR. WEAVER: Can I just address this, and maybe we can --

THE COURT: Of course, Mr. Weaver. Just trying to make that record complete, again, in the Stipulated, as it's styled, signed by the counsel: Stipulation and Order and Motions in Limine, No. 5, Fifth. "Experts will be precluded from offering opinions not contained in their expert reports,

supplements, or deposition testimony."

I understand you're saying there's a report here that was a rebuttal report, but it's got a new opinion. So there's a different basis for it, but that's the only thing I'm seeing so far.

Mr. Weaver.

MR. WEAVER: I would just say that we're talking about supplemental reports, which are allowed, and the law specifically provides for; and more importantly than that, in the Deposition of Dr. Marmureanu, I specifically asked him, "Do you have in your reports all of the factual basis or even all of your opinions for which you're prepared to testify at trial?" And he said no. So we shouldn't be at a disadvantage because we choose to depose them and then they add into their deposition additional opinions or factual bases.

If we choose to depose them to flush that out so that there's not any surprise on either side, we shouldn't be at a disadvantage because Dr. Marmureanu said in his deposition he had more opinions, additional opinions and additional factual bases thereto. So I think the ruling was clear that any opinions that are part of a report, supplemental report, rebuttal report, of course, as both sides

have already talked about, there aren't going to be every factual bases for the opinions in the reports because there just can't be.

So the gist of the opinions, although Dr. Marmureanu had additional and different opinions added and especially that he testified to in light of the fact that it appears Dr. Jacobs isn't. So I don't think that there's any issue at all, given Dr. Marmureanu's testimony in general.

THE COURT: Go ahead, Mr. Arntz.

MR. ARNTZ: In all fairness, they absolutely should be prejudiced by it because that's their choice. They took a deposition and he asked as part of the questioning, "Do you have any other opinions that you would like to offer?" And he said "Sure." And he offered a whole bunch more. That was his mistake for asking that question.

The deposition of an expert should be confined to the report and get the opinions and the bases for the opinions in that report. If you open the door to a whole bunch of new stuff, that's not my fault. That's their fault.

THE COURT: Well, okay. So I don't want to -- I mean, I still have a followup question. But I don't think this turns on, you know, again,

another sort of tit-for-tat: Well, this happened with this one; so that should happen with that one. I think this turns on you've got a stipulated Motion in Limine that says: Reports, supplements thereto and/or deposition testimony is where they're confined to, that would appear to allow those things to be inquired about.

You're now indicating to me that we should preclude testimony as to this what you're calling a "rebuttal report." I don't know if it's really that or if it's really a supplemental report because I don't recall if we had a formal Motion in Limine on it. If we did not and you're raising it for the first time now, you know, again, I'm looking for then just let's talk about what the rules would say.

I mean, why is this not a supplemental report, and why would they not entitled to utilize it?

MR. ARNTZ: Because it was designated as a rebuttal report.

THE COURT: Well, we've had some dialogue about that in circumstances with regard whether something was rebuttal or whether it was in fact supplemental. You know, if it's a rebuttal report, then, generally, right. You don't bring up new

opinions in there.

But if it's a supplemental, then, you, you know, arguably can. So I need some more specifics. When was it issued?

Are you arguing, Mr. Weaver, that it's a supplemental report and not a rebuttal regardless of how it was styled?

I'm just trying to understand. Let's just get to the heart of it. I'm not going to decide this because we did something one way in a different situation. I'm going to decide because either it's a supplemental and it's legitimate thing to do or it's a rebuttal and it's not legitimate thing to do.

MR. WEAVER: What I would say to that, Your Honor, is the only issue that was identified as being a problem had to do with smoking. So the fact that Dr. Wilson brought up that smoking --

THE COURT: That's the new issue in what's styled as the rebuttal report?

MR. WEAVER: Yes, Your Honor.

THE COURT: Okay. Go ahead.

MR. WEAVER: And so all I would say to that is it's supplementing his opinions about what has to do with causation and what has to do with Mr. Moore's general medical health anyway, which was

never an issue. It's in the medical records. Everybody knew about it.

THE COURT: Well, and it's been discussed in here many times.

But, Mr. Arntz, back to, I know it's styled as a rebuttal report. If it's essentially a supplemental report and you had it, when was it filed and when was it served, I guess?

MR. ARNTZ: It was served as a rebuttal report.

THE COURT: When?

MR. ARNTZ: Whenever the rebuttal deadline was.

MR. McBRIDE: November 6, 2019.

THE COURT: Thank you.

MR. ARNTZ: I apologize I didn't have that in front of me.

THE COURT: It's okay. Mr. McBride did. We're all good.

MR. ARNTZ: The gravamen of my argument really has to do with keeping him within the four corners of his opinion. If your determination is that a discussion about smoking could come in, well, then I'll cross-examine him on why he didn't mention it at first. But the reality is his opinion is a

two-page opinion, and the bases for those opinions have to be contained in his report. That's the rule.

So to suggest that all of the bases for his opinion don't have to be in the report is not what the rule says. I just want to make sure he's kept within the four corners of his reports because we chose not to depose him for that reason.

THE COURT: Right. But you're saying two different things, Mr. Arntz, as I'm connecting to your arguments. If I'm not connecting to your argument properly, I apologize, and we'll get there. But what I hear you saying is two different things: There is a report, it has the opinion in it. You've had it since November, but you're trying to exclude it because styled as a rebuttal report on the basis of you shouldn't have a new opinion in a rebuttal report.

You're not asking me to confine him to his reports because if I confine him to his reports, it's in one. You're asking me to preclude the use of the rebuttal report; right? So that really mandates me making a determination on whether or not it's truly an improper new opinion or whether it's a supplemental opinion that's in keeping with his

initial opinions, styled correctly or not, and ultimately whether or not it's fair game for inquiry; right?

MR. ARNTZ: Yeah. I'm asking for two things: One, I want to have him contained to his reports, and to the extent that the rebuttal report is truly a rebuttal and not a new opinion, then he's obviously free to discuss that as well. So my points are two: One, I just want him confined to his reports, and if you decide that the smoking comes in, I can deal with that.

THE COURT: But here's where I'm losing you. I'm so sorry. I just don't want this record to be messed up. It's in his report, the smoking opinion. So when you say "confined to his reports," you're asking me to allow him to talk about his smoking opinion.

MR. ARNTZ: I have two objections here.

THE COURT: But that's not what you're asking me.

MR. ARNTZ: I have two objections.

THE COURT: Okay. Hold on. Before you go there, there is no doubt, I will say right now, he is confined to any report that he's entitled to testify about because you all stipulated to that,

and that's standard practice.

MR. ARNTZ: Okay.

THE COURT: The issue is one of the reports is styled as a rebuttal report, but it has a new opinion. You think that's improper; right?

MR. ARNTZ: Yes.

THE COURT: That's your basis for the objection.

MR. ARNTZ: I do.

THE COURT: Okay. So when you keep saying, over and over again, "I want him confined to his reports," you're sounding like you're talking at cross-purposes. I know you're not, but that's why I'm trying to make this record more precise.

MR. ARNTZ: All right. I appreciate it.

THE COURT: You want him to be confined to his report and potentially even his rebuttal report, exclusive of what appears to be a new opinion which, in your opinion, would be improper if it is in fact a rebuttal report.

MR. ARNTZ: You just did that a whole lot better than I did.

THE COURT: I'm just trying to get there. Like I said, we'll get there. Mr. Weaver.

MR. WEAVER: I think the Court has

articulated. All I would say including is, for purposes of the rebuttal, is usually the argument that we get is when we do supplemental reports, it should have been a rebuttal so that it would have come sooner to the initial as opposed to up to 30 days before trial. So it's rare that we get the argument that a report shouldn't have been a rebuttal, that it should be supplemental. Because usually what we get is, if we do a supplemental, the argument is, because that can be up to 30 days before trial, it should have been a rebuttal and, therefor, they didn't have time to do anything about it. That's No. 1.

No. 2 is the issue of the smoking came up because they said that Mr. Moore's condition was acute and our position was the smoking made it chronic. So that the context of the smoking coming up was, in fact, a rebuttal to the opinion that their expert had about "chronic" versus "acute." So that was the context of it coming up in the first place.

MR. ARNTZ: The problem with what he just said is it's not in his report. That is not in his initial report. His initial report --

THE COURT: Thank you. Be precise.

"Initial report," "rebuttal report." Stop saying "report" generically and I don't know which one you're talking about. Please.

MR. ARNTZ: Okay. I will identify it. His initial report dated August 19th, 2019, forms the opinion that the occlusion was a chronic occlusion. Nowhere in his report does he give one of the bases for that conclusion as smoking.

THE COURT: Understood. But then he issued a what's styled as "Rebuttal Report" which, if I'm understanding correctly, broadens it to include smoking.

MR. WEAVER: Right. And I would agree with Mr. Arntz, if he wants to ask him questions about why his report didn't have additional facts in it, if that's what the issue is, then that is a separate issue, but it's not an issue of preclusion.

THE COURT: Thank you. Again, to the extent that this matter was previously heard and there's some confusion right now because of lack of proposed order on it or minutes reflecting it, the Court is revisiting the issue now in full, and the Court is going to determine that it is not going to preclude questioning on the contents of the initial or rebuttal report.

It appears to effectively be a supplemental report. It is styled "Rebuttal." But I see no prejudice here. It's been known. It's been available, and there's been ample discussion in this trial already with regard to his smoking history and impacts potentially to his condition and the impacts on what occurred that led to this trial. So I think that there's no basis to preclude it, other than for more than a form over substance because something was titled "Rebuttal."

I understand the ask. Respectfully declined, and you may inquire as to both reports. But he is, of course, otherwise, confined to the contents his two reports, initial and rebuttal.

MR. WEAVER: Thank you, Your Honor.

THE COURT: Okay. Thank you.

My housekeeping, just quick, we don't have to spend a lot of time on it, but I just want to plant the seed with the I.T. person here. We have identified Courtroom 3F, as our location, "F" as in Frank, as our location for tomorrow afternoon's hearing or continuation of trial. I'm familiar very much with that courtroom because it was the courtroom I used for about a year.

But there's two issues there. One I will

have to arrange with my court reporters. But this court reporter desk actually came from there when we moved upstairs. They don't have a court reporter. They use a court recorder. So we're going to have to make sure that they have what they need for their setup. And, also, my marshal identified the potential -- and this is for the I.T. person -- that there may be missing some component that would allow the same equipment that we've been using or at least the same connections to work.

Joshua, can you help me understand what it is that you believe is missing from down there.

THE MARSHAL: Yeah. The port where they're plugging into their USB to is a little different.

THE COURT: Okay.

THE MARSHAL: So I proposed to them to, if they have time, to go down there with me ahead of time, whether it be on a break or tomorrow earlier, before session.

THE COURT: Yeah. We're going to -- either way, I'll leave it mainly because maybe Mr. Hymanson and the I.T. person here, whether you can check it out today. I don't know that Judge Holthus -- it's Judge Holthus, her assignment location -- whether or not she's in session this afternoon. I don't believe

she is. I know she's in session tomorrow morning. So that's not an option.

But prior to the start of trial or on a break here today, it might be worth it. We can go from the back down and do it that way, as long as she's not in session. So I will communicate with my JEA to check to see if there's an opportunity to go this afternoon, in case folks want to. But that's where we will be. And once we're there, we'll just stay there for the whole afternoon to complete the testimony.

I think that was it. I just wanted to let you know that we had that location.

MR. McBRIDE: And, Your Honor, just one other scheduling issue for today also impacts tomorrow too: The plan, we have Dr. Janzen, who is here, who is also planning to testify. Dr. Wilson is going to go first.

But we had already coordinated that if we could take our break maybe around 3:45 or a break around then, I told Dr. Janzen to be here before then so we can get him on at 4:00; and we should be able to finish him, take him out of order, and we would probably finish up with Dr. Wilson tomorrow.

THE COURT: Okay.

MR. McBRIDE: Okay. Only because he's not able to come back. Janzen is not able to come back.

THE COURT: Yeah, let's make sure we get that done. So I'll leave it to you. Just, you know so you want a break about 3:45.

MR. McBRIDE: About 3:45 would probably work for a 15 minute break.

THE COURT: Okay. Sounds good. We didn't really get that good 15-minute break yesterday because we ended up being here the whole time.

All right. Are we ready to bring them in?

MR. McBRIDE: I think so.

THE COURT: Okay.

(Jury enters the courtroom.)

THE COURT: Thank you. While the jurors are finishing taking their seats, I'll invite everyone else to have a seat as well.

Ladies and gentlemen, as we resume, I'm just reminding you that we had mentioned yesterday that we were going to take a witness out of order is how we call it because, instead of continuing with witnesses in the plaintiff's case in chief, we're going to now move over and call a witness from the defense side case in chief in order to accommodate scheduling.

And what we're going to end up doing is even a little more nuance than that because what's going to happen is we're going to start with a witness by the name of Dr. Wilson, who you'll meet in a moment; and then when we break, we're going to actually resume with a different witness, doctor also from the defense side, finish that witness, and then we'll complete Dr. Wilson tomorrow.

Again, it all has to do with scheduling. We know you're perfectly capable of following all the testimony and keeping your notes, and being on track with that allows us to have the witnesses when we can get them and juggle and be cognizant of not only your time, but theirs as well. So that's how we're going to proceed today.

We'll also inform you, before we conclude today, where we're meeting tomorrow afternoon. Because of certain scheduling needs, we're going to be in a different courtroom, just for tomorrow afternoon. But we'll give you more information on that tomorrow or later today. Sorry.

So ready to call your witness, Mr. Weaver?

MR. WEAVER: Yes, Your Honor. Samuel Wilson.

THE COURT: Dr. Wilson, please.

Good afternoon, Dr. Wilson. Just come straight through the center of the tables, around the corner of that podium, and you'll see the witness stand straight ahead of you. Just come on up there, step in front of the chair, and when you're ready, remain standing, and my clerk will swear you in. Okay? All the way in front of the chair. Just come all the way in front.

There you go. Here she is.

(Witness sworn.)

THE WITNESS: I do.

THE CLERK: Thank you. Please take a seat.

THE WITNESS: Thank you.

THE CLERK: Would you please state and spell your first and last name, for the record.

THE WITNESS: My name is Samuel Wilson. S-A-M-U-E-L, W-I-L-S-O-N.

THE COURT: Thank you.

You may proceed, Mr. Weaver.

MR. WEAVER: Thank you, Your Honor.

/ / /

/ / /

/ / /

/ / /

Thereupon --

SAMUEL WILSON, M.D.,

having been first duly sworn to testify to the truth, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. WEAVER:

Q. Good afternoon, Dr. Wilson.

A. Good afternoon.

Q. Welcome to Las Vegas.

A. Thank you.

Q. Are you a board certified general surgeon?

A. Yes.

Q. Are you a board certified vascular surgeon?

A. Yes.

Q. I understand one of the last times you were in Las Vegas is you were a visiting professor of vascular surgery at the medical school; is that correct?

A. That was some time ago, yes.

Q. Okay. Dr. Wilson, we'll get to your credentials later. We'll try and cut through the chase here. I'm going to read a couple questions that the jurors asked of Dr. Marmureanu, who you understand is a plaintiff's expert witness in this

case?

A. Yes.

Q. The first question is, and I'd just like you to respond with your answer to the question, as quote: "Are there instances when an occlusion in a graft dissolves or otherwise goes away without medicine or surgery?"

A. No.

Q. The second question is: "Will or can blood flow from collaterals demonstrate a pulse in the foot?"

A. Yes. That can occur.

Q. Please explain why that is.

A. In patients with chronic ischemia, not sufficient blood flow to the extremity, significant collaterals can build up. Those are smaller arteries that enlarge to go around the obstruction in the major artery, and the palpation of a pulse is dependent on what the blood pressure is within that artery that you're palpating.

So that ordinarily, you can feel a pulse if the blood pressure is 120; if it's 100, you could probably still feel a pulse, and if it's less than that, you wouldn't feel a pulse. So it depends, to a large extent, on the development and presence of

collaterals.

Q. Thank you, Dr. Wilson. I'm going to ask you some questions about a document from Dr. Wilson.

Your Honor, we've stipulated, plaintiff and defendant, to Exhibit 113.

THE COURT: All right. We'll admit Exhibit 113.

(Whereupon Joint Exhibit No. 113 was admitted into evidence.)

THE COURT: And you may proceed. Just make sure you give us a Bates number of any particular page we're reviewing.

MR. WEAVER: Thank you, Your Honor. It's page 9.

BY MR. WEAVER:

Q. And, Dr. Wilson, the page 9 will come up on a monitor for you. It will also come up as a monitor for the jury to see. And if you would first look, Dr. Wilson, in the right-hand corner, the top right-hand corner, and do you see that's an office visit note from Dr. Wiencek?

A. Yes.

Q. And do you understand that Dr. Wiencek is Mr. Moore's treating cardiovascular surgeon?

A. I do.

Q. And do you see that the date is August 28th, 2019?

A. Yes.

Q. And then if you would look under down a little bit under the Problem List/Past Medical History and Chronic, do you see "deep vein thrombosis"?

A. Yes.

Q. So I'll offer to you, Dr. Wilson, that it appears that whether Mr. Moore had a history of deep vein thrombosis, at least as of December 25th, 2016, as appears to be an issue in this case.

But would you agree that based on that document that, as of August 28th, 2019, anyway, Dr. Wiencek is listing DVT as either a past medical history or a chronic history?

A. Yes. I agree.

Q. Okay. Would it indicate to you then, based on your review of that document, that if the deep vein thrombosis wasn't present as of December 25th, 2016, which is the date of the incident in this case, it must have been between December 25th, 2016, and Dr. Wiencek's note of August 28th, 2019?

MR. ARNTZ: Objection. Leading.

/ / /

BY MR. WEAVER:

Q. Does that make sense?

MR. ARNTZ: Objection. Leading.

THE COURT: There is an objection to it being leading.

It is a little bit too -- I know there's obviously foundational questions and the things we need to do to set up. But I mean, he can see the record and testify to the record. I'm going to sustain and see if you can ask a more open-ended question, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, are you able to identify from this document when the DVT occurred?

A. No.

Q. You're not critical of Dr. Wiencek for not documenting when the DVT or DVTs occurred, are you?

A. Well, it would be very difficult to actually establish when it first occurred since we know that he's had venous disease since 2012.

Q. Okay. We'll come back to that in a moment.

If you would look under Chief Complaint and read into the record what you see under Chief Complaint.

A. Consultation, peripheral vascular disease.

Q. Okay. So what does that indicate to you in terms of why it appears that Mr. Moore was consulting with Dr. Wiencek on that date?

A. What it indicates to me is that Dr. Wiencek had performed an operation on this patient approximately six years previously, and he was in followup for the vascular disease that he had.

Q. Since at least 2012?

A. Yes.

Q. And then do you see a little below that where it says Assessment/Plan?

A. Yes.

Q. Would you please read the first sentence into the record.

A. Patient is a 68-year-old gentleman with peripheral vascular disease, who presents for followup after a left-sided amputation.

Q. So would that indicate to you that Mr. Moore was following-up, at least in part, because of his left-sided amputation?

A. Yes.

Q. All right. And then would you read the next sentence into the record, please, Dr. Wilson.

A. His right leg appears to be well vascularized through collaterals around an

obstructed superficial femoral artery, SFA, in the midthigh.

Q. All right. So let's break that down a little bit. So starting point is we're now talking, in that sentence, about Mr. Moore's right leg; is that correct?

A. Yes.

Q. And then we're talking about, as it pertains to his right leg, we're talking about his artery.

Is "SFA" just another way of referring to the femoral artery?

A. Yes.

Q. And generally, Dr. Wilson, is it synonymous to say "SFA" or "femoral artery" or "femoral popliteal artery"? Do they basically mean all the same thing?

A. They're often used interchangeably.

Q. For our purposes today, is it sufficient to use them interchangeably?

A. Yes.

Q. Okay. And then that document says that the femoral artery in the right leg is obstructed; is that correct?

A. Yes.

Q. Okay. And is "obstructed" another word for

"occluded" or "blocked"?

A. Yes.

THE COURT: I mean, we're not getting objections there. But, again, is there ways to ask the questions more along the lines of "Are there other words?" And then depending on the answer supplied, more information? I just a want to -- again, I'm trying to avoid the leading objection.

MR. WEAVER: Sure. May we approach, Your Honor.

THE COURT: Yes.

(Bench conference.)

THE COURT: Appreciate the opportunity to clarify. Thank you. Whenever you're ready to proceed, Mr. Weaver.

MR. WEAVER: Thank you, Your Honor.

BY MR. WEAVER:

Q. What does "obstructed" mean?

A. It means that the opening in the artery, the conduit, is completely blocked.

Q. And does it have additional synonyms or additional language that it also means?

A. Occluded.

Q. So could you tell us in generally, Dr. Wilson, whether what Dr. Wiencek appears to be

saying here is, in a nutshell, Mr. Moore has a right occluded femoral artery?

MR. ARNTZ: Objection. Leading.

THE WITNESS: Yes. What he's saying is the right artery is occluded, but there's sufficient collateral circulation around the block; that his leg is viable, and he's not going to recommend any further intervention for that block.

BY MR. WEAVER:

Q. And what does the term "well vascularized" mean to a vascular surgeon?

A. Good circulation.

Q. And what synonyms are there with terms of "good circulation"? Would one be that there is good blood flow?

A. Yes.

Q. All right. So does this note indicate that because of the collaterals around the femoral artery, Mr. Moore's left leg is well vascularized, meaning there's good blood flow?

MR. ARNTZ: Objection. Leading. Your Honor --

THE COURT: Can I have --

THE WITNESS: What he's referring --

THE COURT: Hold on. There's an objection

pending. Can I have counsel back at the bench.

(Bench conference.)

THE COURT: The objection is sustained.

Please proceed, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, do you have an opinion as to whether or not, based on the information that is highlighted in yellow, Mr. Moore has a vascular emergency in his right leg?

A. He does not.

Q. Okay. And are you able to tell us the basis for your opinion?

A. Yes.

Q. And what is that, sir?

A. He does have a block, an occlusion, in the femoral artery in the midthigh. But over time, he's developed sufficient collateral flow. The small vessels that enlarge and go around the block to sustain the leg's viability and to provide adequate circulation for the leg.

Q. And are you able to tell us, based on your review of the records in this case, for how long it's likely, if at all, that Mr. Moore has had an occluded right femoral artery?

A. We know that he has been occluded since

August 2012.

Q. Okay. And what is the basis for that opinion?

A. He had an arteriogram done in August 2012.

Q. And what did that arteriogram show for purposes of the right femoral artery?

A. It showed the right femoral was blocked.

Q. So are you able to tell us then, based on that information and this note in front of you, for how long Mr. Moore, if at all, has had a blocked right femoral artery that the collaterals have been feeding?

A. For at least six years.

Q. And, Dr. Wilson, are you able to tell us, based on your review of this note, what recommendation, if any, Dr. Wiencek made in terms of following or dealing with this occluded right femoral artery at this visit?

A. That he would come back in six months, and he would again reevaluate the status of the extremity.

Q. And are you able to tell us what, if any, intervention Dr. Wiencek specifically recommended on this date?

A. No intervention for the right leg.

Q. And do you have an opinion why Dr. Wiencek did not recommend any intervention on that day for the occluded right femoral artery?

A. Yes.

Q. And what is that, sir?

A. It was that he had a chronic problem that had been present for years. His leg was viable. There would be no point to doing an operation, given that the circulation is adequate.

Q. And is it your opinion that based on what you said, that the circulation is adequate, because of the collaterals?

A. Yes.

Q. And what specifically, if you're able to tell us or if you have an opinion, were the collaterals?

In other words, what is the source of the collaterals in the right leg if the femoral artery is blocked?

A. Yeah, the collaterals are coming from the deep femoral artery, the profunda femoris artery which, very typically, supplies blood flow around a block in the superficial femoral artery.

Q. Do you know, one way or another whether, as Mr. Moore sits here today, whether the right femoral

artery is still occluded?

A. Oh, yes. It's still occluded.

Q. So you haven't seen any records since August 28th, 2019, that would indicate that Mr. Moore has received any treatment for the right femoral artery occlusion?

A. I'm not aware of any records that would show that.

Q. In your opinion, based on Dr. Wiencek's note, did you see anything in this note that constitutes if not an emergency, which you already said it wasn't, but urgency in terms of treatment?

A. No.

Q. Okay. Why is that?

A. Well, because his leg is well perfused, well vascularized by collateral flow. There's no point intervening since he has adequate flow to the extremity.

Q. We know, Dr. Wilson -- or do you have an opinion whether on December 25th, 2016, the graft in the femoral artery on the left was occluded?

A. Yes. It was occluded.

Q. And what does that mean, that Mr. Moore's left femoral artery at the location of the graft was occluded?

A. Well, in this case, it means not only was the femoral artery occluded, but the bypass graft was occluded.

Q. And what does it mean that the bypass graft was occluded?

A. Well, it means that his leg will need to have collaterals that will allow it to continue to be viable in the absence of flow from the graft.

Q. A question about the graft, if I may. So it's been described to us already that the graft is actually a synthetic tube or a plastic tube or Dr. Marmureanu described it as "Something God didn't make." Is that a fair description?

A. It's "something"?

Q. "Something God didn't make."

A. Yeah, he's probably right unless you think that God made the people who made the graft.

Q. Fair enough. Is the synthetic graft thinner or smaller than the femoral artery?

A. It's slightly larger. A normal femoral artery at that level would be 5 to 6 millimeters. The graft that was used was 8 millimeters. So it's a 1 to 2 millimeters larger.

Q. The graft is 1 to 2 millimeters larger than the artery?

A. Right.
Q. So if the graft is working and blood is flowing through it, is it typical that there would at least be as much blood flowing through the graft as there is the femoral artery?
A. Not quite as much because there is systemic vascular disease. It's not just one artery. It's the arteries even below where the graft is joined to the artery below the block. So the flow will -- you want the flow to be at least normal. You'd like it to be over 100 cc per minute, but it might be a little less.
Q. But is it fair to say that, absent collaterals, the goal of the graft is to allow as much blood flow as if it were the native femoral artery?
A. Yes.
Q. Okay. Dr. Wilson, I'm going to ask you another question by the juror that where we left off with Dr. Marmureanu. I just want to establish something. You're not here today to testify to standard of care; correct?
A. With regard to?
Q. With regard to nurse practitioner or Dr. Lasry, you're going to testify to issues having

to do with vascular issues, but you're not here to testify to standard of care; correct?

A. Fine.

Q. Question No. 2. "In your opinion" -- and this is a question that a juror had. "In your opinion, does the standard of care mandate the administration of medicine, like Heparin, if a graft appears occluded or possibly occluded?"

A. Did I say -- did you ask me, though, if I was going to comment on standard of care?

Q. Right.

A. And I said "No."

Q. Correct. And just so if we take out the "standard of care" part and just leave in "Does there need to be administration of medicine, like Heparin, if a graft appears occluded or possibly occluded?"

MR. ARNTZ: Your Honor, I think the question is vague. He's saying it's not a standard of care opinion, but it's guided as one.

MR. WEAVER: Sure. Let me -- I'll re-ask it. I'll just put it in the context of if it didn't come from a juror.

BY MR. WEAVER:

Q. If a graft appears occluded, does there need to be Heparin or a medication if it appears occluded?

A. Not necessarily.
Q. Why is that?
A. Well, for a chronic situation, there's no acute clotting. So you would not need to give Heparin. In the acute situation, you would give Heparin. But recall that Mr. Moore has been taking an anticoagulant for some time already. So he is anticoagulated with Xarelto.
Q. Do you have an opinion whether, on December 25th, 2016, Mr. Moore's left leg was acutely ischemic?
A. On 12/25?
Q. Yes, sir.
A. I believe it was not acutely ischemic.
Q. Do you have an opinion whether on December 25th, 2016, Mr. Moore's left leg was chronically ischemic?
A. It was chronically ischemic.
Q. We'll come back to that in a few moments. I just want to get to another question by a juror, and that is do you have an opinion whether -- well, let me backup.
Do you have an opinion whether, in light of Mr. Moore's December 2012 femoral popliteal bypass procedure, it was impossible for Mr. Moore to have

pulses in his foot on December 25th, 2016?

A. He had the bypass in 2012, and it had subsequently clotted and had been opened, and on 12/25/16, I believe it had been clotted for some period of time. Weeks, perhaps months.

Q. So do you have an opinion whether, after the procedure in 2012, there could be pulses in Mr. Moore's left foot?

A. Yes. You would expect, given a new graft, that there would be pulses that could be palpated, but not always. Not always.

Q. I want you to assume, Dr. Wilson, that Dr. Marmureanu says that, after 2012, it was impossible for there to be pulses in Mr. Moore's left foot. Do you have an opinion whether that's accurate?

A. That is not accurate, and I doubt that's what he meant.

Q. I want you to assume that Dr. Marmureanu also said that going into the 2012 femoral popliteal artery bypass procedure, that Mr. Moore had no palpable pulses and there was no blood flow heard on a Doppler. Does that make sense to you?

A. No.

Q. Why not?

A. If no blood flow were heard on a Doppler, that would very likely be an acute ischemic event. If the bypass is open, you would generally expect to feel pulses. It's not necessary because there may be some disease in the below-knee position that would prevent you from feeling pulses.

But ordinarily you would expect, with a successful bypass, to feel pulses.

Q. So do you have an understanding, based on your review of the records -- and we're going back to August and August to November 2012 -- when the occlusion in Mr. Moore's left femoral artery was diagnosed?

A. Well, it was first suspected in July 2012, when Mr. Moore had bilateral, both sides, leg pain that had not been responsive to the treatment of the saphenous vein on his left side. And at that point, his physicians thought perhaps this is not the veins or in addition to the veins; this is arterial, and at that point, they got an arteriogram, and that's what demonstrated occlusion, obstruction of the femoral arteries. The arteriogram was done, I believe, in August 20, 2012.

Q. So based on your review of the records, when was the femoral popliteal artery surgery, bypass

surgery?

A. It was done in November 10. I'm not quite sure on the day of 2012. Was done approximately three months later.

Q. So the femoral popliteal graft procedure was roughly three months after the diagnosis of the occluded left femoral artery; is that correct?

A. That's correct.

Q. Did you see any evidence whatsoever that the November 2012 femoral popliteal bypass surgery was anything other than scheduled as an elective surgery on that date?

A. No. It was an elective operation.

Q. Did you see anything in the records that indicated between August of 2012, when the left femoral artery was occluded and the surgery in November, that it was treated as urgent if not emergent?

A. No. He waited three months to do the operation.

Q. Do you have an opinion as to why Dr. Wiencek may have waited three months?

MR. ARNTZ: Objection. Speculation.

THE COURT: Sustained.

THE WITNESS: I don't know why he --

THE COURT: You can't answer the question. I sustained the objection.

THE WITNESS: I'm sorry?

THE COURT: I sustained the question, Doctor. You cannot answer the question.

THE WITNESS: All right.

THE COURT: Mr. Weaver will ask another question.

BY MR. WEAVER:

Q. Did you see anything in the records that indicated why there was a three month gap for the surgery?

A. No. It appeared to be the routine process, and Dr. Wiencek's office --

MR. ARNTZ: Objection. This is a backdoor way of answering the question I just objected to.

THE COURT: He's allowed to ask the question. The first one was a speculative question. That one was not. Overruled.

BY MR. WEAVER:

Q. I'm sorry. Go ahead, Dr. Wilson.

A. Well, it appeared to be the progression from discovery to consultation to operation, and I can't tell you why they selected the day in November. But, probably, they gave Mr. Moore some

time to think about the operation, and perhaps Dr. Wiencek.

THE COURT: Well, now, Doctor, you are speculating now.

THE WITNESS: I am.

THE COURT: I have no problem with you expressing whether or not there's something in the records that would indicate and from your knowledge, but now you are speculating. So we'll direct the jurors to disregard the final commentary that was speculative. But go ahead, Mr. Weaver.

MR. WEAVER: Thank you.

BY MR. WEAVER:

Q. You indicated, Dr. Wilson, that based on your review of the records, the diagnosis of a left femoral artery occlusion appeared to have been discovered when Mr. Moore was being worked up for venous issues; is that correct?

A. That's correct.

Q. And what is your basis for that opinion, sir?

A. Well, the medical record indicates that he was undergoing treatment by Dr. Simon for venous disease. He had a radiofrequency ablation of the saphenous vein on the left side, and they were

thinking about doing the right side, and his symptoms had persisted.

So they obtained a Doppler exam, ultrasound exam, and that showed that the way form was dampened so that it suggested obstructive disease in the arteries. They then proceeded to an arteriogram, and at that point, vascular surgery got involved.

Q. Do you have an opinion whether the arteriogram in August 2012 that diagnosed the left femoral occlusion also provided any information about the right femoral artery?

A. Yes.

Q. And what is that opinion, sir?

A. It showed the right femoral had occlusion too.

Q. And so would that indicate that if the right femoral artery appeared to be occluded, based on the arteriogram, that the right artery was occluded at least as of 2012 up through August 28th, 2019?

A. Yes.

Q. Is there anything that you saw in your records from 2012 to the present that would cause you to be critical of Dr. Wiencek for not treating the right femoral artery occlusion even up to this day as an emergency?

A. No.
Q. And are you critical of Dr. Wiencek for not having treated the left femoral artery occlusion as an emergency or even urgent?
A. No.
Q. Dr. Wilson, we'll move forward from the basic jury questions and into a new area.
Did Mr. Moore, in your opinion, have a vascular emergency in his left leg on December 25th, 2016?
A. No.
Q. Do you understand, based on your review of this case, that plaintiff's position is that Mr. Moore did, in fact, have a vascular emergency in his left leg on December 25th, 2016, due to acute limb ischemia?
A. Through reading Dr. Marmureanu's deposition, his opinion was that he had an acute emergency, and I believe that's the support for the plaintiff's position.
Q. And do you -- sometimes I call him "Dr. M" just because I can't pronounce it. So feel free to call him "Dr. M," if you wish.
Do you have an understanding as to the basis for why Dr. Marmureanu thought that Mr. Moore's left

leg was acutely ischemic on December 25th, 2016?

A. Well, I think it boiled down to the fact that he felt the leg was cold and numb and also that the ultrasound showed the graft to be occluded. So putting those two things together, I think Dr. M arrived at the conclusion that it must be an acute emergency.

Q. Have you arrived at a different conclusion?

A. No.

Q. No. I'm asking if your opinion is different than Dr. Marmureanu's on whether it was acutely ischemic on December 25th?

A. My opinion is different, yes.

Q. And what is your opinion as to whether, on December 25th, 2016, Mr. Moore's left leg was acutely ischemic?

A. My opinion is that it was chronically ischemic and that the examination that was done by Dr. Lasry and nurse practitioner did not demonstrate signs and symptoms of acute ischemia.

Q. So we'll get a little bit into that as we go through. Dr. Wilson, do you have an opinion what the general accepted medical definition is of "acute limb ischemia"?

A. Yes.

Q. And what is that, sir?

A. Well, first of all, it would be severe pain in the foot. There would be change in the color of the extremity. It would be pale. If it was elevated, it would turn a dusky purple color if it was lowered. There would be a lack of motion, particularly of the toes. There could be lack of sensation. The temperature of the foot would be cold. If you examined the patient, you would find that the skin would be cold, discolored; and then on a Doppler examination, you would not have a flow signal in the arteries in the foot.

Q. Thank you, Dr. Wilson.

Do you have an opinion as to the generally accepted medical definition of chronic limb ischemia in the left leg?

A. Well, chronic limb ischemia is a condition where the viability of the leg is maintained, but the circulation is not completely normal because there is a block in the artery, and you're depending in chronic ischemia on the collateral blood flow around the block.

In chronic ischemia, the typical symptom in the extremity is claudication, that is, a cramping type of pain when you would walk a certain distance,

which would be relieved with rest in about five to ten minutes. And then if you began walking again, the pain would reappear and perhaps your distance would be a little shorter. That's kind of an overview of what chronic ischemia is in the leg.

Q. Do you understand that doctor -- or do you have an understanding that Dr. Marmureanu, based on your review of the materials in this case, has formed the opinion that on December 25th, 2016, Mr. Moore had claudication?

A. Well, the pain as described is not entirely typical of claudication because it had persisted for a day or a little longer, depending on the note. It seemed to be, to me, in keeping with the visit that he had had approximately three days ago to the pain clinic, where they described "muscle strain and pain," and I think it would fit perhaps under that title. Especially given the fact that in his history, he related that he had walked more than normal, more than his normal walking.

So if it had been claudication on the 25th, I would have expected the pain in the calf to have gone away. The fact that the pain persisted in his calf supports more Dr. Lasry's definition.

Q. Do you have an opinion whether, by

definition, "claudication" means chronically ischemia versus acutely ischemia?

A. Absolutely, yes.

Q. Was that opinion, sir?

A. That claudication is associated with chronic ischemia, meaning that you have enough blood flow to get along and do your -- most of your daily activities. But if you exceed your walking distance, you out strip your blood supply after, say, one or two blocks of walking. The pain comes on in your calf, and then you have to rest to allow the blood supply to catch up.

Q. So even if on December 25th, 2016, Mr. Moore had claudication, is it your opinion that that would be chronic ischemia, not acute ischemia?

A. Yes.

Q. And are you able to tell the jury, Dr. Wilson, based on your experience as a vascular surgeon for a few decades, the commonness or lack of commonness of claudication in men with peripheral vascular disease?

A. Yes. Men over the age of 65, particularly if they have a smoking habit or currently smoke or diabetes, a study, for example, from the Netherlands showed that approximately 10 percent of patients

would have symptoms of claudication, based on occlusion of the superficial femoral artery.

Q. So do you have an opinion, one way or the other, whether it's fairly common for men over the age of 65, who have peripheral vascular disease, to have claudication, that they may not even know that they have an occluded femoral artery?

A. That can be a typical presentation, yes.

Q. And without specifically talking about Mr. Moore, how does smoking or not smoking factor into persons with peripheral vascular disease?

Do you have an opinion on that?

A. Well, yes. Tobacco is an important cause of atherosclerotic vascular disease, and I think the most important part in management is to have the patient abstain from tobacco use.

Q. How does tobacco factor into peripheral vascular disease, if you have an opinion?

A. Well, it's the most important cause of peripheral vascular disease.

Q. Why?

A. Now that's a very good question. But it's probably the effect of nicotine on the endothelium. That's the inner lining of the blood vessel.

Q. Do you have an opinion on whether continued

smoking contributes to the natural progression of peripheral vascular disease in most patients?

A. Yes. It's hard to hold the current situation if the patient continues to smoke. It worsens the disease.

Q. Why? Are you able to tell us pathophysiologically, or whatever the word is that I can't pronounce, what it is about tobacco that furthers the progression of the disease?

Do you have an opinion on that?

A. It's the nicotine that enters the bloodstream, and in some way, has a deleterious effect on the lining, the single-cell lining called the "endothelium" on the inside of your blood vessels, whether it's an inflammatory reaction is not clear. But it accelerates the progression of atherosclerosis, the fatty deposits that you get in the wall of the blood vessels.

Q. Is it fair to say that you, as a vascular surgeon and as a vascular surgeon and a professor of vascular surgery, do you teach residents?

A. I do.

Q. And what are "residents"?

A. Surgeons in training.

Q. So they're already physicians and then

they're specializing in vascular surgery; is that correct?

A. Yes.

Q. And what's a "fellow"?

A. Today, that's just about the same thing. A "fellow" really is a resident. There's some, a fine discrimination based on whether the salary of the resident is supported by Medicare, payments to the hospital, or whether it's supported by other funds. So a fellow generally doesn't have Medicare support for the position. But actually they're used interchangeably.

Q. Fair enough. So do you teach fellows and residents -- we'll just say "residents" since they're interchangeable. Do you teach your residents to teach and encourage their patients to abstain from tobacco if they've got peripheral vascular disease?

A. Absolutely. It's the No. 1 thing you can do.

Q. And if a patient who is a smoker, even for decades, if they abstain from tobacco, is the general medical thinking, if you have an opinion on this, that it increases the chances that their peripheral vascular disease might not progress?

A. Yes.

Q. Okay. And why is that?

A. Well, you've taken away the noxious insult to the artery. It's not the only thing. You then encourage the patient to walk as much as they can. You treat high blood pressure. You treat cholesterol elevation and any kidney disease. So it all -- today, the first-line treatment is medical treatment for a period of time to see if the patient's symptoms will get better so that -- and I don't want to wander here.

But I tell my patients that if they give up smoking, take on an exercise program, manage their blood pressure and their cholesterol that, within three months, their walking distance will double and that within six months, their walking distance will triple. So today that's first-line therapy as conservative -- we call it "conservative management."

Q. Is what you just described to us conservative management, medical management for chronic limb ischemia?

A. Yes.

Q. And do you hold an opinion, one way or another whether, as of December 25th, 2016, that was what Mr. Moore had, in other words, chronic limb

ischemia?

A. He had chronic limb ischemia, yes.

Q. Dr. Wilson, did you see in your review of the materials that on December 25th, 2016, Nurse Practitioner Bartmus and Dr. Lasry diagnosed Mr. Moore with musculoskeletal strain?

A. I saw that.

Q. Do you agree with that?

A. I think so. I did not examine Mr. Moore at the time, and so I'm relying on the medical records, and it would appear to have been a reasonable diagnosis.

Q. Even if they -- even if they got that diagnosis wrong, which has been alleged here, even if it was in fact claudication, the claudication doesn't convert it from other than being chronic limb ischemia; is that fair?

MR. ARNTZ: Objection. Leading.

THE COURT: Overruled. You may answer.

THE WITNESS: Claudication is typically associated with chronic limb ischemia, not with acute limb ischemia.

BY MR. WEAVER:

Q. And that your opinion in this case as well?

A. Yes.

Q. On December 25th, 2016, by ultrasound, by venous ultrasound, was there an occlusion of the left femoral popliteal graft?

A. Yes.

Q. Is there any doubt in your mind about that?

A. No.

Q. Okay. So you don't dispute that the ultrasound of Mr. Moore's left leg showed occlusion of the femoral popliteal graft; correct?

A. Correct.

Q. Does the fact that Mr. Moore's left femoral popliteal graft, by ultrasound, was occluded, does that convert Mr. Moore's chronic limb ischemia, in your opinion, one way or another, to critical limb ischemia or acute limb ischemia?

A. Not necessarily, no.

Q. Why not?

A. Well, he will have built up sufficient collaterals that allow the leg to be maintained, to have viability and not be in a situation of acute ischemia. The graft was probably occluded for some period of time based on the fact that lytic therapy, which it worked in the past, did not work this time, did not dissolve the clot, which means the clot was pretty advanced, had entered what I would call a

"rubbery stage" and just didn't respond.

Often, as time goes by, the graft becomes attached to the wall of the artery, and you get ingrowth of tissue which fixes it. So based on that, and given that they had been successful on two previous occasions, I think on this occasion, the graft -- the clot had to have been present there for weeks to months.

Q. So am I understanding you correctly that even if Mr. Moore had chronic limb ischemia when he came into the emergency department on December 25th, 2016, the fact that he had an occluded left femoral popliteal artery did not convert the chronic limb ischemia to acute limb ischemia?

MR. ARNTZ: Objection. Leading.

THE COURT: Can I have counsel at the bench, please.

(Bench conference.)

THE COURT: All right. That objection is overruled. You need to re-ask the question, but with the understanding, Mr. Weaver, that we have.

BY MR. WEAVER:

Q. Dr. Wilson, have you formed an opinion, one way or another whether, based on Mr. Moore's presentation and the Doppler venous ultrasound on

December 25th, 2016, Mr. Moore had acute versus chronic limb ischemia?

A. I have.

Q. And what is that, sir?

A. I believe the chronic limb ischemia on December 25, 2016.

Q. Dr. Wilson, do you have an opinion whether there is a gold standard way to diagnosis acute limb ischemia?

A. Well, it would be on the patient's history. When did it develop, and did it develop relatively suddenly? It would be on whether or not he's feeling severe pain, whether he's noticed discoloration, lack of movement, particularly of the toes, and that is the extremity cold; and he, Mr. Moore, knew that because he actually had acute ischemia on two prior occasions.

The examination is important in arriving at the diagnosis. You would have a foot that would be ice cold skin that was discolored. If he elevated the foot, it would blanche out. If you dropped it down, it would turn purple. If you listen with a Doppler, there would be no flow signal in the distal arteries. He would not be able to wiggle his toes, and he would not detect a sensation to pinprick or

even to just a cotton swab touching the skin.

Q. Thank you, Dr. Wilson.

Do you have an opinion whether what you've just described to the jury includes what's called a "clinical evaluation and a physical exam and assessment"?

A. Yes. That's a summary of what I was trying to say, yes.

Q. And do you have an opinion whether that's frequently referred to as the Five Ps?

A. Yes, it is.

Q. And I'll represent to you or I'd like for you to assume, Dr. Wilson, that Dr. Marmureanu referred to the Five Ps, and I'm going to quote him exactly as "old medicine practiced by old doctors."

Do you have an opinion whether that's a fair assessment? I'm sure no slight was intended.

A. Well, I sort of feel personal about that. No, it's not. It's the basics of vascular examination, examination by anyone. Your general practitioner, your internist. You know, technology has advanced, but we still use the history and physical examination. It's the most important thing.

Q. Do you have an opinion, one way or another,

whether there is a better substitute for the Five Ps than that being practiced by old doctors practicing old medicine?

A. That hurts.

Q. Well, let me ask it this way.

A. No. That's still the basis of your investigation.

Q. And is that what you teach your residents to use, the Five Ps in the assessment which you've identified includes clinical evaluation, physical exam, and assessment?

A. Yes. Absolutely.

Q. Do you have an opinion whether or not if you didn't do the Five Ps, how you would reach a diagnosis of acute limb ischemia?

A. Well, if you didn't, you wouldn't reach the diagnosis if you didn't examine the skin and so on.

Q. I want you to assume that Dr. Marmureanu has testified that, in 2020, the way to do a diagnosis of acute limb ischemia is through an arteriogram. So I want you to -- well, go ahead.

Do you have an opinion whether you agree with that or not?

A. No, I disagree. And I've written the articles that establish CT as the diagnostic test.

The diagnostic test is done where you need confirmation of your original diagnosis, but most importantly, to see if there's something corrective that you can do, whether it's giving a clot dissolution enzyme or surgical intervention. So a CT is not your first test, no.

Q. So do you have an opinion on whether what you've just identified is talking about how to guide treatment once the diagnosis is made?

A. Yes. That's a very important part of the arteriogram.

Q. If you don't diagnose acute limb ischemia first by physical exam and assessment of the Five Ps, how would you know to do an arteriogram or CT angiogram?

A. Well, you wouldn't know, and if you did it without a good indication, you would be risking complications in the patient from the test.

Q. Well, I would like you to assume that, on that point, Dr. Marmureanu has testified that when it comes to CT angiogram, all you do is, quote-unquote, "squirt a little dye." Are there --

Well, first of all, do you agree it's that simple?

A. No. It's 200 cc of intravenous contrast

that's injected into a central vein. So you have to introduce a catheter to go up towards the central vein. It's injected using a power injector, which is a automatic tool. It injects at 200 cc rapidly, and you have to use advance computer scanning to detect. Since there's less dye, it's venous test, you have to use a special computer, tomographic CT, to magnify the contrast in the blood vessels.

An arteriogram is where you inject the contrast through a incision where you introduce a tube into the femoral artery in the groin, then inject the dye directly into the artery. So they're a little bit different tests. They do show you roughly the same information. A CT is often done as an outpatient. Femoral arteriogram is more often done as an inpatient.

Q. And so do you have an opinion, one way or another whether, in addition to what you've described of doing a CT angiogram and arteriogram, that there are risks to certain patient populations by doing CT angiograms with contrast or with iodine?

A. Yes. There are risks.

Q. And what risks or what patient group would potentially be at risk, particularly if they were repeated CT angiograms to check whether there is

acute limb ischemia if, in fact, according to Dr. Marmureanu, that's the way to go?

A. Well, the major worry is kidney damage because the contrast is known to cause damage to the, you know, tubules that filter the urine; and generally, you would not want to do that in a patient with any sign of kidney problems or anyone with diabetes, you would not do that. You could do it with preparation of a patient, giving intravenous fluids for several hours before, holding a patient to make sure you've got a good liter of fluid into the system to dilute the contrast.

The other second big complication is allergy to the contrast.

Q. Thank you, Dr. Wilson.

I want you to assume that Dr. Marmureanu has also testified that when it comes to the diagnosis and treatment of acute limb ischemia, there is one standard for everybody whether you're an emergency medicine physician, vascular surgeon, inpatient, outpatient. So I want you to hold that assumption for a moment.

Do you have an opinion, one way or another, whether practitioners in the community, as opposed to the emergency department, in order to diagnose acute

limb ischemia by CT angiogram, would then have to send patients, for example, to the emergency department for that test?

MR. ARNTZ: Your Honor, can we approach for just a minute.

THE COURT: Sure.

(Bench conference.)

THE COURT: All right. Thank you for the opportunity to clarify a couple of things.

Mr. Weaver, whenever you're ready.

BY MR. WEAVER:

Q. Dr. Wilson, I want you to assume a hypothetical, and I want you to assume, for purposes of the hypothetical, that Dr. Marmureanu is correct that the standard of care to diagnose acute limb ischemia is CT angiogram or arteriogram.

If, to further the hypothetical, Dr. Marmureanu has testified that it's one standard of care whether it's an inpatient provider in the emergency department or an outpatient provider, for example, in a clinic or an office, do you have an opinion whether that would indicate that outpatient providers would need to send the patient somewhere for the CT angiogram or arteriogram?

A. If they're diagnosed acute ischemia, yes.

Q. Do you have an opinion, one way or another, based on your review of the materials in this case, that Nurse Practitioner Bartmus and Dr. Lasry accepted, during their evaluation of Mr. Moore, that the femoral popliteal artery graft was occluded?

MR. ARNTZ: Object. Lacks foundation.

THE COURT: I'm not sure you laid the foundation for this one, Mr. Weaver.

BY MR. WEAVER:

Q. Sure. Have you reviewed the depositions Nurse Practitioner Bartmus and Dr. Lasry?

A. I have.

Q. And have you reviewed the medical records in this case?

A. I have.

Q. And have you formed an opinion whether Nurse Practitioner Bartmus and Dr. Lasry accepted during the December 25th, 2016, emergency department visit that the graft was occluded based on the ultrasound?

A. Yes.

Q. Do you have an opinion whether the finding of the occlusion on the ultrasound, combined with Mr. Moore's past medical history and his present complaint of seven-out-of-ten calf pain warranted a

CT angiogram and a call to a vascular surgeon for emergency treatment?

A. No. It did not warrant it at that time.

Q. And why not?

A. Because chronic ischemia would be expected in the condition that Mr. Moore had. It would only require vascular surgery consultation if it was an acute event that threatened the life of his extremity such that an intervention on an emergency basis was needed. In that case, you would call for a vascular surgeon. You would obtain imaging tests, and that would be the process for acute ischemia.

Q. Have you formed the opinion, Dr. Wilson, one way or another, whether those circumstances that you just articulated were present on three days later, on December 28th, 2016?

A. Yes. Absolutely. They were present.

Q. I'm sorry?

A. Those circumstances signifying acute ischemia were definitely present on the 28th.

Q. Why is that?

A. The presentation was a typical -- it was very typical. When he left the emergency room on the 25th, he walked out. He said his pain, he felt relieved, I think is the word he used, that his pain

had subsided or was gone and that he felt okay between the 25th and the morning of the 28th, when he awoke and had severe pain and went to see his, I believe it was his neurologist who, very quickly, diagnosed acute ischemia and had him taken over to the emergency room of the hospital. Totally different presentation.

Q. Okay. I want you to tell us whether or not you had reviewed the, as part your review of the materials, whether you've reviewed the ultrasound on December 25th, 2016?

A. Just the report. I've looked at the images, but I'm not an expert. I'm no longer an expert on ultrasound images. But I read the report.

MR. WEAVER: Exhibit 100, which is admitted into evidence, Your Honor, Bates 1411, we would ask be put up for Dr. Wilson's review.

THE COURT: Okay.

BY MR. WEAVER:

Q. Dr. Wilson, is this the ultrasound that you've seen as part of your review of materials in this case?

A. Yes.

Q. Okay. So you have seen this document before; is that fair?

A. I have seen this document before.
Q. And do you see in this document where it says "The femoral popliteal artery graft appears occluded"?
A. Yes.
Q. And you accept that to be correct; true?
A. Yes.
Q. Okay. I want you to assume, Dr. Wilson, that Dr. Marmureanu has testified that this ultrasound finding in Mr. Moore's case, standing alone, was a vascular emergency.
Do you have an opinion, one way or another, whether this ultrasound report, combined with Mr. Moore's history and presentation on that day, constituted a vascular emergency?
A. I don't think so.
Q. And what are all the reasons you don't think so?
A. Well, first of all, the presentation is not that in my reading of the record of acute ischemia. Secondly, you could certainly have an occluded graft, particularly a poly type of fluoroethylene plastic graft without having acute ischemia. It's not uncommon. So this in itself, given the chronicity of vascular disease, the multiple

procedures he had in the past would not suggest to me that he had acute ischemia.

You have to take in the presentation, this information is helpful. But, to me, it just confirms that he's had chronic arterial disease.

Q. I want you to assume that Dr. Marmureanu testified that taking into account the ultrasound, Mr. Moore's past medical history, and his presentation December 25th, 2016, quote: "If you would be in a submarine, you would see a red light and a sound. This cannot be more of an emergency, those six words here represent flags, alarms, red lights all over." Do you agree with that?

A. Well, it certainly is picturesque language, but it's not how one would react to receiving this report.

Q. How would one react with receiving that report?

A. I would go back and examine the patient again and see that my first examination is accurate, and I would suggest that the patient follow-up with a surgeon because the surgeon would likely want to know that the graft was occluded.

Q. So before we get into your credentials, which I know we still haven't, based on these

questions that I've asked you so far, do you believe that you're competent to offer the opinions that you've offered so far?

A. I do.

Q. Do you believe that you are qualified and competent to disagree with my telling you, hypothetically at least, what Dr. Marmureanu has testified to so far that you've disagreed with?

A. I disagree with the conclusions --

MR. ARNTZ: Let me just make an objection.

THE COURT: Hold on, hold on, hold on.

MR. ARNTZ: I didn't understand the question.

THE COURT: I didn't hear the answer. We're going to have to figure out where we're going. But what was the objection?

MR. ARNTZ: It was vague. I didn't even understand the question.

MR. WEAVER: Sure. Fair enough. I'll re-ask it.

THE COURT: The doctor's already answered. But let's just clean up the record and have you re-ask, Mr. Weaver.

MR. WEAVER: Because I missed the answer anyway.

THE COURT: And so did I. Sustain the objection.

And I know so far it's gone well, Dr. Wilson, but just kind of give a little beat. So just in case there's an objection, we can get it heard before you start answering, and then we don't talk over each other. But no worries. We'll get there. Go ahead, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, do you feel competent and qualified to disagree with Dr. Marmureanu's opinions?

A. I do.

Q. And why is that?

A. Well, first of all, I'm relying on the medical record, and reading the medical record, it does not describe to me a situation of acute ischemia.

Q. Dr. Wilson, we'll talk some more about the ultrasound in a moment. But based on your review of the materials in this case, do you have an opinion, one way or another, whether it was warranted for Nurse Practitioner Bartmus and Dr. Lasry to be concerned on December 25th about a DVT?

A. Yes. I think that was appropriate.

Q. And why is that, Dr. Wilson?

A. Well, first of all, he had calf pain, which is a classic symptom of deep venous thrombosis. Secondly, he had had treatment for venous disease in the past. So it was reasonable to evaluate him for the presence of deep venous thrombosis.

Q. I want you to assume, Dr. Wilson, hypothetically, that Mr. Moore has testified in his deposition that he was diagnosed one or more times with a blood clot in his lung.

Do you accept that hypothetical?

A. Yes.

Q. In fact, in your review of Mr. Moore's deposition, do you recall that?

A. I believe I do, yes.

Q. And what is a blood clot in the lung?

A. Well, in medical terms, it's a pulmonary embolus, which means that a blood clot has broken off from the vein, traveled up, and lodged into your lungs and prevents blood circulating through the lungs to allow you to get sufficient oxygen.

Q. Do you have an opinion, Dr. Wilson, whether a potential risk of an undiagnosed DVT is that it may become a pulmonary embolism?

A. Yes.

Q. Okay. And what's your opinion in that

regard?

A. Well, it commonly will occur with deep venous thrombosis, yes.

Q. And do you have an opinion, Dr. Wilson, as to whether there is a potential risk of death if that does occur?

A. Yes.

Q. And what is that opinion?

A. Well, there are estimates of between 250 and 500,000 deaths annually due to pulmonary emboli such that it's been a major healthcare concern.

Q. And do you have an opinion whether if a primary reason the venous ultrasound was ordered was to detect whether or not a DVT was present?

A. Yes.

Q. Do you have an opinion, therefore, that it was appropriate in this case?

A. I think so. Given the history of pain in the calf, past history of thrombosis, yes.

Q. Dr. Marmureanu has testified, I want you to assume that even if there wasn't a past history of DVT, that it would have been appropriate to do so in this case. Do you agree with his opinion?

A. That it would have been appropriate to do it even if there wasn't a history, is that the

question.

Q. Yes, sir.

A. Yes.

Q. And have you formed an opinion whether the ultrasound identifies the presence or absence of DVT?

A. It did not show deep venous thrombosis.

Q. Are you able to explain to the jury why a DVT is diagnosed by venous ultrasound, if it is, as opposed to an arterial clot?

A. Well, the difference is the clot is in the veins and obstructs the return of blood flow ultimately to the heart. So the ultrasound will examine blood flow in the veins and see if there's a clot within the veins.

Q. Do you have an opinion as to why a venous ultrasound would be done for a DVT but an arterial ultrasound isn't done to detect a blood clot in the arteries?

A. Well, in this case, I think the suspicion was directed towards a DVT. Now, if the question that you ask is why didn't they also do an arterial ultrasound, I don't know is the answer.

Q. Can a DVT be identified by physical exam?

A. Sometimes, yes.

Q. Is the gold standard to do an ultrasound for

it?

A. Yes.

Q. We'll talk a little bit more about that in a little bit. But are there additional findings on the ultrasound besides that there was not a DVT?

A. Yes. He found that there -- the standard part of the test is to compress the calf and see if that changes the velocity of blood in the veins. He did find that there was a normal compressibility of the vein, meaning that there was no clot filling the vein. If there was, you couldn't compress it. That augmentation by squeezing the calf, you could shoot the blood faster up the veins towards the heart, and I think those led him to believe there was no deep venous thrombosis in the left leg.

Q. Does the ultrasound indicate, one way or another, whether there was a sufficiency of blood flow in the veins?

A. Well, he doesn't use those terms, but reading the findings, it suggests there was normal blood flow in the veins.

Q. What is the significance of normal blood flow in the veins, if any, vis-a-vis, arterial blood flow?

A. Well, it suggests that you have to have

adequate arterial inflow in order to get venous outflow. So it's a secondary finding that arterial inflow was, at that point, satisfactory.

Q. Why do you have to have sufficient arterial inflow? Does that mean blood flow through the arteries into the leg? Is that what that term means?

A. Yes.

Q. Why do you have to have sufficient blood flow into the artery in order for there to be sufficient blood flow in the veins out of the leg?

A. Well, the purpose of the veins is to return blood flow from the arteries to the heart. So if you don't have sufficient blood flow, there will be static flow or no flow in the veins, and often that leads to clotting in the veins. So in order to have satisfactory -- I mean, I think it's elementary. In order to have satisfactory outflow, you have to have satisfactory inflow.

Q. Do you have an opinion, one way or another, whether it's easier for blood to flow downhill than uphill?

A. Yes.

Q. And what is that opinion?

A. That it's easier for most fluids to go downhill.

Q. Do you have an opinion, one way or another, whether when the veins are returning the blood to the heart, it has to pump the blood uphill or against gravity?

A. Yes.

Q. Okay. If there was insufficient blood flow going down the arteries to cause the venous flow to return to the heart, did you just say that there is the potential that the venous flow would backup and clot?

A. Yes. That's correct.

Q. And you don't see any evidence of that on this ultrasound; is that correct?

A. No.

Q. And I think you said earlier, maybe where we kicked off, that the ultrasound also shows the femoral popliteal occlusion obviously; is that correct?

A. Yes.

Q. Do you hold an opinion, one way or another, Dr. Wilson, whether anything that Nurse Practitioner Bartmus and Dr. Lasry did or didn't do caused Mr. Moore's left leg to be amputated?

A. My opinion is that what they did did not cause his leg to be amputated.

Q. And do you hold that opinion and all the opinions, so far that you've told the jury, to a reasonable degree of medical probability?

A. Yes.

Q. And why is it that you hold the opinion that there was nothing Ms. Bartmus or Dr. Lasry did or didn't do that caused Mr. Moore's left leg amputation, to a reasonable degree of medical probability?

A. I believe, at the time they saw Mr. Moore, as their medical record states, I believe that he had a chronic condition that had been present for some weeks to months and that when he left the hospital emergency room, he had satisfactory circulation to ensure viability of the leg; and on December 28th, an event occurred which rather suddenly worsened his symptoms and result -- and led to acute ischemia.

Q. We'll get into --

A. That's my summary.

Q. Thank you. Thank you for the summary. We'll get into it in more detail in a little bit.

So it sounds like what you're saying is that on December 28th, Mr. Moore had acute limb ischemia when he presented to the emergency department, but it

wasn't diagnosable to that time.

Do you hold that opinion?

A. Yes.

Q. Do you have an opinion whether on December 25th, 2016, it was predictable, while Mr. Moore was in the emergency department, that three days later, on December 28th, he would have diagnosable acute limb ischemia?

A. I don't think you could predict when that would occur.

Q. Why is that, Dr. Wilson?

A. Well, the acute ischemia developed because the major, I believe, the major collateral blood vessel supplying the blood to his leg, going around the graft was occluded when the arteriogram was done on the 28th. That cut off the only supply of blood, major supply of blood to his leg. The profunda femoris had clots in it, and I think that's why he presented with such a obvious condition on the 28th.

Q. So is what you just said that on December 28th, he acutely or suddenly lost blood flow through his profunda?

A. Yes.

Q. And what is the profunda artery?

A. There are two major arteries that supply

the leg, beginning at the level of the groin. Their the superficial femoral artery and then the deeper femoral artery which runs in the muscles.

Q. I'm sorry. I missed that. That runs in the what?

A. In the muscles. It's mostly in the muscle. So that when the superficial occludes, the profunda takes off, takes over.

Q. Is the profunda a collateral?

A. Yes.

Q. So that's one of the things that you were referring to earlier when you talked about collaterals?

A. Yes.

Q. In addition to the profunda, were there other collaterals Mr. Moore had as of say December 25th, 2016?

A. Well, his major other collateral had been blocked during the operation of 2012, and that is the collateral that supplies blood flow to the hip, the internal iliac. That had been covered with a graft in repair of an aneurysm. I don't have records of the image of the aneurysm but -- because the records begin in July.

So he had lost a major source of

collaterals. So he was depending on that profunda, and when the clots developed in the funda, in the profunda, that's what precipitated the acute ischemia. That's my analysis of what happened.

Q. Is there anything that you reviewed in the medical records of December 28th or a couple of days after, before Mr. Moore's leg was amputated, that gives you support for your opinion that the profunda artery was occluded on December 28th?

A. He, the arteriographer noted clots in the profunda, and he actually stated that the vascular supply appears much worse than the last time, and I'm assuming he was the one who did the lysis of the clot just over a year ago.

Q. Do you have an opinion, one way or another, whether the occlusion of the profunda identified on the 28th that you said was an acute event leading to acute limb ischemia was caused by the preexisting occlusion of the graft in the femoral artery?

A. No. It wasn't caused by the preexisting occlusion.

Q. Why do you say that?

A. Well, if it had occluded -- if the graft had occluded say six weeks previously or two months, and the profunda had occluded at that time, that's

when he would have had acute ischemia. There may have been other causes that could lead to occlusion of the profunda artery.

Q. Does the graft in the femoral popliteal artery feed blood to the profunda?

A. No.

Q. Where is the location of the profunda above or below the femoral popliteal artery graft?

A. Well, the graft could take off usually at the level of the profunda, but it takes off from the common femoral artery, not the profunda artery. And at the time of the graft, you would attempt to make sure the profunda artery is open.

Q. So the location of the profunda artery is different than where the occlusion of the clot or the occlusion in the femoral popliteal artery is; is that right?

A. Yes.

Q. If Mr. Moore's profunda artery was acutely occluded on December 28th and that's the cause of the acute leg ischemia, why was Dr. Wiencek unable, if he wasn't able to, dissolve the clot in the graft?

A. Okay. The radiologist, I believe, did the attempt at lytic therapy. And the reason he couldn't occlude it and the usual reason is that the

clot is old, is attached now to the inside of the artery, has -- the clot, we call it "matured," has a rubbery consistency, that it just doesn't respond to TPA.

Q. Do you have an opinion whether, on December 28th or the day or two after that, there was an attempt to dissolve the clot in the occluded femoral popliteal artery?

A. Yes.

Q. And tell us, again, if you would, why it is you think that that attempt wasn't successful?

A. Well, the radiologist said it wasn't successful.

Q. Okay. And why, again, wasn't it successful?

A. I think it wasn't successful because the clot had been present to such an extent that it wasn't possible for lysis to be successful.

If I could back that up, the major study that looked into whether you should do surgery or clot lysis actually included clots up to the period of three weeks duration, and the results were the same whether you did lytic therapy or surgery. So I take that to mean that, beyond older than three weeks, it would be just about impossible to dissolve a clot.

Q. And is it your opinion this clot was older than three weeks for the reasons that you've given us, including based on the description?

A. Yes.

Q. Do you hold the opinion then, it sounds like, that three days wasn't going to make a difference in this case, from the 25th to the 28th, as to whether or not, to a reasonable degree of medical probability, the clot in the femoral popliteal graft could be dissolved?

A. No. I don't think that was the major operative factor.

Q. So do you hold an opinion, one way or another, whether had there been an attempt to dissolve the clot through thrombolytics on December 25th, hypothetically, whether it would have been successful?

A. I don't think the result would have been any different.

Q. And is that based on the reasons that you've told us from what happened on the 28th, when it was attempted?

A. Yes.

Q. So three days wasn't going to make a difference?

A. I don't think it did.
Q. Okay. So do you hold the opinion then, based on what you've told us so far, that it wasn't the occlusion of the graft in the femoral popliteal artery that caused the acute limb ischemia on the 28th, but rather it was the acute occlusion of the profunda artery in the collaterals?
A. Yes.
Q. And tell us, again, if you would, please, the basis for that opinion.
A. Well, I think that Mr. Moore was in reasonable shape when he left the emergency room on the 25th, based on his deposition. That the pain had been relieved. He was ambulatory when he left. He states that his foot, both foot -- feet, sorry -- felt pretty much the same, that numbness came and went away frequently, and he didn't really think that was completely different. And then the events that occurred on the 28th were quite different, much more painful, much more severe and were recognized by a neurologist at that time.
So I think he had a viable extremity when he left the emergency room on the 25th, and then on the 28th, I think he had occlusion of the collaterals that was keeping that leg alive that was

unpredictable, except in a very long sense that, given enough time, Mr. Moore was destined to have serious trouble with his left leg.

Q. If I just corrected you for a moment that on the morning of the 28th, he didn't see his neurologist with the acute changes, he just went to the emergency department, does that change your opinion any?

A. No.

Q. Okay. So if there was a process or a natural progression between the 25th and the 28th that made it predictable that on the 28th, he was going to have acute limb ischemia, what would you expect Mr. Moore's symptoms to be, in the meantime, that you told us weren't present?

What would you expect to see during that time?

A. I don't think it would have been any different on the 26th and 27th.

Q. And is that based on your review of the materials in this case?

A. Mostly based on Mr. Moore's deposition.

MR. WEAVER: Your Honor, would this be a good time to take a break?

THE COURT: Yes. We will go ahead and take

a break, as we indicated. We're going to conclude the testimony, at this time, with Dr. Wilson, who will return with us tomorrow, and we'll call another witness when we reconvene this afternoon.

So, Dr. Wilson, you are accused for now. Thank you.

THE WITNESS: Thank you very much, Your Honor.

THE COURT: I'll let you go first, and then I'm going admonish the jurors, reminding them of their admonishment for the break.

MR. WEAVER: Thank you, Your Honor.

THE COURT: Thank you.

We're actually going to break until 4:00. So it's just a little over 15 minutes. Give us some time. We want to check out a couple of things related to the courtroom where we're going to be tomorrow. But as I said, we'll give you some more details on that later.

When we return at 4:00 o'clock, ladies and gentlemen, during this slightly more than 15 minute recess, we're going to remind you that you're admonished not to talk or converse among yourselves or with anyone else on any subject connected with this trial or read, watch, or listen to any report

of commentary on the trial or any person connected with the trial by any medium of information including, without limitation, newspapers, television, radio, or Internet.

No social media communications of any kind or independent investigations including any Internet searches of any kind. And, of course, please do not form or express any opinion on any subject connected with the trial until the case is finally submitted to you. We'll see you back here at 4:00 o'clock.

THE MARSHAL: All rise for the jury.

(Outside the presence of the jury.)

THE COURT: I'd like to make a record of the bench conferences quickly. We had two bench conferences earlier on in the testimony of Dr. Wilson. These focused on objections Mr. Arntz was making that he believed that Mr. Weaver was being leading with his questions. Multiple times, we had debates up here at the bench about how Mr. Weaver is supposed to get at ultimately asking the question of Dr. Wilson's conclusions without supplying that information.

There was a lot of debate about whether leading questions generally can be asked of experts. Mr. Weaver indicated there's clear case law that

yes, that is the case. Mr. Arntz indicated there is not clear case law that that is the case. We have not requested so far, nor am I necessarily inclined to have briefing on this issue, but there has been a difference of opinion about what the clarity of the law is on that subject.

I believe, from the Court's perspective, that leading questions are permitted to allow transition to different topics, and leading questions are permitted to lead into, you know, again certain foundational questions. But at the end of the day, there has to be a foundation laid, and then the question should still be open ended as to what the opinion is.

I believe where Mr. Arntz became concerned and where Mr. Weaver may have crossed that line over into something that was leading is to simply supply the answer in the question seeking a yes-or-no answer. I'm not sure that was Mr. Weaver's, you know, regular practice here. And then, of course, the record will reflects what it reflects. But I think a couple of times that did occur.

For the most part though, where the Court believed the foundation had been laid, it overruled the objection; where it did not, it sustained.

But let me go ahead and have Mr. Arntz add anything to he wants to this topic, and we'll hear from Mr. Weaver.

MR. ARNTZ: I'm not familiar with the case law that he's referring to that says you can lead an expert through their opinions. I think it's appropriate to have leading questions through certain types of foundation. But when you're asking the ultimate question of an opinion, I don't know of any case law or any statutory law that would support the conclusion that you can do that through a leading examination.

THE COURT: Well, I hear you. I think I just want to make sure we're being precise here. As I understood your objection, it was when those ultimate conclusionary statements are being made, that you don't think it's permissible for that to be a leading question: Is it your ultimate, you know, important conclusion on this particular topic X, and then the person says yes. I agreed, in those circumstances, that you can't just go there with the question.

But I disagreed, respectfully, that there couldn't be leading questions to, again, transition to a new topic and lay the foundation for ultimately

inquiring of the questions. And I did multiple times, although I don't think it ever happened, I indicated to Mr. Weaver that, as long as he laid that foundation and he asked the open-ended question, if he did not get the answer to the question or there was confusion, he could then perhaps engage in a more leading question. But I do think that there is leeway for that. But I appreciate your commentary with regard to what you believe the case law says.

Mr. Weaver, what would you like to add?

MR. WEAVER: Your Honor, I certainly don't disagree with the Court's analysis, and it's certainly within the discretion of the Court to decide or to allow or not allow leading questions across the board.

My intent, and if I didn't do it as well as I would have liked to -- I'll do better tomorrow -- was really with regard to what I think Mr. Arntz would have seen as the more trouble some leading questions was just to get summaries or just to yes, in fact, get conclusions of what he's already testified to basically in summary form.

So when I was asking questions that were essentially: "Do I understand that this is what you have already testified to?" That's where I was

getting to lay the foundation for the ultimate conclusion, and I don't think it's inappropriate, and if I didn't do a good enough job, I'll do better tomorrow.

THE COURT: Well, you're saying now you agree with the Court. But you made argument at the bench that there's case law squarely on point with this. I'm not saying anything more than the Court's understanding. But you were the one who specified there's clear case law. And do you have either a more specific reference or a citation or something?

MR. WEAVER: Well, I've got plenty of cases that I'll supply that are out of state cases. But I think the authority in Nevada is that it lies with the discretion of the Court. So I will certainly provide the authority that I alluded to that there is case law that allows it.

THE COURT: I'm just asking for your clarification.

The other bench conference came later in the questioning, and it was Mr. Arntz, I think sort of getting a concern, as the questioning was going on where Dr. Wilson was giving what appeared to be standard of care answers, and having raised the issue at the bench that there was some colloquy

obviously earlier that Dr. Wilson was not here to give standard of care opinions and what was the circumstances.

When questioning, at the bench, Mr. Weaver of the circumstances -- because Mr. Arntz had expressed and the Court too had expressed some, you know, desire to understand what this effort was to get opinions but not be standard of care opinions -- and Mr. Weaver clarified that, you know, there are doctors who are coming in to opine as to standard of care or experts who are coming in to opine as to standard of care, but Dr. Wilson is not one of them; it was disclosed that way, but that he is being asked to address opinions related to the circumstances in a way that is sort of imposed by if this testimony had come from Dr. Marmureanu or, to some degree, early on, you asked questions regarding juror's questions, other things.

So it was a little confusing what was occurring. We didn't really have an objection necessarily. We didn't sustain any or rule any objections. But there was a concern about sort of this line of questioning and are we actually doing standard of care opinions. I think I left -- the final direction with Mr. Weaver, before he returned

to the questioning was, you know, we want to be clear in front of the jurors, you know, if this is not standard of care opinion, that that's not the case and what we're doing. And I think your follow-up questions were more specifically, you know, stated as "hypothetically" or "if you, you know, were told" or other segues like that.

But do you want to speak to, Mr. Arntz, your concern that you expressed at the bench on that one?

MR. ARNTZ: Yeah. I was surprised by the leading question he gave the expert, and I think the expert was as well surprised when he said "You're not here to give standard of care opinions, are you?" And he looked a little stunned, I felt. And I was a little surprised because his report goes into standard of care opinions.

And I think the reason why he did that was because he doesn't want to be duplicative, which he's being. So to say I've got another guy who's going to come in and testify to standard of care when this expert clearly, that's one of his key opinions in his report was the standard of care opinion.

THE COURT: Well, I think the discussion

that we had was not to have any kind of, you know, either muddied record or appellate issue with the fact that there was a witness testifying to standard of care who had not been disclosed to testify in that regard and was being asked questions that were not stated that way. The issue is are they, you know, designed that way and/or being in backdoored that way. But, ultimately, we don't have any -- did not have any motion with regard to the number of experts or potential duplication in that regard. So that's really not something that I think is currently before the Court, and this is the first witness from the defense along these lines.

But, Mr. Weaver.

MR. WEAVER: And just to clarify a little bit further, Your Honor, is Dr. Wilson is a joint witness for Dr. Lasry and Nurse Practitioner Bartmus. Obviously, we could have both had vascular surgeons. We could have duplicated this. We -- for all kinds of reasons, we thought it made sense to have the same person. Dr. Lasry did not identify Dr. Wilson as having any opinions on standard of care in the disclosures.

So, yes, I agree that, theoretically, I could ask Dr. Wilson standard of care opinions. But

we're simply trying to short-circuit this in order to have him only testify to opinions regarding causation in the general vascular surgery issues that Dr. Marmureanu testified to, separate and apart from the standard of care opinions. And our own standard of care experts will testify to the standard of care opinions, just as Dr. Jacobs would be here to testify to those standard of care opinions, but of which he also had causation opinions, were it not for the fact that he's unavailable.

So plaintiffs had Dr. Marmureanu to testify wholly on standard of care and causation, as well as Dr. Jacobs to testify as to standard of care and causation. We are limiting Dr. Wilson to testify to causation and vascular surgery issues and our standard of care witnesses to testify to standard of care. So it's not like this is, in my opinion, out of the blue or unreasonable or unexpected.

THE COURT: We've completed the records. I think we still want to take a break. I do want to let the I.T. people -- I don't know if that's ultimately you, Mr. Hymanson, on one side, or our I.T. person here on the other. But the courtroom is empty right now if you all wanted to go take a look

and see what the plug-ins look like and see if you're good to go.

If you want to wait and come early to do that tomorrow, that's an option too. We just obviously need to make sure that that's done before we resume at 1:30. So I'll leave that up to you.

MR. P. HYMANSON: Your Honor, one last thing, point of order. Can we get some indication on how long the next witness will be? Because I don't want to have it be ten to 5:00 and this is a gentleman who has to leave and now it's our opportunity to cross-examine him. If we get to a certain point, I don't want to have to be the one to have to fight in open court that we're going to have to hold him over.

MR. McBRIDE: 15 to 20 minutes, Your Honor.

THE COURT: I'm assuming they wouldn't have proposed starting at 4:00 and thinking we could finish if they were planning to question him all the way to 5:00. But it's good to get clarification.

MR. P. HYMANSON: 15 to 20 minutes I could even understand that.

THE COURT: We'll see how we do. I would like to finish at 5:00. So we'll plan to do so. Thank you.

(Pause in the proceedings.)

THE COURT: Since I said it once before or twice, I'll say it again: The break was until 4:00, not 4:20. We have an expert to finish. Please take a seat so we can get started.

Please, for the jurors.

(Jury enters the courtroom.)

THE COURT: While the jurors are taking their seats, I'll invite everyone else to have a seat. We ran into some technical difficulties that we've now resolved. But for that reason, we may have to go a little bit longer today than 5:00 o'clock in order to complete a witness.

But let's go ahead and get the witness called, Mr. McBride.

MR. McBRIDE: Thank you, Your Honor. Defense would call Dr. John Janzen to the stand.

THE COURT: Dr. Janzen, please.

Dr. Janzen, as you reach the seat, if you could just come in front of it for the clerk to swear you in, we'd appreciate it. She's here.

(Witness sworn.)

THE WITNESS: I do.

THE CLERK: Thank you. Please take a seat.

MR. McBRIDE: Good afternoon, Dr. Janzen.

THE WITNESS: Hi.
THE COURT: She hasn't finished.
MR. McBRIDE: Oh, sorry. I'm sorry.
THE CLERK: Could you please state and spell your first and last name, for the record.
THE WITNESS: John Janzen, J-A-N-Z-E-N.
THE COURT: All right.
MR. McBRIDE: Thank you, Your Honor.
THE COURT: Whenever you're ready, Mr. McBride.

Thereupon --

JOHN JANZEN, M.D.,

having been first duly sworn to testify to the truth, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. McBRIDE:

Q. Dr. Janzen, could you briefly tell the jury what is your profession, sir.

A. Yeah, I'm a rehabilitation specialist in the field of vocational and psychological rehabilitation and Life Care planning.

Q. Okay. And can you just explain what that job entails. What does that mean that you just

told --

A. That involves assessing the physical, mental, and emotional effects of a person's injury and determining what their capability, what their capabilities are insofar as their ability to work or their Life Care needs, and that is done by reviewing the medical history of the individual, reviewing any other information on their functional capacities, and then looking at what type of services are necessary to meet their needs.

Q. And, Dr. Janzen, where are you located?

A. I live in Boise, Idaho.

Q. Okay. And I know that your schedule is pretty tight today and you're not able to come back. So we're going to try to get through your testimony as quickly as possible. So we might short-circuit things a little bit.

But in an effort to do that, could you just briefly tell the jury a little bit about your educational background and training as a vocational rehab specialist.

A. I have a Doctorate degree in counseling and psychology from the University of San Francisco; a Master's degree in rehabilitation and counseling from Oklahoma State University; and I have a

Bachelor's degree in social work from Tabor College in Hillsborough, Kansas.

In addition to that, I have many continuing education credits for my certification as a rehabilitation counselor, and those go back all the way to 1975, and that's in the field of medical aspects of disability, testing, psychological aspects in evaluating the functional consequences of a person's injury.

Q. Okay. And, Doctor, so roughly how long have you worked as a vocational rehab specialist?

A. I have been practicing since 1975, and I've had my own practice since 1982 -- or since 1979. Excuse me.

Q. And, Doctor, are you a member of various professional affiliations as well?

A. I am. I'm a member of the American Congress of Physical Medicine and Rehabilitation, the National Rehabilitation Counseling Association, National Rehabilitation Association, International Academy of Life Care Planners, and there's probably a few others. But those are the main ones.

Q. All right. And, Doctor, have you served as an expert before and testified in trial before?

A. Yes.

Q. And here in the State of Nevada as well?
A. Yes.
Q. On how many occasions, in total, have you testified in trial?
A. I've been in this courthouse -- here in Nevada?
Q. Right.
A. Yeah, at least five or six times.
Q. Okay. Have you been recognized as an expert in the field of vocational rehabilitation in Nevada?
A. Yes.
Q. In this particular case -- have you served as an expert on behalf of the plaintiff before?
A. Yes, I have. And I'm currently serving in that capacity as well.
Q. Okay. And as part of your work on behalf of the plaintiff, do you also prepare life care plans?
A. I do.
Q. In this particular case, what was your understanding of your role as expert on behalf of the defense?
A. I was asked to assess the life care needs of Mr. Moore and also respond to life care plans that would be prepared by other individuals. I was not asked to prepare a Life Care Plan on him.

Q. And in this particular case, in fact, you did not interview or speak directly with Mr. Moore or Mrs. Moore; is that right?

A. That's correct.

Q. Okay. In this particular case, were you provided with medical records and other materials that you reviewed in formulation of your opinions?

A. I was.

Q. Okay. And among those, were you provided with medical records from St. Rose Hospital?

A. Yes.

Q. And also other subsequent records of Mr. Moore and his care and treatment that he's received up to this date?

A. Yes.

Q. All right. And did you also review depositions in this case?

A. I did.

Q. Did you review the deposition of Dr. Fish, plaintiff's vocational rehab expert?

A. I did.

Q. And did you also, after reviewing all those materials, did you prepare written reports of your opinions that you had formulated?

A. I did.

Q. Okay. And, Doctor, what I have in front of you, if it helps you, we can kind of go through it real quickly. But beginning at page 7 of that document, the first portion is your C.V. But if you can look at page 7, I think we start with your first report. And what was the date of your first report?

A. September 3, 2019.

Q. Okay. And at that time --

THE COURT: And just for the record, this is not a binder of admitted exhibits; is that correct, Mr. McBride?

MR. McBRIDE: Right.

THE COURT: This is just a binder of documents to assist the witness.

BY MR. McBRIDE:

Q. Correct. These have not been admitted into evidence. It's just to assist you, Doctor, in viewing your prior reports. Do you understand that?

A. Yes.

THE COURT: We will advise the jury that the expert reports do not come in. Their testimony is what comes into evidence at the trial.

Go ahead.

MR. McBRIDE: Thank you.

/ / /

BY MR. McBRIDE:

Q. Doctor, in addition to performing medical-legal work, have you also, as part of your practice, evaluated patients as part of your clinical practice?

A. Yes. And that's been by far, for the last 40 years, the major part of my work has been clinical rehabilitation in terms of developing and implementing rehabilitation plans for individuals with injuries and disabilities.

Q. And have you worked with individuals in assisting them who have had above-the-knee amputations?

A. Yes, I have.

Q. And as well as below-the-knee amputations?

A. Yes.

Q. What other sorts of disabilities have you helped patients with?

A. Well, in addition to amputations, I have an extensive number of individuals that have traumatic brain injury, injuries. I also have people that have various degenerative conditions. Whether that's neck or back issues. I have individuals that have vascular problems or circulatory problems that I've worked with. Essentially, all kinds of

conditions I've been involved in.

Q. Okay. And so in other words, you've both worked, assisted directly patients such as individuals such as Mr. Moore suffering from vascular insufficiency as well as above-the-knee amputation?

A. Yes.

Q. Okay. Now, Doctor, I want to refer you to actually the third paragraph of your -- to short-circuit things a little bit, third paragraph of your report of September 3, 2009. Can you tell the jury, just briefly summarize, the opinion you had formulated after you reviewed all of the materials up to this point, on September 3rd?

A. With an above-the-knee amputation, Mr. Moore should be able to -- should be able to walk without a cane or crutches in his house and use of a cane for stability outside the house. That is provided that he has an appropriate fitting prosthesis. Without a prosthesis, he could effectively use a walker or crutches for mobility, and for longer distance, a manual wheelchair or an electric scooter would be appropriate.

I should mention electric scooter tends to be a little bit easier to get in and out of than a manual electric wheelchair is.

Q. Dr. Janzen, let me interrupt you.

As you sit here today, do you understand why Mr. Moore has not used his prosthesis?

A. As I understand, it was a choice. It did not fit well or there was some issue that it was not functional for him.

Q. Okay. And do you know of any other attempts that Mr. Moore has made in an effort to get refit for his prosthesis?

A. No. I didn't see any in the records that I reviewed.

Q. Okay. Would it be your recommendation, as part of your review, that he be refit for a prosthesis?

A. It is. That's an important recommendation. And I've had clients where I made that recommendation, and that's important.

Q. And why is that? Explain to the jury why.

A. Well, if you have a poor fitting prosthesis, one, you get problems with the skin. You get pain that occurs as a result of a poor fitting prosthesis. And, also, it takes more energy to actually walk with a prosthesis because your gait is different. And so it's really important that the prosthesis that the person wears fits right, and a

prosthetist can ensure that that happens, that the person can actually get a good fitting prosthesis.

Q. In your opinion, based on all the materials that you reviewed, is there anything based on Mr. Moore's condition that would prevent him from obtaining a proper fitting prosthesis?

A. No. I saw nothing in the records that I reviewed. The medical records, his condition that would prevent that.

Q. Okay. Real quick, talking about the scooter, the use of an electric scooter, are you talking about the ones that you see in the grocery store in some of the casinos around town where they have the handle bars and people sit on those and go around the aisles? Is that kind of what you're talking about?

A. It is. Those are the type of scooters that I'm talking about.

Q. Okay. And what are the typical costs for scooter like that?

A. Those range, and I looked this up, that for a real good scooter, not just one to get by, it's around $2,700.

Q. Okay. And so do you disagree with Dr. Fish's recommendations that Mr. Moore would need

an electric wheelchair?

A. Yes, I do. Based on the fact that a scooter would be much more efficient for him than an electric wheelchair.

Q. In your experience as a vocational rehab specialist, what are the -- typically of the patients that you treat or provide life care plans for, what are electric wheelchairs intended for?

What sort of people? What sort of disabilities?

A. Yeah, those are individuals that have spinal cord injuries, that are paraplegic, quadriplegic. An electric wheelchair is beneficial because it has a reclining seat to where they can take pressure off their body, and those, that reclining is adjustable in several different positions. And so really for a person that has a spinal cord injury, an electric wheelchair would be recommended as opposed to a person with an amputation.

Q. Okay. And then continuing on, I think where you left off, with an A-K amputation, if you look at paragraph 3 there -- well, let me ask you this question: In your opinion, based on all the materials you reviewed, do you believe that Mr. Moore

would be able to independently perform personal care activities?

A. Yes. I think that he could do that. He could take care of himself. He could get dressed. He could perform personal hygiene activities whether he used a prosthesis or not. He can also, with above-the-knee amputation, drive without hand controls. He can use his other leg for the foot -- and for the brake and the accelerator -- and perform most household activities.

The household activity that would be not recommended is if he had to get on a ladder and climb to change a light bulb or let's say there's some problem with the ceiling fan, that wouldn't be good for him.

Q. Now, Doctor, did you also address the ability of Mr. Moore to manage his pain in his stump and the phantom pain?

A. I did. Being very familiar with that type of pain through my work and my own experience, that is a critical aspect to evaluating what a person can or cannot do. And based on the records that I reviewed, he was able to manage or is able to manage his pain, his phantom pain, his stump pain with his medication that he was taking. I saw no significant

interruption of his life as a result of his pain where he had to repeatedly go to see a physician for some type of pain management.

Q. Now, I used your terminology there, the term "stump pain," and there's been some testimony yesterday from Dr. Fish, who he took issue with your use of that term, Doctor. You're aware of that?

A. I am, yeah.

Q. Okay. And how would you respond to that?

A. Well, I've been doing this work for 40 years, and I've seen no less than 75 individuals that have amputations, lower extremity amputations. That's been a major part of the clientele that I have, and they have referred to their remaining leg as a "stump." It's no -- it's not derogatory. It's not disrespectful.

I have -- I certainly wouldn't use it if the implication was that it's disrespectful. Now, I know Dr. Fish thought it was. But in no way would that be a derogatory term based on my experience.

Q. And, Doctor, I think Dr. Fish also said that your reference to that, referring to it as a "stump," showed a lack of insight into patients with amputations. Do you agree with that?

A. Well, talk about insight into amputations,

I have a lot of insight based on my own experience, as well as working with people that have amputations.

I've sat with people to help them overcome the trauma of an amputation. I've developed rehabilitation plans to return people back to work that have amputations and followed them, once they became employed, to make sure that they were successful. And I've also worked with their family, to help the family members understand the affects of an amputation. So I feel very positive about my experience and my understanding of individuals with amputations.

Q. And, Doctor, with regard to the recommendations by Dr. Fish that $100,000 of renovations to Mr. Moore's house would be necessary to accommodate him, do you agree with that?

A. No.

Q. And could you tell the jury why not?

A. Sure. As part of what I've done and what I do with individuals who have amputations, as well as other types of conditions, I look at what type of renovations are necessary to a house to make the house more efficient or accommodate them. And for a person in a wheelchair, it's widened hallways,

widened doors, sometimes lowered counters.

That's provided they're confined to a wheelchair, such as an individual who's quadriplegic or paraplegic, and look at, okay, well, what is necessary to help them function within their house. And what I found is that there's some accommodations that are appropriate such as, in Mr. Moore's case, having railings in the bathroom, having surfaces of the floor that are not slick, particularly in the bathroom having railings and things.

But the national average for making modifications of a person that's confined to the wheelchair is -- it's actually a range. It ranges from 15- to $30,000, and that's in this year, 2020. That's what is considered the national actual range of home renovations to accommodate someone who is in a wheelchair and that requires accessibility accommodations.

Q. Now, with regard to Dr. Fish's recommendation that Mr. Moore would require at least eight hours of attendant care for the next ten years of his life, do you agree with that?

A. No.

Q. And what's your basis for that?

A. I don't have anything in the medical

records that I reviewed or any of the records that he has required that level of care since his amputation. And also, in addition to that, for a person who has an above-the-knee amputation, what they're able to do based on their retained abilities, I cannot imagine what eight hours of attendant care or home care would do for an individual.

Q. Now, and you're talking about an individual with an above-the-knee amputation?

A. Yes.

Q. Okay. In this case, you're aware that Ms. Moore, Charlene Moore, has been providing some assistance to her husband with certain daily activities?

A. Yes.

Q. Okay. And do you believe that eight hours, plus housekeeping care is also required as a result of Mr. Moore's condition?

A. I don't believe that is.

Q. Okay. With regard to the pain medications that he's currently on, are you aware, based on the medical records, that Mr. Moore had been treating with a pain management physician for cervical and lumbar pain in his back?

A. I am aware of that.
Q. Prior to the amputation?
A. Yes.
Q. And is it your understanding that some of the pain that he's currently still on the medications for and he was on previously were for those conditions?
A. Yes.
Q. Based on your review of those records, have you seen any need for an increase in medication from his pain management physician for any pain associated with his amputation?
A. No.
Q. Have you seen any prescription for the medication, Neurontin, for Mr. Moore's phantom pain?
A. No. I haven't seen any prescription for Neurontin.
Q. Are you familiar with the medication, Neurontin?
A. Very much. In fact, that's a common medication prescribed for phantom pain. It will be either Neurontin or Gabapentin.
Q. Okay. And likewise, given your background, training and experience in counseling and psychology, have you seen any need for Mr. Moore to have

additional psychotherapy over the ten years of his life?

A. I haven't. I haven't seen any mental condition or emotional condition that is of such severity that he would require therapy or some type of counseling.

Q. Okay. And, Doctor, have all the opinions you stated here been stated to a reasonable degree of professional probability?

A. They have.

MR. McBRIDE: All right. Thank you. That's all I have.

THE COURT: Thank you, Mr. McBride. Mr. Hymanson.

MR. P. HYMANSON: Thank you, Your Honor.

CROSS-EXAMINATION

BY MR. P. HYMANSON:

Q. Good afternoon, sir.

A. Hi.

Q. My name is Phil Hymanson. I'm counsel for -- one of counsel for Mr. and Moore. And I'll have a few questions for you.

A. Okay.

Q. Sir, what if you're wrong?

A. Pardon me?
Q. What if you're wrong?
A. I don't think -- I haven't entertained that because I don't believe I am wrong.
Q. Fair enough. This is a ten year plan that Dr. Fish spoke of. You said that in 2016, he was examined; he had 80 percent improvement in pain and quality of life, and that he was fine. The next thing you said though was he was still on 40 milligrams a day of OxyContin, and you also went on to say that no one with above-the-knee amputation could be on that medication.
So what is it? Is he great? Good? Or is it becoming an addict?
A. Well, first of all, being great and being on that medication are not different things. He is able to manage his pain with his Oxycodone, and that's why I believe that he is functional, that he is doing well.
Q. All right. And how did you make that analysis? How much time did you spend with Mr. and Mrs. Moore?
A. Well, as I testified earlier, I have not met either of them.
Q. When you do an evaluation such as this,

because this is an evaluation for life, would you agree with me that it's important that perhaps you sat down and with Mr. and Mrs. Moore?

A. If I was doing a Life Care Plan for them, it would be.

Q. Well, aren't you talking about whether or not they're going to get a Life Care Plan?

A. I'm talking about the recommendations and what, based on my experience, is necessary for them.

Q. Base on your experience, wouldn't you, to give these opinions, want to have met with them?

A. If it was different than the information that I had available. If there was a marked difference in the medical records about their history or I had some information that countered some of the records that I had or the information in the records, that may have been helpful.

Q. You've said in your report that Mr. Moore can walk with a cane or crutches; right?

A. As an above-the-knee amputee, yes.

Q. As an above-the-knee amputee, Mr. Moore could use a cane or he could use crutches; right?

A. Yes.

Q. How many times has he fallen?

A. I have no idea.

Q. And if he has fallen, would that be a concern to you about him using a cane or a crutch?

A. It would be a concern with the fitting of the prosthesis. If he has fallen, that would be significant to me, and that's why I recommend an appropriate fitting prosthesis.

Q. Very good. And you said that he had a choice to get it fixed. Is it your findings, your experience that when somebody several years out after losing a limb isn't using their prosthesis, it's because they don't want to or they can't?

A. It's usually based on the choice that they're making not to use that.

Q. What's the situation with Mr. Moore?

A. I don't know. I don't have anything to -- any definitive information as to why he's not using it, why he's not trying it, or why he has not seen a prosthetist to get one that works.

Q. Yet you're prepared to make a determination on the next ten years of his life that all he needs to do is get that prosthesis back on, and then he can use a cane and he can use crutches and he really doesn't need to have any changes made to his home; is that correct?

A. Well, that's not my entire opinion.

Q. No, no. But I mean, is that a certain aspect of your analysis?

A. That's part of my opinion.

Q. Sure. Okay. And does your opinion change if he has experienced several falls and some significant falls?

A. That is insufficient information that would change my opinion.

Q. Right. You'd want to talk to him about that?

A. I would want to have medical information. I would want to have information that he's tried a prosthesis and it did or did not work and he was continuing to fall. So there's additional information I would need.

Q. Sure. And tell me about Mr. Moore's career.

How are his legs overall and how is his skin condition?

A. Actually, that's a medical condition. I would defer to a medical opinion on that.

Q. And good point on that because your findings are not medical; correct? It's "professional certainty." When you make a finding, it's to a professional certainty, not to a medical certainty; correct?

A. Well, actually, it's based -- it's to a reasonable degree of vocational rehabilitation probability as to his function.

Q. Right. But not medical?

A. Right. I am not a physician.

Q. Sure. Okay. And so it's a professional finding and not a medical finding?

A. Well, it's a finding based on what I've indicated it's based on.

Q. Fair enough, fair enough. So he gets this prosthesis and he can use a cane. He can use crutches. He can use an electrical scooter.

The electrical scooter that you described, is that an item that folds up?

A. No. There's different kinds. But the one I'm recommending is not one that folds up. The one -- it's a lot more sturdy for $2,700. There's some that are much less that are like even less than $1,000. But the one that I'm recommending has -- is sturdy, and it's not one that folds up.

Q. And so that's a scooter that he would use when he goes out and does his daily tasks, or is that something he would use in his home?

A. No. That would be something that if he's traveling long distances. It could be to the store.

It's outside of his house. It's not in the home.
Q. Because it doesn't fit in his home. It wouldn't go anywhere in his home; right?
A. Well, I haven't seen his home. But I would -- my recommendation is he would use it outside the house.
Q. What do those weigh?
A. I have seen that, but I don't recall what the actual weight is.
Q. How does Mr. Moore get -- what type of car does Mr. Moore have?
A. I don't know.
Q. How does he get his wheelchair into his car?
A. I don't know how he does that. I haven't seen any indication that he has difficulty doing that or is unable to do it. So I don't know.
Q. How much do those electric little scooters weigh?
A. I don't have that information with me today.
Q. Do they fit in trunks?
A. Actually, there's a frame on the back of a car that they can drive up to it, that it will fit there.
Q. So they have to get a rack?

A. Sure.
Q. Okay. Does that cost money?
A. Sure.
Q. Oh. Did we mention that?
A. I didn't include that.
Q. Okay. So you put the scooter on the rack, and then he drives around and he pulls it out if and when he needs it? Is that your testimony?
A. He lowers -- it's a platform. It's hydraulically controlled. He lowers the platform. He backs it off and he uses it, and then drives it onto the rack when he wants to transport it.
Q. And so when would he use the manual wheelchair that you recommend?
A. He could use the manual wheelchair for shorter distances. There's no reason why he couldn't use a manual wheelchair. I have recommended the scooter for longer distances. But he could certainly use a manual wheelchair outside of the house.
Q. All right. So, again, he can't use that in the house?
A. I don't know why, what -- unless his house is so small that he would use it. But I don't have any reason to suggest that he needs to use a manual

wheelchair in the house.

Q. All right. Even if he's not able to use his prosthesis all the time?

A. Yes. I think there's an alternative for him, such as a walker, and specifically a front-wheel walker. They're a lot easier than one that does not have the front wheels.

Q. All right. So if he's going to have a walker and he's not going to use a wheelchair and he's going to try and get around in his home and he has difficulty getting, even with the walker, into the bathroom, if you were going to repair something in that home, would you do the bathroom first?

A. If there was -- if he was unable to use the bathroom, and I don't have any information that he's unable to access the bathroom, but then I would recommend that the door be widened.

Q. Okay. And if you're going to widen the doorway, would you be widening the halls too?

A. Well, that would take further analysis as to what the walls are. Now, with a wheelchair, it should be noted that you can get a wheelchair that's like 22 inches wide, and it will go through the different walls. But that would require an assessment of whether or not he would fit into that

wheelchair.

Q. All right. So now we're getting a specialty wheelchair for when he's in the house, going through narrow hallways?

A. That's not -- that's not what I'm saying.

Q. All right. And I don't mean to misrepresent what you're saying.

A. Yeah.

Q. So please clarify, for the record, what you meant. You're saying that there are alternatives; there are alternative wheelchairs prior to having to rebuild the house; is that fair to say?

A. Yes.

Q. All right. So would you make a change in the bathroom first, the kitchen first, the study where he sleeps, or the bedroom which he hasn't been in for years?

A. That would take further analysis of his inability to access those rooms. And, again, based on the records that I've reviewed, I have no information that he's unable to access any room in his house.

Q. That's because you haven't reviewed any records about his home. You've reviewed some medical records. And correct me if I'm wrong, but I don't

believe you've reviewed anything else, have you?

A. I reviewed the medical records, reviewed his deposition, and I don't -- I will say that I don't have any information that says that he cannot access the rooms at his house.

Q. All right. And if you're wrong, that's because you didn't have adequate information?

A. Well, I don't know how to respond to that because my opinions are based on what I do know.

Q. That is kind of a question like "Are you still beating your wife?" There's no really good response to that.

MR. McBRIDE: Objection. That's argumentative.

MR. P. HYMANSON: I'll withdraw. I'll stipulate and I'll withdraw.

THE COURT: Good example of why he's allowing it to be withdrawn.

BY MR. P. HYMANSON:

Q. It's a difficult thing, sir, because it's a very serious circumstance. This is a man who's looking at the future of his life, and you're making this analysis based on your experience and your expertise. But would you agree with me you could have benefitted him a lot more if you had done

further analysis in terms of his lifestyle?

A. Yeah, my response is I don't know that I would benefit him more because this is based on my extensive involvement with individuals that have upper or have above-the-knee amputations and what I've seen when I've been in their homes, when I've talked with them and seen how they navigate within their homes.

Q. Well, okay. But as you sit here today, you have no idea how Mr. Moore navigates in his home; correct?

A. The specifics of how he navigates.

Q. Right.

A. Other than he's able to access the rooms, I do not.

Q. Do you know for a fact that he can actually all his rooms?

A. I have no information that he cannot. So I cannot respond any other way.

Q. Do you know what type of help he can give around the house on daily maintenance of the house, cleaning and those type of things?

A. Yeah. I don't have any indication from him of what -- or his wife of actually what kind of help he provides around the house.

Q. Because, one, you've never inquired. You were never given that information?

A. I didn't have that in my review of any of the records.

Q. But you've made professional finding and opinion that, for the next decade, they won't need any help cleaning their home or taking care of Mr. Moore. That was your finding, was it not?

A. Well, what I did say is I don't think he needs eight hours of help to take care of himself or his home.

Q. Fine. How many hours does he need?

A. I have not determined a specific number of hours that is required.

Q. Sure.

A. He would need to -- that information would need to be provided as to what specifically he is or is not doing at home.

Q. So you're not saying he doesn't need it. You're just saying he doesn't need eight hours?

A. I'm saying that, yes, that's correct.

Q. And you have no idea what that would be?

A. I don't know. I mean, that would require an assessment of how motivated he is to help around the house versus what his functional capabilities

are, what his wife has traditionally provided versus he has provided. So there's many factors here that go into that analysis.

Q. And if he has a skin problem or irritation such that he can't wear that prosthesis all the time and that he has balance issues and he's at risk for falling, you're not going to put him on a cane; you're not going to put him on crutches, are you?

MR. McBRIDE: Objection. Lacks foundation.

THE COURT: Overruled.

THE WITNESS: I'm going to recommend that he follow-up with his prosthetist to get that corrected.

BY MR. P. HYMANSON:

Q. You bet. And should have done -- he should have had something done with the people working with the prosthesis for some time; right?

A. Or certainly available for him to do that now.

Q. Sure. And why hasn't that been done?

A. I don't know what his motivation is in terms of followup with a prosthesis. So I don't know.

Q. Has it been done?

A. I don't have any indication that he has

done that.

Q. Fair enough, fair enough.

So you're saying that his major problems will be navigating stairs, climbing stairs, walking on uneven terrain, and carrying objects?

A. Yes.

Q. You've read his deposition; correct?

A. Yes.

Q. Would it be fair to say that you really can't tell us anything or, if you can, it's very limited about the lifestyle and the cares and needs of Mr. and Mrs. Moore; is that fair?

A. I could talk about the needs that he has.

Q. Based on?

A. Based on as I've testified based on my experience with many people that have above-the-knee amputations and what they're able to do as well as what they're unable to do.

Q. And would you agree with me that people, especially those that wind up losing a limb unexpectedly, everyone is a little different, would you agree?

A. I think everyone in the world is different from each other.

Q. Sure. And, in fact, if you found somebody

that had lost a limb unexpectedly and you felt that it would be inappropriate or unprofessional to refer to that individual's residual limb as a "stump," you would never do that; correct?

A. If I had information that that was an offensive term, I would not.

Q. You wouldn't do that, and I'll accept that. If everyone is different and this is where a determination is made for the future of Mr. Moore's life, you're saying that you don't need to spend any more time discussing with Mr. Moore what his needs will be over the next decade?

A. What I said is if I had information that warranted the need for additional information, other than what I recommended, then that would be appropriate.

MR. P. HYMANSON: Sir, thank you for coming today.

MR. MCBRIDE: Just a few followup questions, Doctor.

REDIRECT EXAMINATION

BY MR. MCBRIDE:

Q. Doctor, again, going back to the reason, your role in this case, was it your role to prepare a

Life Care Plan for Mr. Moore?

A. No.

Q. Okay. In fact, was it your role to rebut the opinions or, at least, analyze the opinions of the needs that Dr. Fish had recommended, and based on your background, training and experience of over 40 years as a vocational rehab specialist, to make recommendations that you believe are consistent with the patient's and others that you've treated for these conditions?

A. Yes.

Q. Okay. And based on that, that's how you came up with your opinions; correct?

A. That's correct.

Q. And are you aware --

THE COURT: Hold on a second, hold on a second. What is happening here?

THE MARSHAL: Getting flagged down by one of the jurors.

THE COURT: For a question right now?

JUROR NO. 1: No, no.

THE COURT: Okay. Can you please hand it back to the juror because there might be more questions. We don't call for questions for witnesses.

JUROR NO. 1: This is not a question. I need to make arrangements for my daughter since we're staying after 5:00.

MR. McBRIDE: No. It's going to be like two minutes.

THE COURT: We're not going to be after 5:00 now. Go ahead. Let's go.

BY MR. McBRIDE:

Q. All right. And, Doctor, I'll represent to you that plaintiff, Mr. Moore's son, Christopher, lives with them. You're aware of that?

A. Well, I am now.

Q. Yeah, and I'll represent to you that he testified here the other day, on the stand, that he is unaware of any significant falls that his father has had in the entire time that he's had an amputation. Does that change your opinions in any way?

A. No. But that is significant.

Q. Okay. And, in fact, did you see anything in the medical records that you reviewed to suggest that Mr. Moore had been treated following any of these significant falls for any medical condition or any injuries that he may have suffered?

A. No.

Q. Have you seen any medical records from any source to suggest that there is a skin condition that Mr. Moore suffers from that prevents him from having a prosthesis?

A. No.

MR. McBRIDE: Okay. That's all I have. Thank you, sir.

THE COURT: Mr. Hymanson, any final followup.

MR. P. HYMANSON: Very briefly.

RECROSS-EXAMINATION

BY MR. P. HYMANSON:

Q. Sir, you said you weren't aware of their son, who was here, and you are now because counsel just said it?

A. Yes. Yeah, I wasn't aware that he was here.

Q. All right. So and if you have a young man like that around the house to help the family, would that be of assistance to the Moores?

A. Probably.

Q. And that's something you would factor into your scenario?

A. No. That's not part of my opinions, that

his son was there to help.

Q. Well, he's already moved away. So we take that factor out. That's not something you would consider either way?

A. It's not something that was part of my opinions.

Q. Fair enough. All right. And so other than saying that he's doing fine on the medicals but he's still taking 40 milligrams of OxyContin, you don't have changes or recommendations as to treatment or medical care because that would be beyond your scope; correct?

MR. McBRIDE: Your Honor, it's beyond the scope of my cross or my redirect.

THE COURT: It does appear to be beyond the scope.

MR. P. HYMANSON: I wouldn't disagree with Your Honor. No further questions.

THE COURT: Mr. McBride, anything further?

MR. McBRIDE: Nothing, Your Honor.

THE COURT: Any questions from the jurors for this witness?

All right. Thank you. At this time, Dr. Janzen, you are excused. Thank you.

THE WITNESS: Thank you.

THE COURT: I need to have counsel at the bench for a brief scheduling discussion, please.

(Bench conference.)

THE COURT: I just needed to confer with the counsel because we've had a change in the scheduling now, and we will not be going to the other courtroom tomorrow. We will be doing that on another day, still needed to be determined. So tomorrow you will be back here. You'll be back here at 1:30. This is that odd Thursday where we had some other commitments that we couldn't start trial until the half day. But we'll be back here at 1:30.

During this overnight recess, you are admonished not to talk or converse among yourselves or with anyone else on any subject connected with this trial or read, watch or listen to any report of or commentary on the trial or any person connected with the trial by any medium of information including, without limitation, newspapers, television, radio, or Internet.

Please do not attempt to visit the scene of any of the events mentioned during the trial or undertake any independent investigation, certainly, or any independent research or Internet searches. And please, of course, do not form or express any

opinion on any subject connected with the trial until the case is finally submitted to you. We'll see you tomorrow at 1:30.

(Jury exits the courtroom.)

THE MARSHAL: All rise for the jury.

THE COURT: I really thought she was trying to pass a question for the witness. I'm like what the hell is going on?

But in any event, we will start tomorrow at 1:30. We'll be up here. We'll finish Dr. Wilson. I understand Mrs. Moore, and then we'll go from there.

I'd like to take stock again tomorrow where we are in terms of finishing this trial because I have to tell the jurors tomorrow that we're delayed into next week, and I don't want to say Tuesday and then have it be Wednesday. I don't want to say -- you know what I'm saying? We have to figure that out. So okay. See you all tomorrow.

MR. McBRIDE: Thank you, Your Honor.

MR. H. HYMANSON: Just briefly, Your Honor. I want to apologize for being late. It was misassumption on my part. So I apologize to the Court and counsel and the parties.

THE COURT: You're welcome to apologize.

Here's my problem, not with your apology, with the issue, off the record.

(The proceedings concluded at 5:04 p.m.)

-oOo-

C E R T I F I C A T E

STATE OF NEVADA)
)SS:
COUNTY OF CLARK)

I, Dana J. Tavaglione, RPR, CCR 841, 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, and prepared in daily copy, before the Hon. Kathleen E. Delaney, District Court Judge, presiding.

Dated at Las Vegas, Nevada, this 6th day of February 2020.

/S/Dana J. Tavaglione
_____
Dana J. Tavaglione, RPR, CCR NO. 841
Certified Court Reporter
Las Vegas, Nevada

$

$1,000 [1] - 122:19
$100,000 [1] - 113:15
$2,700 [2] - 109:23, 122:17
$30,000 [1] - 114:14

/

/S/Dana [1] - 140:16

1

1 [6] - 16:13, 37:23, 37:24, 54:18, 133:21, 134:1
10 [2] - 43:2, 51:25
100 [4] - 2:7, 25:22, 38:11, 68:15
113 [4] - 2:15, 26:5, 26:7, 26:8
117 [1] - 2:8
12/25 [1] - 40:12
12/25/16 [1] - 41:4
120 [1] - 25:22
132 [1] - 2:9
135 [1] - 2:10
14 [1] - 2:15
1411 [1] - 68:16
15 [6] - 21:7, 88:15, 88:21, 98:16, 98:21, 114:14
15-minute [1] - 21:9
1975 [2] - 102:6, 102:12
1979 [1] - 102:13
1982 [1] - 102:13
19th [1] - 17:5
1:30 [5] - 98:6, 137:10, 137:12, 138:3, 138:10
1:41 [1] - 3:2

2

2 [4] - 16:14, 37:23, 37:24, 39:4
20 [3] - 42:23, 98:16, 98:21
200 [2] - 62:25, 63:4
2009 [1] - 107:10
2012 [19] - 28:20, 29:8, 34:1, 34:4, 40:24, 41:2, 41:7, 41:13, 41:20, 42:11, 42:14, 42:23, 43:3, 43:10, 43:15, 46:9, 46:19, 46:22, 81:19
2016 [26] - 27:11, 27:21, 27:22, 36:20, 40:10, 40:16, 41:1, 47:10, 47:15, 48:1, 48:15, 50:9, 51:13, 55:24, 56:4, 57:1, 58:12, 59:1, 59:6, 66:18, 67:16, 68:11, 70:9, 80:5, 81:17, 118:6
2019 [8] - 12:14, 17:5, 27:2, 27:14, 27:23, 36:4, 46:19, 105:7
2020 [5] - 1:16, 3:1, 61:19, 114:14, 140:14
22 [1] - 125:23
24 [1] - 2:4
25 [2] - 1:8, 59:6
250 [1] - 74:9
25th [33] - 27:11, 27:20, 27:22, 36:20, 40:10, 40:16, 41:1, 47:9, 47:15, 48:1, 48:12, 48:15, 50:9, 50:21, 51:13, 55:24, 56:4, 57:1, 58:11, 59:1, 66:18, 67:24, 68:2, 68:11, 70:9, 72:23, 80:5, 81:17, 85:7, 85:16, 86:13, 86:23, 87:11
26th [1] - 87:19
27th [1] - 87:19
28th [27] - 27:1, 27:14, 27:23, 36:4, 46:19, 67:16, 67:20, 68:2, 79:16, 79:24, 80:7, 80:16, 80:19, 80:21, 82:6, 82:9, 82:17, 83:20, 84:6, 85:7, 85:21, 86:6, 86:19, 86:24, 87:5, 87:11, 87:12

3

3 [3] - 105:7, 107:10, 110:23
30 [3] - 3:1, 16:6, 16:10
3:45 [3] - 20:20, 21:5, 21:6
3F [1] - 18:20
3rd [1] - 107:13

4

40 [5] - 106:7, 112:11, 118:10, 133:7, 136:9
4:00 [6] - 20:22, 88:14, 88:20, 89:10, 98:18, 99:3
4:20 [1] - 99:4

5

5 [4] - 1:16, 7:15, 7:23, 37:21
500,000 [1] - 74:10
5:00 [6] - 98:10, 98:20, 98:24, 99:13, 134:3, 134:7
5:04 [1] - 139:4

6

6 [2] - 12:14, 37:21
65 [2] - 51:22, 52:5
68-year-old [1] - 29:15
6th [1] - 140:13

7

7 [2] - 105:3, 105:5
75 [1] - 112:11

8

8 [1] - 37:22
80 [1] - 118:7
841 [3] - 1:25, 140:6, 140:17

9

9 [2] - 26:14, 26:16

A

A-17-766426-C [1] - 1:7
abilities [1] - 115:6
ability [2] - 101:5, 111:17
ablation [1] - 45:24
able [26] - 20:23, 21:2, 28:13, 33:11, 33:21, 34:8, 34:14, 34:22, 35:14, 51:17, 53:6, 59:24, 75:7, 83:22, 101:14, 107:15, 111:1, 111:23, 115:5, 118:17, 125:2, 128:14, 131:17
above-the-knee [11] - 106:12, 107:5, 107:14, 111:7, 115:4, 115:10, 118:11, 119:20, 119:21, 128:5, 131:16
absence [2] - 37:8, 75:5
absent [1] - 38:13
absolutely [5] - 9:12, 51:3, 54:18, 61:12, 67:17
abstain [3] - 52:16, 54:16, 54:21
Academy [1] - 102:21
accelerates [1] - 53:16
accelerator [1] - 111:9
accept [3] - 69:6, 73:10, 132:7
accepted [4] - 48:23, 49:15, 66:4, 66:17
access [5] - 125:16, 126:19, 126:21, 127:5, 128:14
accessibility [1] - 114:17
accommodate [4] - 21:24, 113:17, 113:24, 114:16
accommodations [2] - 114:6, 114:18
according [1] - 64:1
account [1] - 70:7
accurate [3] - 41:16, 41:17, 70:20
accused [1] - 88:5
activities [5] - 51:8, 111:2, 111:5, 111:10, 115:15
activity [1] - 111:11
actual [2] - 114:15, 123:9
acute [47] - 16:16, 16:19, 40:4, 40:5, 42:2, 47:15, 47:18, 48:6, 48:20, 48:23, 51:15, 56:22, 57:15, 57:20, 58:14, 59:1, 59:8, 59:16, 61:15, 61:20, 62:12, 64:1, 64:18, 64:25, 65:15, 65:25, 67:8, 67:12, 67:19, 68:5, 69:20, 69:23, 70:2, 72:16, 79:18, 79:24, 80:8, 80:12, 82:3, 82:17, 82:18, 83:1, 83:21, 86:5, 86:6, 87:6, 87:13
acutely [8] - 40:10, 40:14, 48:1, 48:11, 48:15, 51:2, 80:21, 83:19
add [3] - 8:16, 91:1, 92:10
added [1] - 9:6
addict [1] - 118:14
addition [7] - 42:19, 63:18, 81:15, 102:3, 106:2, 106:19, 115:3
additional [11] - 8:17, 8:22, 9:5, 17:15, 31:21, 31:22, 76:4, 117:1, 121:14, 132:14
address [3] - 7:18, 94:14, 111:16
adequate [6] - 33:19, 35:9, 35:11, 36:17, 77:1, 127:7
adjustable [1] - 110:16
administration [2] - 39:7, 39:15
admit [1] - 26:6
ADMITTED [1] - 2:14
admitted [4] - 26:9, 68:15, 105:10, 105:16
admonish [1] - 88:10
admonished [2] - 88:23, 137:14
admonishment [1] - 88:11
advance [1] - 63:5
advanced [2] - 57:25, 60:22
advise [1] - 105:20
affects [1] - 113:10
affiliations [1] - 102:16
afternoon [15] - 3:6, 3:7, 3:8, 3:9, 19:25, 20:8, 20:10, 22:18, 22:21, 23:2, 24:8, 24:9, 88:4, 99:25, 117:19
afternoon's [1] - 18:21
age [2] - 51:22, 52:5
ago [3] - 24:20, 50:15, 82:14
agree [17] - 17:13, 27:13, 27:17, 56:8, 61:22, 62:23, 70:13, 74:23, 93:6, 96:24, 112:24, 113:17, 114:22, 119:2, 127:24, 131:19, 131:22
agreed [1] - 91:20
ahead [13] - 9:10, 11:21, 19:17, 23:5, 44:21, 45:11, 61:21, 72:8, 87:25, 91:1, 99:14, 105:23, 134:7

aisles [1] - 109:15
AK [1] - 110:22
alarms [1] - 70:12
ALISSA [1] - 1:23
alive [1] - 86:25
alleged [1] - 56:14
allergy [1] - 64:14
allow [11] - 10:6, 14:16, 19:8, 37:7, 38:14, 51:11, 57:19, 73:20, 90:8, 92:14
allowed [2] - 8:9, 44:17
allowing [1] - 127:18
allows [2] - 22:13, 93:17
alluded [1] - 93:16
alone [1] - 69:11
alternative [2] - 125:4, 126:11
alternatives [1] - 126:10
ambulatory [1] - 86:14
American [1] - 102:17
amount [1] - 5:1
ample [1] - 18:4
amputated [3] - 78:23, 78:25, 82:7
amputation [17] - 29:17, 29:20, 79:8, 107:5, 107:14, 110:20, 110:22, 111:7, 113:5, 113:11, 115:3, 115:4, 115:10, 116:2, 116:12, 118:11, 134:17
amputations [13] - 106:13, 106:15, 106:19, 112:12, 112:24, 112:25, 113:3, 113:7, 113:13, 113:21, 128:5, 131:17
amputee [2] - 119:20, 119:21
analysis [9] - 82:4, 92:12, 118:21, 121:2, 125:20, 126:18, 127:23, 128:1, 130:3
analyze [1] - 133:4
aneurysm [2] - 81:22, 81:23
angiogram [7] - 62:15, 62:21, 63:19, 65:1, 65:16, 65:24, 67:1
angiograms [2] - 63:21, 63:25
annually [1] - 74:10
answer [11] - 25:4, 31:6, 44:1, 44:5, 56:19, 71:14, 71:24, 75:22, 90:18, 90:19, 92:5
answered [1] - 71:21
answering [2] - 44:16, 72:6
answers [1] - 93:24
anticoagulant [1] - 40:7
anticoagulated [1] - 40:8
anyway [4] - 4:16, 11:25, 27:14, 71:25
apart [1] - 97:4
apologize [5] - 12:16, 13:12, 138:22, 138:23, 138:25
apology [1] - 139:1
appear [3] - 10:6, 56:11, 136:15
APPEARANCES [1] - 1:17
appeared [5] - 44:13, 44:22, 45:16, 46:17, 93:23
appellate [1] - 96:2
appreciate [4] - 15:15, 31:13, 92:8, 99:21
approach [2] - 31:9, 65:4
appropriate [10] - 72:24, 74:17, 74:22, 74:24, 91:7, 107:18, 107:22, 114:7, 120:6, 132:16
APRN [1] - 1:9
area [1] - 47:7
arguably [1] - 11:3
arguing [1] - 11:5
argument [6] - 12:20, 13:12, 16:2, 16:7, 16:10, 93:6
argumentative [1] - 127:14
arguments [1] - 13:11
Arntz [12] - 9:10, 12:5, 13:10, 17:14, 89:16, 90:1, 90:15, 91:1, 92:19, 93:21, 94:5, 95:8
ARNTZ [43] - 1:19, 3:8, 3:13, 4:3, 4:25, 5:17, 6:4, 6:12, 6:25, 7:7, 7:16, 9:11, 10:19, 12:9, 12:12, 12:16, 12:20, 14:4, 14:18, 14:21, 15:2, 15:6, 15:9, 15:15, 15:21, 16:22, 17:4, 27:24, 28:3, 32:3, 32:21, 39:17, 43:23, 44:15, 56:18, 58:15, 65:4, 66:6, 71:10, 71:12, 71:17, 91:4, 95:11
arrange [1] - 19:1
arrangements [1] - 134:2
arrived [2] - 48:6, 48:8
arriving [1] - 59:18
arterial [9] - 42:19, 70:5, 75:9, 75:16, 75:21, 76:23, 77:1, 77:2, 77:4
arteries [11] - 25:17, 38:8, 42:22, 46:6, 49:12, 59:24, 75:18, 77:6, 77:12, 78:7, 80:25
arteriogram [16] - 34:4, 34:5, 42:20, 42:22, 46:6, 46:9, 46:18, 61:20, 62:11, 62:14, 63:9, 63:15, 63:19, 65:16, 65:24, 80:15
arteriographer [1] - 82:10
artery [74] - 25:18, 25:20, 30:1, 30:9, 30:11, 30:14, 30:15, 30:22, 31:19, 32:2, 32:5, 32:18, 33:16, 33:24, 34:6, 34:11, 34:18, 35:3, 35:18, 35:21, 35:23, 36:1, 36:6, 36:21, 36:24, 37:2, 37:19, 37:21, 37:25, 38:5, 38:7, 38:9, 38:16, 41:21, 42:12, 42:25, 43:7, 43:16, 45:16, 46:11, 46:17, 46:18, 46:24, 47:3, 49:20, 52:2, 52:7, 55:3, 58:3, 58:13, 63:11, 63:12, 66:5, 69:3, 77:9, 80:24, 81:2, 81:3, 82:9, 82:19, 83:3, 83:5, 83:8, 83:11, 83:13, 83:14, 83:16, 83:19, 84:2, 84:8, 86:5, 86:7
articles [1] - 61:25
articulated [2] - 16:1, 67:15
aspect [2] - 111:21, 121:2
aspects [2] - 102:7, 102:8
assess [1] - 103:22
assessing [1] - 101:2
assessment [7] - 60:6, 60:17, 61:9, 61:11, 62:13, 125:25, 129:24
Assessment/Plan [1] - 29:11
assignment [1] - 19:24
assist [3] - 6:11, 105:14, 105:17
assistance [2] - 115:14, 135:21
assisted [1] - 107:3
assisting [1] - 106:12
associated [3] - 51:5, 56:21, 116:11
Association [2] - 102:19, 102:20
assume [12] - 41:12, 41:19, 60:13, 61:18, 62:19, 64:16, 65:12, 65:13, 69:8, 70:6, 73:6, 74:21
assuming [2] - 82:13, 98:17
assumption [1] - 64:22
atherosclerosis [1] - 53:17
atherosclerotic [1] - 52:14
attached [2] - 58:3, 84:1
attempt [6] - 83:12, 83:24, 84:7, 84:11, 85:14, 137:21
attempted [1] - 85:22
attempts [1] - 108:7
attendant [2] - 114:21, 115:7
augmentation [1] - 76:12
August [13] - 17:5, 27:1, 27:14, 27:23, 34:1, 34:4, 36:4, 42:11, 42:23, 43:15, 46:9, 46:19
authority [2] - 93:14, 93:16
automatic [1] - 63:4
available [3] - 18:4, 119:13, 130:18
average [1] - 114:11
avoid [1] - 31:8
aware [9] - 36:7, 112:7, 115:12, 115:22, 116:1, 133:15, 134:11, 135:14, 135:17
awoke [1] - 68:3

B

Bachelor's [1] - 102:1
backdoor [1] - 44:15
backdoored [1] - 96:7
background [3] - 101:20, 116:23, 133:6
backs [1] - 124:11
backup [2] - 40:22, 78:9
balance [1] - 130:6
bars [1] - 109:14
Bartmus [9] - 5:10, 56:5, 66:3, 66:11, 66:17, 72:22, 78:22, 79:6, 96:18
BARTMUS [1] - 1:9
base [1] - 119:10
based [55] - 4:12, 27:13, 27:18, 33:7, 33:21, 34:8, 34:15, 35:10, 36:9, 42:9, 42:24, 45:14, 46:17, 47:12, 50:7, 51:18, 52:1, 54:7, 57:22, 58:4, 58:24, 66:2, 66:19, 70:25, 72:19, 85:3, 85:20, 86:3, 86:13, 87:20, 87:22, 109:3, 109:4, 110:2, 110:24, 111:22, 112:20, 113:1, 115:5, 115:22, 116:9, 119:9, 120:12, 122:1, 122:8, 122:9, 126:19, 127:9, 127:23, 128:3, 131:14, 131:15, 133:5, 133:12
bases [7] - 8:17, 8:23, 9:2, 9:20, 13:1, 13:4, 17:7
basic [1] - 47:7
basics [1] - 60:19
basis [13] - 8:4, 8:12, 13:16, 15:7, 18:8, 33:11, 34:2, 45:20, 47:24, 61:6, 67:10, 86:10, 114:24
Bates [2] - 26:11, 68:16
bathroom [7] - 114:8, 114:10, 125:12,

125:13, 125:15, 125:16, 126:15
beat [1] - 72:4
beating [1] - 127:11
became [2] - 90:15, 113:8
become [1] - 73:23
becomes [1] - 58:2
becoming [1] - 118:14
bedroom [1] - 126:16
BEFORE [1] - 1:15
began [1] - 50:2
begin [1] - 81:24
beginning [2] - 81:1, 105:3
behalf [3] - 103:13, 103:16, 103:20
below [6] - 29:10, 38:8, 38:9, 42:5, 83:8, 106:15
below-knee [1] - 42:5
below-the-knee [1] - 106:15
Bench [4] - 31:12, 58:18, 65:7, 137:3
bench [12] - 33:1, 33:2, 58:17, 89:14, 89:19, 93:7, 93:20, 93:25, 94:4, 95:9, 137:2
beneficial [1] - 110:13
benefit [1] - 128:3
benefitted [1] - 127:25
BESTICK [1] - 1:23
bet [1] - 130:15
better [5] - 15:22, 55:9, 61:1, 92:17, 93:3
between [5] - 27:22, 43:15, 68:2, 74:9, 87:11
beyond [4] - 84:23, 136:11, 136:13, 136:15
big [1] - 64:13
bilateral [1] - 42:15
binder [2] - 105:10, 105:13
bit [14] - 27:5, 28:6, 30:4, 48:21, 63:13, 76:3, 76:4, 79:22, 96:16, 99:12, 101:17, 101:19, 107:9, 107:24
blanche [1] - 59:21
block [8] - 32:6, 32:8, 33:15, 33:18, 35:23, 38:9, 49:20, 49:22
blocked [6] - 31:1, 31:20, 34:7, 34:10, 35:19, 81:19
blocks [1] - 51:10
blood [51] - 25:9, 25:15, 25:19, 25:22, 32:15, 32:20, 35:22, 38:2, 38:4, 38:15, 41:22, 42:1, 49:21, 51:6, 51:9, 51:12, 52:24, 53:14, 53:18, 55:5, 55:13, 63:8, 73:9, 73:15, 73:17, 73:19, 75:11, 75:13, 75:17, 76:8, 76:13, 76:17, 76:21, 76:22, 76:23, 77:5, 77:8, 77:10, 77:12, 77:13, 77:20, 78:2, 78:3, 78:6, 80:13, 80:14, 80:16, 80:17, 80:21, 81:20, 83:5
bloodstream [1] - 53:12
blue [1] - 97:19
board [3] - 24:12, 24:14, 92:15
body [1] - 110:15
boiled [1] - 48:2
Boise [1] - 101:12
brain [1] - 106:21
brake [1] - 111:9
brand [1] - 6:18
break [15] - 19:18, 20:4, 20:20, 21:5, 21:7, 21:9, 22:5, 30:3, 87:24, 88:1, 88:11, 88:14, 97:21, 99:3
BREEN [1] - 1:19
brief [1] - 137:2
briefing [1] - 90:4
briefly [7] - 3:13, 6:4, 100:19, 101:19, 107:11, 135:10, 138:21
bring [4] - 3:18, 5:6, 10:25, 21:11
broadens [1] - 17:11
broken [1] - 73:17
brought [4] - 6:5, 6:12, 6:16, 11:17
build [1] - 25:16
built [1] - 57:18
bulb [1] - 111:13
bunch [2] - 9:16, 9:21
BY [27] - 1:25, 24:7, 26:15, 28:1, 28:12, 31:17, 32:9, 33:5, 39:23, 44:9, 44:20, 45:13, 56:23, 58:22, 65:11, 66:9, 68:19, 72:9, 100:18, 105:15, 106:1, 117:18, 127:19, 130:14, 132:23, 134:8, 135:13
bypass [9] - 37:2, 37:4, 40:24, 41:2, 41:21, 42:3, 42:8, 42:25, 43:10

C

C.V [1] - 105:4
calf [8] - 50:22, 50:24, 51:11, 66:25, 73:1, 74:19, 76:7, 76:12
cane [8] - 107:16, 107:17, 119:19, 119:22, 120:2, 120:22, 122:11, 130:7
cannot [7] - 44:5, 70:11, 111:22, 115:6, 127:4, 128:18, 128:19
capabilities [2] - 101:5, 129:25
capability [1] - 101:4
capable [1] - 22:11
capacities [1] - 101:8
capacity [1] - 103:15
car [3] - 123:10, 123:13, 123:23
cardiovascular [1] - 26:24
care [45] - 38:22, 39:2, 39:6, 39:10, 39:14, 39:19, 65:15, 65:19, 93:24, 94:2, 94:8, 94:11, 94:12, 94:24, 95:3, 95:14, 95:17, 95:21, 95:23, 96:4, 96:23, 96:25, 97:5, 97:6, 97:7, 97:8, 97:13, 97:14, 97:17, 97:18, 103:17, 103:22, 103:23, 104:13, 110:7, 111:1, 111:4, 114:21, 115:2, 115:7, 115:18, 129:7, 129:10, 136:11
Care [7] - 100:23, 101:6, 102:21, 103:25, 119:4, 119:7, 133:1
career [1] - 121:16
cares [1] - 131:11
carrying [1] - 131:5
case [44] - 20:8, 21:22, 21:24, 25:1, 27:12, 27:21, 33:22, 37:1, 47:13, 50:8, 56:24, 66:2, 66:14, 67:10, 68:22, 69:10, 72:5, 72:20, 74:17, 74:23, 75:19, 85:7, 87:21, 89:9, 89:25, 90:1, 90:2, 91:4, 91:10, 92:9, 93:7, 93:10, 93:17, 95:4, 103:12, 103:19, 104:1, 104:5, 104:17, 114:7, 115:12, 132:25, 138:2
CASE [1] - 1:6
cases [2] - 93:12, 93:13
casinos [1] - 109:13
catch [1] - 51:12
catheter [1] - 63:2
causation [6] - 11:24, 97:3, 97:9, 97:13, 97:15, 97:16
caused [5] - 78:22, 79:7, 82:18, 82:20, 86:5
causes [1] - 83:2
cc [3] - 38:11, 62:25, 63:4
CCR [3] - 1:25, 140:6, 140:17
ceiling [1] - 111:14
cell [1] - 53:13
center [1] - 23:3
central [2] - 63:1, 63:2
certain [8] - 22:19, 49:25, 63:20, 90:11, 91:8, 98:13, 115:14, 121:1
certainly [9] - 69:21, 70:14, 92:11, 92:13, 93:15, 112:17, 124:19, 130:18, 137:23
certainty [3] - 121:23, 121:24
certification [1] - 102:4
Certified [1] - 140:18
certified [2] - 24:12, 24:14
certify [1] - 140:7
cervical [1] - 115:24
chair [2] - 23:6, 23:9
chance [1] - 3:25
chances [1] - 54:23
change [8] - 49:3, 87:7, 111:13, 121:4, 121:8, 126:14, 134:17, 137:5
changes [4] - 76:8, 87:6, 120:23, 136:10
Charlene [1] - 115:13
CHARLENE [1] - 1:3
chase [1] - 24:23
check [6] - 3:24, 5:21, 19:22, 20:7, 63:25, 88:16
checking [1] - 6:7
chief [2] - 21:22, 21:24
Chief [2] - 28:22, 28:23
choice [4] - 9:13, 108:4, 120:8, 120:12
cholesterol [2] - 55:5, 55:13
choose [2] - 8:15, 8:18
chose [1] - 13:8
Christopher [1] - 134:10
chronic [27] - 16:17, 16:19, 17:6, 25:14, 27:16, 35:6, 40:3, 49:15, 49:17, 49:21, 49:23, 50:5, 51:6, 51:15, 55:21, 55:25, 56:2, 56:16, 56:21, 57:13, 58:10, 58:13, 59:2, 59:5, 67:5, 70:5, 79:12
Chronic [1] - 27:6
chronically [4] - 40:17, 40:18, 48:17, 51:1
chronicity [1] - 69:25
circuit [3] - 97:1, 101:16, 107:9
circulating [1] - 73:19
circulation [8] - 32:6, 32:12, 32:14, 33:20, 35:9, 35:11, 49:19, 79:15
circulatory [1] - 106:24
circumstance [1] - 127:21
circumstances [7] - 10:22, 67:14, 67:19, 91:21, 94:3, 94:5, 94:15
citation [1] - 93:11
clarification [2] - 93:19, 98:20
clarified [1] - 94:9
clarify [4] - 31:14, 65:9, 96:15, 126:9
clarity [1] - 90:5

CLARK [2] - 1:2, 140:4
classic [1] - 73:2
claudication [13] - 49:24, 50:10, 50:12, 50:21, 51:1, 51:5, 51:14, 51:20, 52:1, 52:6, 56:15, 56:20
clean [1] - 71:22
cleaning [2] - 128:22, 129:7
clear [6] - 8:23, 53:16, 89:25, 90:2, 93:10, 95:2
clearly [1] - 95:22
clerk [5] - 6:8, 6:19, 23:7, 99:20
CLERK [4] - 23:13, 23:15, 99:24, 100:4
clientele [1] - 112:13
clients [1] - 108:16
climb [1] - 111:13
climbing [1] - 131:4
clinic [2] - 50:16, 65:21
clinical [4] - 60:5, 61:10, 106:4, 106:8
clot [25] - 57:24, 58:7, 62:4, 73:9, 73:15, 73:17, 75:9, 75:10, 75:14, 75:17, 76:10, 78:10, 82:14, 83:15, 83:22, 84:1, 84:2, 84:7, 84:16, 84:20, 84:25, 85:1, 85:9, 85:15
clots [4] - 80:18, 82:2, 82:10, 84:20
clotted [2] - 41:3, 41:4
clotting [2] - 40:4, 77:15
cognizant [1] - 22:14
cold [5] - 48:3, 49:9, 49:10, 59:15, 59:20
collateral [8] - 32:6, 33:17, 36:16, 49:21, 80:13, 81:9, 81:18, 81:20
collaterals [18] - 25:10, 25:16, 26:1, 29:25, 32:18, 34:11, 35:12, 35:16, 35:18, 35:20, 37:7, 38:14, 57:19, 81:13, 81:16, 82:1, 86:7, 86:25
College [1] - 102:1
colloquy [1] - 93:25
color [2] - 49:3, 49:5
combined [2] - 66:23, 69:13
coming [6] - 16:17, 16:20, 35:20, 94:10, 94:11, 132:17
comment [1] - 39:10
commentary [4] - 45:10, 89:1, 92:8, 137:17
commitments [1] - 137:11
common [3] - 52:4, 83:11, 116:20
commonly [1] - 74:2
commonness [2] - 51:19, 51:20
communicate [1] - 20:6
communications [1] - 89:5
community [1] - 64:24
competent [3] - 71:2, 71:6, 72:10
Complaint [2] - 28:22, 28:24
complaint [1] - 66:25
complete [4] - 7:21, 20:10, 22:8, 99:13
completed [1] - 97:20
completely [3] - 31:20, 49:19, 86:18
complication [1] - 64:13
complications [1] - 62:18
component [1] - 19:8
compress [2] - 76:7, 76:11
compressibility [1] - 76:9
computer [2] - 63:5, 63:7
concern [6] - 74:11, 93:22, 94:22, 95:9, 120:2, 120:3
concerned [2] - 72:23, 90:15
conclude [2] - 22:17, 88:1
concluded [1] - 139:4
conclusion [6] - 17:8, 48:6, 48:8, 91:11, 91:19, 93:2
conclusionary [1] - 91:16
conclusions [3] - 71:9, 89:21, 92:21
condition [15] - 16:15, 18:6, 49:17, 67:6, 79:12, 80:19, 109:5, 109:8, 115:19, 117:4, 121:18, 121:19, 134:23, 135:2
conditions [5] - 106:22, 107:1, 113:22, 116:7, 133:10
conduit [1] - 31:20
confer [1] - 137:4
conference [6] - 31:12, 33:2, 58:18, 65:7, 93:20, 137:3
conferences [2] - 89:14, 89:15
confine [2] - 13:19, 13:20
confined [13] - 5:3, 5:7, 7:9, 9:19, 10:6, 14:9, 14:15, 14:24, 15:11, 15:16, 18:13, 114:2, 114:12
confirmation [1] - 62:2
confirms [1] - 70:5
confusing [1] - 94:19
confusion [2] - 17:20, 92:6
Congress [1] - 102:18
connected [6] - 88:24, 89:1, 89:8, 137:15, 137:17, 138:1
connecting [2] - 13:10, 13:11
connection [1] - 7:3
connections [1] - 19:10
consequences [1] - 102:8
conservative [3] - 55:17, 55:20
consider [1] - 136:4
considered [1] - 114:15
consistency [1] - 84:3
consistent [1] - 133:8
constituted [1] - 69:15
constitutes [1] - 36:11
consultation [3] - 28:25, 44:23, 67:7
consulting [1] - 29:2
contained [4] - 4:21, 7:25, 13:2, 14:5
contents [2] - 17:24, 18:14
context [3] - 16:17, 16:20, 39:21
continuation [1] - 18:22
continue [1] - 37:7
continued [1] - 52:25
continues [1] - 53:4
continuing [4] - 21:21, 102:3, 110:21, 121:14
contrast [7] - 62:25, 63:8, 63:10, 63:21, 64:4, 64:12, 64:14
contributes [1] - 53:1
contributing [1] - 6:14
controlled [1] - 124:10
controls [1] - 111:8
converse [2] - 88:23, 137:14
convert [3] - 56:16, 57:13, 58:13
coordinated [1] - 20:19
copy [1] - 140:11
cord [2] - 110:12, 110:18
corner [3] - 23:4, 26:19, 26:20
corners [2] - 12:22, 13:7
CORPORATIONS [1] - 1:10
correct [33] - 24:19, 30:6, 30:23, 38:22, 39:2, 39:13, 43:7, 43:8, 45:18, 45:19, 54:2, 57:9, 57:10, 65:14, 69:6, 78:11, 78:13, 78:18, 104:4, 105:11, 105:16, 120:24, 121:22, 121:25, 126:25, 128:11, 129:21, 131:7, 132:4, 133:13, 133:14, 136:12, 140:8
corrected [2] - 87:4, 130:13
corrective [1] - 62:3
correctly [3] - 14:1, 17:11, 58:9
cost [1] - 124:2
costs [1] - 109:19
cotton [1] - 60:1
counsel [9] - 7:22, 33:1, 58:16, 117:21, 117:22, 135:15, 137:1, 137:5, 138:24
counseling [4] - 101:22, 101:24, 116:24, 117:6
Counseling [1] - 102:19
counselor [1] - 102:5
countered [1] - 119:15
counters [1] - 114:1
COUNTY [2] - 1:2, 140:4
couple [5] - 24:23, 65:9, 82:6, 88:16, 90:22
course [6] - 7:20, 8:25, 18:13, 89:7, 90:20, 137:25
COURT [105] - 1:1, 3:6, 3:10, 3:24, 4:7, 5:8, 5:20, 6:7, 6:20, 7:5, 7:11, 7:20, 9:10, 9:23, 10:21, 11:18, 11:21, 12:3, 12:11, 12:15, 12:18, 13:9, 14:12, 14:19, 14:22, 15:3, 15:7, 15:10, 15:16, 15:23, 16:25, 17:9, 17:18, 18:16, 19:15, 19:20, 20:25, 21:3, 21:8, 21:13, 21:15, 23:1, 23:19, 26:6, 26:10, 28:4, 31:3, 31:11, 31:13, 32:23, 32:25, 33:3, 43:24, 44:1, 44:4, 44:7, 44:17, 45:3, 45:6, 56:19, 58:16, 58:19, 65:6, 65:8, 66:7, 68:18, 71:11, 71:14, 71:21, 72:1, 87:25, 88:9, 88:13, 89:13, 91:13, 93:5, 93:18, 95:25, 97:20, 98:17, 98:23, 99:2, 99:8, 99:18, 100:2, 100:7, 100:9, 105:9, 105:13, 105:20, 117:13, 127:17, 130:10, 133:16, 133:20, 133:22, 134:6, 135:8, 136:15, 136:19, 136:21, 137:1, 137:4, 138:6, 138:25
court [5] - 19:1, 19:2, 19:3, 19:4, 98:14
Court [12] - 15:25, 17:22, 17:23, 90:23, 92:13, 93:6, 93:15, 94:6, 96:12, 138:24, 140:12, 140:18
Court's [3] - 90:7, 92:12, 93:8
courthouse [1] - 103:5
Courtroom [1] - 18:20
courtroom [9] - 18:23, 18:24, 21:14, 22:20, 88:17, 97:24, 99:7, 137:7, 138:4
covered [2] - 6:8,

81:21
cramping [1] - 49:24
credentials [2] - 24:22, 70:24
credits [1] - 102:4
critical [5] - 28:16, 46:23, 47:2, 57:14, 111:21
Cross [1] - 2:8
cross [4] - 12:24, 15:13, 98:12, 136:14
CROSS [1] - 117:17
Cross-Examination [1] - 2:8
CROSS-EXAMINATION [1] - 117:17
cross-examine [2] - 12:24, 98:12
cross-purposes [1] - 15:13
crossed [1] - 90:16
crutch [1] - 120:2
crutches [7] - 107:16, 107:20, 119:19, 119:22, 120:22, 122:12, 130:8
CT [13] - 61:25, 62:6, 62:14, 62:21, 63:7, 63:14, 63:19, 63:21, 63:25, 65:1, 65:16, 65:24, 67:1
current [1] - 53:3
cut [2] - 24:22, 80:16

D

daily [5] - 51:7, 115:14, 122:22, 128:21, 140:10
damage [2] - 64:3, 64:4
dampened [1] - 46:4
Dana [2] - 140:6, 140:17
DANA [1] - 1:25
DARELL [1] - 1:3
date [7] - 27:1, 27:21, 29:3, 34:24, 43:12, 104:14, 105:6
dated [2] - 17:5, 140:13
daughter [1] - 134:2
days [8] - 16:6, 16:10, 50:15, 67:15, 80:7, 82:6, 85:6, 85:24
deadline [1] - 12:12
deal [1] - 14:11
dealing [2] - 6:22, 34:17
death [1] - 74:5
deaths [1] - 74:10
debate [1] - 89:23
debates [1] - 89:19
decade [2] - 129:6, 132:12
decades [2] - 51:19, 54:21
December [37] - 27:11, 27:20, 27:22, 36:20, 40:10, 40:16, 40:24, 41:1, 47:9, 47:15, 48:1, 48:12, 48:15, 50:9, 51:13, 55:24, 56:4, 57:1, 58:11, 59:1, 59:6, 66:18, 67:16, 68:11, 70:9, 72:23, 79:16, 79:24, 80:5, 80:7, 80:21, 81:17, 82:6, 82:9, 83:20, 84:6, 85:16
decide [4] - 11:9, 11:11, 14:10, 92:14
declined [1] - 18:12
deep [9] - 27:6, 27:10, 27:19, 35:21, 73:2, 73:5, 74:2, 75:6, 76:14
deeper [1] - 81:2
defendant [1] - 26:5
Defendant [2] - 5:10, 5:11
Defendants [2] - 1:11, 1:21
defense [5] - 21:24, 22:7, 96:13, 99:17, 103:21
defer [1] - 121:20
definitely [1] - 67:20
definition [4] - 48:23, 49:15, 50:24, 51:1
definitive [1] - 120:16
degenerative [1] - 106:22
degree [9] - 79:3, 79:8, 85:8, 94:17, 101:22, 101:24, 102:1, 117:8, 122:2
Delaney [1] - 140:11
DELANEY [1] - 1:15
delayed [1] - 138:15
deleterious [1] - 53:12
demonstrate [2] - 25:10, 48:19
demonstrated [1] - 42:21
department [8] - 58:11, 64:25, 65:3, 65:20, 66:18, 79:25, 80:6, 87:7
dependent [1] - 25:19
depose [4] - 5:4, 8:16, 8:18, 13:8
deposition [17] - 4:5, 4:22, 7:10, 8:1, 8:16, 8:21, 9:13, 9:18, 10:5, 47:18, 73:8, 73:13, 86:13, 87:22, 104:19, 127:3, 131:7
Deposition [1] - 8:10
depositions [2] - 66:10, 104:17
deposits [1] - 53:17
DEPT [1] - 1:8
derogatory [2] - 112:15, 112:20
describe [1] - 72:16
described [8] - 37:10, 37:12, 50:11, 50:16, 55:19, 60:4, 63:18, 122:13
description [2] - 37:13, 85:3
designated [1] - 10:19
designations [1] - 5:3
designed [1] - 96:7
desire [1] - 94:7
desk [1] - 19:2
destined [1] - 87:2
detail [1] - 79:22
details [1] - 88:19
detect [4] - 59:25, 63:6, 74:14, 75:17
determination [4] - 12:22, 13:23, 120:19, 132:9
determine [1] - 17:23
determined [2] - 129:13, 137:8
determining [1] - 101:4
develop [2] - 59:11
developed [4] - 33:17, 80:12, 82:2, 113:5
developing [1] - 106:8
development [1] - 25:25
diabetes [2] - 51:24, 64:8
diagnosable [2] - 80:1, 80:8
diagnose [3] - 62:12, 64:25, 65:15
diagnosed [7] - 42:13, 46:9, 56:5, 65:25, 68:5, 73:8, 75:8
diagnosis [12] - 43:6, 45:15, 56:12, 56:14, 59:8, 59:19, 61:15, 61:17, 61:19, 62:2, 62:9, 64:18
diagnostic [2] - 61:25, 62:1
dialogue [1] - 10:21
difference [5] - 75:10, 85:7, 85:25, 90:5, 119:14
different [28] - 8:4, 9:5, 11:10, 13:10, 13:13, 19:14, 22:6, 22:20, 48:8, 48:10, 48:13, 63:13, 68:7, 83:15, 85:19, 86:18, 86:19, 87:19, 90:9, 108:24, 110:16, 118:16, 119:12, 122:15, 125:24, 131:21, 131:23, 132:8
difficult [2] - 28:18, 127:20
difficulties [1] - 99:10
difficulty [2] - 123:15, 125:11
dilute [1] - 64:12
direct [1] - 45:9
DIRECT [2] - 24:6, 100:17
Direct [2] - 2:4, 2:7
directed [1] - 75:20
direction [1] - 94:25
directly [3] - 63:12, 104:2, 107:3
disabilities [3] - 106:10, 106:17, 110:10
disability [1] - 102:7
disadvantage [2] - 8:15, 8:20
disagree [7] - 61:24, 71:6, 71:9, 72:11, 92:12, 109:24, 136:17
disagreed [2] - 71:8, 91:23
disclosed [2] - 94:13, 96:4
disclosures [1] - 96:23
discoloration [1] - 59:14
discolored [2] - 49:10, 59:20
discovered [1] - 45:17
discovery [1] - 44:23
discretion [2] - 92:13, 93:15
discrimination [1] - 54:7
discuss [1] - 14:8
discussed [2] - 4:4, 12:3
discussing [1] - 132:11
discussion [5] - 6:19, 12:23, 18:4, 95:25, 137:2
discussions [1] - 3:17
disease [23] - 28:20, 28:25, 29:7, 29:16, 38:7, 42:5, 45:24, 46:5, 51:21, 52:5, 52:11, 52:14, 52:18, 52:20, 53:2, 53:5, 53:9, 54:17, 54:24, 55:6, 69:25, 70:5, 73:3
dispute [1] - 57:7
disregard [1] - 45:10
disrespectful [2] - 112:16, 112:18
dissolution [1] - 62:5
dissolve [5] - 57:24, 83:22, 84:7, 84:24, 85:15
dissolved [1] - 85:10
dissolves [1] - 25:6
distal [1] - 59:23
distance [6] - 49:25, 50:3, 51:9, 55:14, 55:15, 107:21
distances [3] - 122:25, 124:16, 124:18
DISTRICT [1] - 1:1
District [1] - 140:12
doctor [3] - 22:7, 50:6, 106:2
Doctor [16] - 44:5, 45:3, 102:10, 102:15, 102:23, 105:1, 105:17, 107:7, 111:16, 112:7, 112:21, 113:14, 117:7, 132:20, 132:24, 134:9
doctor's [1] - 71:21
Doctorate [1] - 101:22
doctors [3] - 60:15, 61:2, 94:10
document [9] - 26:3, 27:14, 27:19, 28:14, 30:21, 68:24, 69:1, 69:2, 105:4
documenting [1] - 28:17
documents [1] - 105:14

DOES [1] - 1:9
done [21] - 21:4, 34:4, 42:22, 43:2, 43:3, 48:18, 62:1, 63:14, 63:16, 75:16, 75:17, 80:15, 98:5, 101:6, 113:20, 127:25, 130:15, 130:16, 130:20, 130:24, 131:1
door [2] - 9:21, 125:17
doors [1] - 114:1
doorway [1] - 125:19
Doppler [6] - 41:23, 42:1, 46:3, 49:11, 58:25, 59:23
double [2] - 5:21, 55:14
double-check [1] - 5:21
doubt [3] - 14:23, 41:17, 57:5
down [10] - 19:12, 19:17, 20:5, 27:4, 30:3, 48:2, 59:22, 78:7, 119:3, 133:18
downhill [2] - 77:20, 77:25
Dr [148] - 2:15, 3:14, 5:3, 8:11, 8:21, 9:5, 9:7, 9:9, 11:17, 20:16, 20:17, 20:21, 20:24, 22:4, 22:8, 23:1, 23:2, 24:8, 24:21, 24:24, 26:2, 26:3, 26:16, 26:19, 26:21, 26:23, 27:9, 27:15, 27:23, 28:13, 28:16, 29:3, 29:4, 29:23, 30:13, 31:25, 33:6, 34:14, 34:16, 34:23, 35:1, 36:9, 36:19, 37:12, 38:18, 38:20, 38:25, 41:12, 41:13, 41:19, 43:21, 44:14, 44:21, 45:2, 45:14, 45:23, 46:23, 47:2, 47:6, 47:17, 47:21, 47:23, 47:25, 48:5, 48:11, 48:19, 48:22, 49:13, 50:7, 50:24, 51:18, 56:3, 56:5, 58:23, 59:7, 60:2, 60:13, 61:18, 62:20, 64:2, 64:15, 64:16, 65:12, 65:14, 65:18, 66:3, 66:11, 66:17, 67:13, 68:17, 68:20, 69:8, 69:9, 70:6, 71:7, 72:4, 72:10, 72:11, 72:18, 72:22, 72:25, 73:6, 73:21, 74:4, 74:20, 78:21, 78:22, 79:6, 80:11, 83:21, 88:2, 88:5, 89:16, 89:21, 93:23, 94:1, 94:12, 94:16, 96:16, 96:17, 96:21, 96:22, 96:25, 97:4, 97:7, 97:12, 97:14, 97:15, 99:17, 99:18, 99:19, 99:25, 100:19, 101:11, 104:19, 108:1, 109:25, 112:6, 112:19, 112:21, 113:15, 114:19, 118:6, 133:5, 136:24, 138:10
dressed [1] - 111:4
drive [2] - 111:7, 123:23
drives [2] - 124:7, 124:11
dropped [1] - 59:21
due [2] - 47:15, 74:10
duly [2] - 24:3, 100:14
duplicated [1] - 96:19
duplication [1] - 96:10
duplicative [1] - 95:19
duration [1] - 84:21
during [7] - 66:4, 66:18, 81:19, 87:16, 88:21, 137:13, 137:22
dusky [1] - 49:5
DVT [13] - 27:15, 28:14, 28:17, 72:23, 73:22, 74:14, 74:22, 75:5, 75:8, 75:16, 75:20, 75:23, 76:5
DVTs [1] - 28:17
dye [3] - 62:22, 63:6, 63:12

E

early [2] - 94:17, 98:3
easier [4] - 77:20, 77:24, 107:24, 125:6
education [1] - 102:4
educational [1] - 101:20
effect [2] - 52:23, 53:13
effectively [2] - 18:1, 107:20
effects [1] - 101:3
efficient [2] - 110:3, 113:24
effort [3] - 94:7, 101:18, 108:8
eight [5] - 114:21, 115:6, 115:17, 129:10, 129:20
EIGHTH [1] - 1:1
either [9] - 8:19, 11:11, 19:20, 27:15, 93:10, 96:2, 116:22, 118:24, 136:4
elective [2] - 43:11, 43:13
electric [10] - 107:22, 107:23, 107:25, 109:11, 110:1, 110:4, 110:8, 110:13, 110:18, 123:17
electrical [2] - 122:12, 122:13
elementary [1] - 77:16
elevated [2] - 49:5, 59:20
elevation [1] - 55:6
emboli [1] - 74:10
embolism [1] - 73:23
embolus [1] - 73:17
emergency [27] - 33:9, 36:11, 46:25, 47:4, 47:9, 47:14, 47:19, 48:7, 58:11, 64:20, 64:25, 65:2, 65:20, 66:18, 67:2, 67:9, 67:23, 68:6, 69:11, 69:15, 70:11, 79:14, 79:25, 80:6, 86:12, 86:23, 87:7
EMERGENCY [1] - 1:8
emergent [1] - 43:18
emotional [2] - 101:3, 117:4
employed [1] - 113:8
empty [1] - 97:25
encourage [2] - 54:16, 55:4
end [2] - 22:1, 90:12
ended [4] - 21:10, 28:10, 90:13, 92:4
endothelium [2] - 52:23, 53:14
energy [1] - 108:22
engage [1] - 92:6
enlarge [2] - 25:17, 33:18
ensure [2] - 79:15, 109:1
entails [1] - 100:25
entered [1] - 57:25
enters [3] - 21:14, 53:11, 99:7
entertained [1] - 118:3
entire [2] - 120:25, 134:16
entirely [1] - 50:11
entitled [2] - 10:17, 14:24
enzyme [1] - 62:5
equipment [1] - 19:9
especially [3] - 9:6, 50:18, 131:20
ESQ [6] - 1:19, 1:20, 1:20, 1:22, 1:23, 1:23
essentially [3] - 12:6, 92:24, 106:25
establish [3] - 28:19, 38:20, 61:25
estimates [1] - 74:9
evaluate [1] - 73:4
evaluated [1] - 106:4
evaluating [2] - 102:8, 111:21
evaluation [5] - 60:5, 61:10, 66:4, 118:25, 119:1
event [5] - 42:2, 67:8, 79:16, 82:17, 138:9
events [2] - 86:18, 137:22
evidence [6] - 26:9, 43:9, 68:16, 78:12, 105:17, 105:22
exactly [1] - 60:15
exam [6] - 46:3, 46:4, 60:5, 61:11, 62:13, 75:23
Examination [5] - 2:4, 2:7, 2:8, 2:9, 2:10
EXAMINATION [5] - 24:6, 100:17, 117:17, 132:22, 135:12
examination [8] - 48:18, 49:11, 59:18, 60:20, 60:23, 70:20, 91:12
examine [6] - 12:24, 56:9, 61:17, 70:19, 75:13, 98:12
examined [4] - 24:4, 49:9, 100:15, 118:7
example [4] - 51:24, 65:2, 65:21, 127:17
exceed [1] - 51:8
except [1] - 87:1
exclude [1] - 13:15
exclusive [1] - 15:18
excuse [1] - 102:14
excused [1] - 136:24
exercise [1] - 55:12
EXHIBIT [1] - 2:14
Exhibit [4] - 26:5, 26:7, 26:8, 68:15
exhibits [1] - 105:10
exits [1] - 138:4
expect [5] - 41:9, 42:3, 42:7, 87:14, 87:16
expected [2] - 50:22, 67:5
experience [13] - 51:18, 110:5, 111:20, 112:20, 113:1, 113:12, 116:24, 119:9, 119:10, 120:9, 127:23, 131:16, 133:6
experienced [1] - 121:5
expert [20] - 4:12, 4:21, 5:4, 7:25, 9:18, 16:19, 24:25, 68:13, 68:14, 91:6, 95:12, 95:13, 95:22, 99:4, 102:24, 103:9, 103:13, 103:20, 104:20, 105:21
expertise [1] - 127:24
experts [8] - 4:4, 4:13, 7:9, 7:24, 89:24, 94:11, 96:10, 97:6
Experts [1] - 4:20
explain [4] - 25:13, 75:7, 100:24, 108:18
express [2] - 89:8, 137:25
expressed [3] - 94:6, 95:9
expressing [1] - 45:7
extensive [2] - 106:20, 128:4
extent [4] - 14:6, 17:19, 25:25, 84:16
extremity [9] - 25:15, 34:21, 36:18, 49:4, 49:24, 59:15, 67:9, 86:22, 112:12

F

fact [26] - 7:7, 9:7, 10:23, 11:16, 15:19, 16:18, 47:14, 48:2, 50:18, 50:23, 56:15, 57:11, 57:22, 58:12, 64:1, 73:12, 92:21, 96:3, 97:10, 104:1, 110:2, 116:20, 128:16, 131:25, 133:3, 134:20

factor [6] - 6:15, 52:10, 52:17, 85:12, 135:23, 136:3
factors [1] - 130:2
facts [1] - 17:15
factual [4] - 8:12, 8:17, 8:22, 9:2
fair [19] - 14:2, 37:13, 37:18, 38:13, 53:19, 54:13, 56:17, 60:16, 68:25, 71:19, 118:5, 122:10, 126:12, 131:2, 131:9, 131:12, 136:7
fairly [1] - 52:4
fairness [1] - 9:11
fall [1] - 121:14
fallen [3] - 119:24, 120:1, 120:4
falling [1] - 130:7
falls [4] - 121:5, 121:6, 134:15, 134:23
familiar [4] - 18:22, 91:4, 111:19, 116:18
family [3] - 113:9, 113:10, 135:20
fan [1] - 111:14
far [9] - 8:5, 71:1, 71:3, 71:8, 72:3, 79:2, 86:3, 90:3, 106:6
faster [1] - 76:13
father [1] - 134:15
fatty [1] - 53:17
fault [2] - 9:22
FEBRUARY [1] - 1:16
February [1] - 140:14
feed [1] - 83:5
feeding [1] - 34:12
feet [1] - 86:15
fellow [3] - 54:4, 54:6, 54:10
fellows [1] - 54:13
felt [6] - 48:3, 67:24, 68:1, 86:16, 95:15, 132:1
femoral [63] - 30:1, 30:11, 30:14, 30:22, 32:2, 32:18, 33:16, 33:24, 34:6, 34:7, 34:11, 34:17, 35:3, 35:18, 35:21, 35:23, 35:25, 36:5, 36:21, 36:24, 37:2, 37:19, 37:20, 38:5, 38:15, 40:24, 41:20, 42:12, 42:22, 42:25, 43:5, 43:7, 43:10, 43:16, 45:16, 46:10, 46:11, 46:14, 46:17, 46:24, 47:3, 52:2, 52:7, 57:3, 57:9, 57:11, 58:12, 63:11, 63:15, 66:5, 69:3, 78:17, 81:2, 81:3, 82:19, 83:4, 83:8, 83:11, 83:16, 84:8, 85:9, 86:4
femoris [2] - 35:21, 80:18
few [5] - 40:19, 51:19, 102:22, 117:23, 132:19
field [3] - 100:22, 102:6, 103:10
Fifth [1] - 7:24
fifth [1] - 4:19
fight [1] - 98:14
figure [2] - 71:15, 138:18
filed [3] - 5:24, 7:8, 12:8
filling [1] - 76:10
filter [1] - 64:5
final [3] - 45:10, 94:25, 135:8
finally [2] - 89:9, 138:2
findings [4] - 76:4, 76:20, 120:8, 121:21
fine [5] - 39:3, 54:6, 118:8, 129:12, 136:8
finish [7] - 20:23, 20:24, 22:7, 98:19, 98:24, 99:4, 138:10
finished [1] - 100:2
finishing [2] - 21:16, 138:14
first [34] - 6:23, 10:14, 12:25, 16:20, 20:18, 23:16, 24:3, 25:3, 26:18, 28:19, 29:13, 42:14, 44:18, 49:2, 55:7, 55:16, 62:6, 62:13, 62:23, 69:19, 70:20, 72:14, 73:1, 88:9, 96:12, 100:5, 100:14, 105:4, 105:5, 105:6, 118:15, 125:13, 126:15
first-line [2] - 55:7, 55:16
fish [7] - 104:19, 112:6, 112:19, 112:21, 113:15, 118:6, 133:5
fish's [2] - 109:25, 114:19
fit [6] - 50:17, 108:5, 123:2, 123:21, 123:23, 125:25
fits [1] - 108:25
fitting [7] - 107:18, 108:19, 108:22, 109:2, 109:6, 120:3, 120:6
Five [6] - 60:10, 60:14, 61:1, 61:9, 61:14, 62:13
five [2] - 50:1, 103:8
fixed [1] - 120:8
fixes [1] - 58:4
flagged [1] - 133:18
flags [1] - 70:12
floor [1] - 114:9
flow [37] - 25:10, 25:15, 32:15, 32:20, 33:17, 35:22, 36:16, 36:17, 37:8, 38:9, 38:10, 38:15, 41:22, 42:1, 49:11, 49:21, 51:7, 59:23, 75:11, 75:13, 76:18, 76:21, 76:23, 76:24, 77:5, 77:9, 77:10, 77:12, 77:13, 77:14, 77:20, 78:6, 78:7, 78:9, 80:21, 81:20
flowing [2] - 38:3, 38:4
fluid [1] - 64:11
fluids [2] - 64:10, 77:24
fluoroethylene [1] - 69:22
flush [1] - 8:18
focused [1] - 89:16
folds [3] - 122:14, 122:16, 122:20
folks [1] - 20:8
follow [4] - 4:8, 70:21, 95:5, 130:12
follow-the-law [1] - 4:8
follow-up [3] - 70:21, 95:5, 130:12
followed [1] - 113:7
following [4] - 22:11, 29:19, 34:17, 134:22
following-up [1] - 29:19
follows [2] - 24:4, 100:15
followup [6] - 9:24, 29:7, 29:17, 130:22, 132:19, 135:9
foot [12] - 25:11, 41:1, 41:8, 41:15, 49:3, 49:8, 49:12, 59:19, 59:21, 86:15, 111:8
foregoing [1] - 140:7
form [5] - 18:9, 46:4, 89:8, 92:22, 137:25
formal [1] - 10:12
formally [2] - 6:22, 6:25
formed [5] - 50:8, 58:23, 66:16, 67:13, 75:4
formerly [1] - 5:24
forms [1] - 17:5
formulated [2] - 104:24, 107:12
formulation [1] - 104:7
forward [1] - 47:6
foundation [9] - 66:6, 66:8, 90:12, 90:24, 91:8, 91:25, 92:4, 93:1, 130:9
foundational [2] - 28:7, 90:11
four [2] - 12:21, 13:7
fourth [1] - 4:18
frame [1] - 123:22
Francisco [1] - 101:23
Frank [1] - 18:21
free [2] - 14:8, 47:22
FREMONT [1] - 1:8
frequently [2] - 60:10, 86:17
front [11] - 5:23, 12:17, 23:6, 23:8, 23:9, 34:9, 95:2, 99:20, 105:1, 125:6, 125:7
front-wheel [1] - 125:6
full [1] - 17:22
function [2] - 114:5, 122:3
functional [5] - 101:8, 102:8, 108:6, 118:18, 129:25
funda [1] - 82:2
funds [1] - 54:9
furthers [1] - 53:9
future [2] - 127:22, 132:9

G

Gabapentin [1] - 116:22
gait [1] - 108:23
game [1] - 14:2
gap [1] - 44:11
general [7] - 9:9, 11:25, 24:12, 48:23, 54:21, 60:20, 97:3
generally [9] - 4:7, 10:25, 30:13, 31:24, 42:3, 49:14, 54:10, 64:6, 89:24
generically [1] - 17:2
gentleman [2] - 29:15, 98:11
gentlemen [2] - 21:18, 88:21
gently [1] - 6:10
gist [1] - 9:4
given [11] - 9:8, 35:8, 41:9, 50:18, 58:5, 69:24, 74:18, 85:2, 87:1, 116:23, 129:2
goal [1] - 38:14
God [3] - 37:12, 37:15, 37:17
gold [2] - 59:8, 75:25
graft [45] - 25:6, 36:20, 36:24, 37:2, 37:4, 37:8, 37:9, 37:10, 37:17, 37:18, 37:22, 37:24, 38:2, 38:4, 38:8, 38:14, 39:7, 39:16, 39:24, 41:9, 43:5, 48:4, 57:3, 57:9, 57:12, 57:21, 58:2, 58:7, 66:5, 66:19, 69:3, 69:22, 69:23, 70:23, 80:15, 81:22, 82:19, 82:23, 83:4, 83:8, 83:9, 83:12, 83:22, 85:10, 86:4
granted [3] - 4:8, 4:12, 4:13
gravamen [1] - 12:20
gravity [1] - 78:4
great [2] - 118:13, 118:15
grocery [1] - 109:12
groin [2] - 63:11, 81:1
group [1] - 63:23
guess [2] - 6:21, 12:8
guide [1] - 62:8
guided [1] - 39:19
guy [1] - 95:20

H

habit [1] - 51:23
half [1] - 137:12
halls [1] - 125:19
hallways [2] - 113:25, 126:4
hand [4] - 26:19, 26:20, 111:7, 133:22
handle [1] - 109:14
HANK [1] - 1:20
hard [1] - 53:3

health [1] - 11:25
healthcare [1] - 74:11
hear [4] - 13:13, 71:14, 91:2, 91:13
heard [4] - 17:19, 41:22, 42:1, 72:6
hearing [3] - 7:3, 7:17, 18:22
hearsay [1] - 4:13
heart [6] - 11:9, 75:12, 76:13, 77:12, 78:3, 78:8
hell [1] - 138:8
help [11] - 19:11, 113:4, 113:10, 114:5, 128:20, 128:24, 129:7, 129:10, 129:24, 135:20, 136:1
helped [1] - 106:18
helpful [2] - 70:4, 119:17
helps [1] - 105:2
Heparin [5] - 39:7, 39:15, 39:25, 40:5, 40:6
hereby [1] - 140:7
hi [2] - 100:1, 117:20
high [1] - 55:5
highlighted [1] - 33:8
Hillsborough [1] - 102:2
himself [2] - 111:4, 129:10
hip [1] - 81:20
History [1] - 27:6
history [16] - 18:5, 27:10, 27:16, 50:19, 59:10, 60:22, 66:24, 69:14, 70:8, 74:18, 74:19, 74:21, 74:25, 101:7, 119:15
Hoffman's [1] - 5:18
hold [18] - 14:22, 32:25, 53:3, 55:23, 64:21, 71:11, 78:20, 79:1, 79:5, 80:2, 85:5, 85:13, 86:2, 98:15, 133:16
holding [1] - 64:10
Holthus [2] - 19:23, 19:24
home [15] - 114:16, 115:7, 120:23, 122:23, 123:1, 123:2, 123:3, 123:4, 125:10, 125:13, 126:24, 128:10, 129:7, 129:11, 129:18
homes [2] - 128:6, 128:8
Hon [1] - 140:11
Honor [32] - 3:7, 3:9, 3:14, 11:15, 11:20, 18:15, 20:14, 22:24, 23:21, 26:4, 26:13, 31:10, 31:16, 32:22, 39:17, 65:4, 68:16, 87:23, 88:8, 88:12, 92:11, 96:16, 98:7, 98:16, 99:16, 100:8, 117:15, 136:13, 136:18, 136:20, 138:20, 138:21
HONORABLE [1] - 1:15
hospital [3] - 54:9, 68:6, 79:14
Hospital [1] - 104:10
hours [8] - 64:10, 114:21, 115:6, 115:17, 129:10, 129:12, 129:14, 129:20
house [21] - 107:16, 107:17, 113:16, 113:23, 113:24, 114:5, 123:1, 123:6, 124:20, 124:22, 124:23, 125:1, 126:3, 126:12, 126:22, 127:5, 128:21, 128:25, 129:25, 135:20
household [2] - 111:10, 111:11
housekeeping [3] - 3:10, 18:17, 115:18
hurts [1] - 61:4
husband [2] - 1:4, 115:14
hydraulically [1] - 124:10
hygiene [1] - 111:5
Hymanson [7] - 2:8, 2:10, 19:21, 97:23, 117:14, 117:21, 135:8
HYMANSON [14] - 1:20, 1:20, 98:7, 98:21, 117:15, 117:18, 127:15, 127:19, 130:14, 132:17, 135:10, 135:13, 136:17, 138:21
hypothetical [4] - 65:13, 65:14, 65:17, 73:10
hypothetically [4] - 71:7, 73:7, 85:16, 95:6

I

I.T [5] - 18:19, 19:7, 19:22, 97:22, 97:24
ice [1] - 59:20
Idaho [1] - 101:12
idea [3] - 119:25, 128:10, 129:22
identified [7] - 11:15, 18:20, 19:6, 61:10, 62:8, 75:23, 82:16
identifies [1] - 75:5
identify [3] - 17:4, 28:13, 96:21
iliac [1] - 81:21
image [1] - 81:23
images [2] - 68:13, 68:14
imagine [1] - 115:6
imaging [1] - 67:11
impacts [3] - 18:6, 20:15
implementing [1] - 106:9
implication [1] - 112:18
important [11] - 52:13, 52:15, 52:19, 59:18, 60:23, 62:10, 91:19, 108:15, 108:17, 108:24, 119:2
importantly [2] - 8:10, 62:3
imposed [1] - 94:15
impossible [3] - 40:25, 41:14, 84:24
improper [3] - 13:24, 15:5, 15:19
improvement [1] - 118:7
IN [1] - 1:1
inability [1] - 126:19
inappropriate [2] - 93:2, 132:2
inches [1] - 125:23
incident [1] - 27:21
incision [1] - 63:10
inclined [1] - 90:3
include [2] - 17:11, 124:5
included [1] - 84:20
includes [2] - 60:4, 61:10
including [5] - 16:1, 85:3, 89:2, 89:6, 137:19
inclusive [2] - 1:9, 1:10
increase [1] - 116:10
increases [1] - 54:23
independent [3] - 89:6, 137:23, 137:24
independently [2] - 6:24, 111:1
indicate [9] - 27:18, 29:1, 29:18, 32:17, 36:4, 45:8, 46:16, 65:22, 76:16
indicated [8] - 43:15, 44:11, 45:14, 88:1, 89:25, 90:1, 92:2, 122:9
indicates [2] - 29:4, 45:22
indicating [1] - 10:8
indication [5] - 62:17, 98:8, 123:15, 128:23, 130:25
individual [4] - 101:7, 114:3, 115:8, 115:9
individual's [1] - 132:3
individually [2] - 1:4, 1:8
individuals [11] - 103:24, 106:9, 106:11, 106:20, 106:23, 107:4, 110:11, 112:11, 113:12, 113:21, 128:4
inflammatory [1] - 53:15
inflow [4] - 77:1, 77:3, 77:5, 77:18
inform [1] - 22:17
information [30] - 22:21, 31:7, 33:7, 34:9, 46:10, 63:14, 70:4, 89:2, 89:22, 101:8, 119:12, 119:15, 119:16, 120:16, 121:7, 121:11, 121:12, 121:15, 123:19, 125:15, 126:21, 127:4, 127:7, 128:18, 129:2, 129:16, 132:5, 132:13, 132:14, 137:18
ingrowth [1] - 58:4
initial [10] - 3:16, 3:19, 14:1, 16:5, 16:24, 17:1, 17:5, 17:24, 18:14
inject [2] - 63:9, 63:12
injected [2] - 63:1, 63:3
injector [1] - 63:3
injects [1] - 63:4
injuries [4] - 106:10, 106:21, 110:12, 134:24
injury [4] - 101:3, 102:9, 106:21, 110:18
inner [1] - 52:24
inpatient [3] - 63:16, 64:21, 65:19
inquire [1] - 18:12
inquired [2] - 10:7, 129:1
inquiring [1] - 92:1
inquiry [1] - 14:3
inside [2] - 53:14, 84:1
insight [3] - 112:23, 112:25, 113:1
insofar [1] - 101:5
instances [1] - 25:5
instead [1] - 21:21
insufficiency [1] - 107:5
insufficient [2] - 78:6, 121:7
insult [1] - 55:2
intended [2] - 60:17, 110:8
intent [1] - 92:16
interchangeable [1] - 54:15
interchangeably [3] - 30:17, 30:19, 54:12
internal [1] - 81:21
International [1] - 102:20
Internet [4] - 89:4, 89:6, 137:20, 137:24
internist [1] - 60:21
interrupt [1] - 108:1
interruption [1] - 112:1
intervening [1] - 36:17
intervention [6] - 32:8, 34:23, 34:25, 35:2, 62:5, 67:9
interview [1] - 104:2
intravenous [2] - 62:25, 64:9
introduce [2] - 63:2, 63:10
investigation [2] - 61:7, 137:23
investigations [1] - 89:6
invite [2] - 21:16, 99:9

involved [2] - 46:7, 107:1
involvement [1] - 128:4
involves [1] - 101:2
iodine [1] - 63:21
irritation [1] - 130:4
ischemia [57] - 25:14, 47:16, 48:20, 48:24, 49:15, 49:17, 49:21, 49:23, 50:5, 51:1, 51:2, 51:6, 51:15, 55:21, 56:1, 56:2, 56:17, 56:21, 56:22, 57:13, 57:15, 57:21, 58:10, 58:14, 59:2, 59:5, 59:9, 59:17, 61:15, 61:20, 62:12, 64:1, 64:18, 65:1, 65:16, 65:25, 67:5, 67:12, 67:20, 68:5, 69:20, 69:23, 70:2, 72:17, 79:18, 79:24, 80:8, 80:12, 82:4, 82:18, 83:1, 83:21, 86:5, 87:13
ischemic [9] - 40:11, 40:14, 40:17, 40:18, 42:2, 48:1, 48:12, 48:16, 48:18
issue [20] - 4:9, 9:8, 11:15, 11:18, 12:1, 15:3, 16:14, 17:16, 17:17, 17:22, 20:15, 27:12, 90:4, 93:25, 96:2, 96:6, 108:5, 112:6, 139:2
issued [2] - 11:4, 17:9
issues [8] - 18:25, 38:25, 39:1, 45:18, 97:3, 97:16, 106:23, 130:6
item [1] - 122:14
itself [1] - 69:24

J

J-A-N-Z-E-N [1] - 100:6
Jacobs [3] - 9:7, 97:7, 97:14
JANUARY [1] - 3:1
Janzen [12] - 20:16, 20:21, 21:2, 99:17, 99:18, 99:19, 99:25, 100:6, 100:19, 101:11, 108:1, 136:24
JANZEN [2] - 2:6, 100:13
JASON [1] - 1:7
Jason [1] - 5:11
JAVS [1] - 3:25
JEA [1] - 20:7
job [2] - 93:3, 100:25
John [2] - 99:17, 100:6
JOHN [2] - 2:6, 100:13
joinder [2] - 7:8, 7:12
joined [1] - 38:8
joint [1] - 96:16
JOINT [1] - 2:14
Joint [1] - 26:8
Joshua [1] - 19:11
Judge [3] - 19:23, 19:24, 140:12
JUDICIAL [1] - 1:1
juggle [1] - 22:14
July [2] - 42:14, 81:24
juror [5] - 38:19, 39:5, 39:22, 40:20, 133:23
JUROR [2] - 133:21, 134:1
juror's [1] - 94:18
jurors [10] - 21:15, 24:24, 45:10, 88:10, 95:2, 99:6, 99:8, 133:19, 136:21, 138:15
JURY [1] - 1:13
Jury [3] - 21:14, 99:7, 138:4
jury [16] - 3:5, 26:18, 47:7, 51:17, 60:4, 75:7, 79:2, 89:11, 89:12, 100:19, 101:19, 105:20, 107:11, 108:18, 113:19, 138:5

K

Kansas [1] - 102:2
KATHLEEN [1] - 1:15
Kathleen [1] - 140:11
keep [2] - 5:7, 15:10
keeping [5] - 12:21, 13:25, 22:12, 50:14, 86:25
KEITH [1] - 1:23
kept [4] - 4:4, 5:23, 5:25, 13:6
key [1] - 95:22
kicked [1] - 78:16
kidney [3] - 55:6, 64:3, 64:7
kind [9] - 50:4, 72:4, 89:5, 89:7, 96:1, 105:2, 109:15, 127:10, 128:24
kinds [3] - 96:20, 106:25, 122:15
kitchen [1] - 126:15
knee [13] - 42:5, 106:12, 106:15, 107:5, 107:14, 111:7, 115:4, 115:10, 118:11, 119:20, 119:21, 128:5, 131:16
knowledge [1] - 45:8
known [2] - 18:3, 64:4

L

lack [6] - 17:20, 49:6, 49:7, 51:19, 59:14, 112:23
lacks [2] - 66:6, 130:9
ladder [1] - 111:12
ladies [2] - 21:18, 88:20
laid [4] - 66:7, 90:12, 90:24, 92:3
language [2] - 31:22, 70:14
large [1] - 25:25
larger [3] - 37:20, 37:23, 37:24
Las [4] - 24:10, 24:17, 140:13, 140:18
LAS [1] - 3:1
Lasry [11] - 38:25, 48:19, 56:5, 66:3, 66:11, 66:17, 72:22, 78:22, 79:6, 96:17, 96:21
LASRY [1] - 1:7
Lasry's [2] - 5:11, 50:24
last [7] - 6:9, 23:16, 24:16, 82:12, 98:7, 100:5, 106:6
late [1] - 138:22
law [12] - 4:8, 8:9, 89:25, 90:2, 90:6, 91:5, 91:10, 92:9, 93:7, 93:10, 93:17
lay [2] - 91:25, 93:1
lead [3] - 83:2, 90:10, 91:5
leading [22] - 27:24, 28:3, 28:5, 31:8, 32:3, 32:21, 56:18, 58:15, 82:17, 89:18, 89:24, 90:8, 90:9, 90:17, 91:7, 91:12, 91:18, 91:24, 92:7, 92:14, 92:20, 95:12
leads [1] - 77:15
least [12] - 19:9, 27:11, 29:8, 29:19, 34:13, 38:4, 38:10, 46:19, 71:7, 103:8, 114:20, 133:4
leave [5] - 19:21, 21:4, 39:14, 98:6, 98:11
led [3] - 18:7, 76:14, 79:17
leeway [1] - 92:8
left [38] - 29:17, 29:20, 32:19, 36:21, 36:24, 38:19, 40:10, 40:16, 41:8, 41:14, 42:12, 42:17, 43:7, 43:15, 45:15, 45:25, 46:9, 47:3, 47:9, 47:15, 47:25, 48:15, 49:16, 57:2, 57:8, 57:11, 58:12, 67:23, 76:15, 78:23, 79:7, 79:13, 86:12, 86:14, 86:23, 87:3, 94:24, 110:22
left-sided [2] - 29:17, 29:20
leg [42] - 29:24, 30:5, 30:9, 30:22, 32:7, 32:19, 33:9, 33:20, 34:25, 35:7, 35:18, 36:15, 37:6, 40:10, 40:16, 42:15, 47:9, 47:15, 48:1, 48:3, 48:15, 49:16, 49:18, 50:5, 57:8, 57:19, 76:15, 77:6, 77:10, 78:23, 78:25, 79:7, 79:15, 80:14, 80:17, 81:1, 82:7, 83:21, 86:25, 87:3, 111:8, 112:14
leg's [1] - 33:19
legal [1] - 106:3
legitimate [2] - 11:12, 11:13
legs [1] - 121:17
less [6] - 25:23, 38:12, 63:6, 112:11, 122:18
level [4] - 37:21, 81:1, 83:10, 115:2
lies [1] - 93:14
Life [7] - 100:23, 101:6, 102:21, 103:25, 119:4, 119:7, 133:1
life [13] - 67:8, 103:17, 103:22, 103:23, 110:7, 112:1, 114:22, 117:2, 118:8, 119:1, 120:20, 127:22, 132:10
lifestyle [2] - 128:1, 131:11
light [4] - 9:6, 40:23, 70:10, 111:13
lights [1] - 70:13
likely [3] - 33:23, 42:2, 70:22
likewise [1] - 116:23
limb [35] - 47:16, 48:23, 49:15, 49:17, 55:21, 55:25, 56:2, 56:16, 56:21, 56:22, 57:13, 57:14, 57:15, 58:10, 58:13, 58:14, 59:2, 59:5, 59:8, 61:15, 61:20, 62:12, 64:1, 64:18, 65:1, 65:15, 79:24, 80:8, 82:18, 86:5, 87:13, 120:10, 131:20, 132:1, 132:3
Limine [8] - 4:10, 4:18, 5:12, 7:13, 7:15, 7:23, 10:4, 10:12
limine [2] - 5:9, 7:4
limitation [2] - 89:3, 137:19
limited [1] - 131:11
limiting [1] - 97:15
line [4] - 55:7, 55:16, 90:16, 94:23
lines [2] - 31:5, 96:13
lining [3] - 52:24, 53:13
List/Past [1] - 27:5
listen [3] - 59:22, 88:25, 137:16
listing [1] - 27:15
liter [1] - 64:11
live [1] - 101:12
lives [1] - 134:11
located [1] - 101:11
location [7] - 18:20, 18:21, 19:24, 20:13, 36:24, 83:7, 83:14
lodged [1] - 73:18
log [1] - 5:21
look [9] - 26:18, 27:4, 28:22, 97:25, 98:1, 105:5, 110:22, 113:22, 114:4
looked [4] - 68:12, 84:19, 95:15, 109:21
looking [6] - 4:9, 4:14, 7:5, 10:14, 101:9, 127:22
losing [3] - 14:12, 120:10, 131:20

lost [3] - 80:21, 81:25, 132:1
lower [1] - 112:12
lowered [2] - 49:6, 114:1
lowers [2] - 124:9, 124:10
LTD [1] - 1:8
lumbar [1] - 115:25
lung [2] - 73:9, 73:15
lungs [2] - 73:19, 73:20
lysis [3] - 82:13, 84:17, 84:20
lytic [3] - 57:22, 83:24, 84:22

M

M.D [5] - 1:7, 2:3, 2:6, 24:2, 100:13
machine [1] - 140:9
magnify [1] - 63:8
main [1] - 102:22
maintained [2] - 49:18, 57:19
maintenance [1] - 128:21
major [14] - 25:18, 64:3, 74:11, 80:13, 80:17, 80:25, 81:18, 81:25, 84:18, 85:11, 106:7, 112:13, 131:3
man [2] - 127:21, 135:19
manage [5] - 55:12, 111:17, 111:23, 118:17
management [7] - 52:15, 55:18, 55:20, 112:3, 115:24, 116:11
mandate [1] - 39:6
mandates [1] - 13:23
MANDAVIA [1] - 1:8
manual [7] - 107:21, 107:25, 124:13, 124:15, 124:17, 124:19, 124:25
MARKED [1] - 2:14
marked [1] - 119:13
Marmureanu [24] - 8:11, 8:21, 9:5, 24:24, 37:12, 38:20, 41:13, 41:19, 47:25, 50:7, 60:13, 61:18, 62:20, 64:2, 64:16, 65:14, 65:18, 69:9, 70:6, 71:7, 74:20, 94:16, 97:4, 97:12
Marmureanu's [4] - 9:9, 47:17, 48:11, 72:11
marshal [1] - 19:6
MARSHAL [5] - 19:13, 19:16, 89:11, 133:18, 138:5
Master's [1] - 101:24
materials [12] - 50:8, 56:4, 66:2, 68:10, 68:21, 72:20, 87:21, 104:6, 104:23, 107:12, 109:3, 110:25
matter [1] - 17:19
matured [1] - 84:2
McBride [34] - 1:22, 2:9, 3:7, 12:14, 12:18, 20:14, 21:1, 21:6, 21:12, 98:16, 99:15, 99:16, 99:25, 100:3, 100:8, 100:10, 100:18, 105:11, 105:15, 105:24, 106:1, 117:11, 117:13, 127:13, 130:9, 132:19, 132:23, 134:4, 134:8, 135:6, 136:13, 136:19, 136:20, 138:20
mcBride [2] - 2:7, 105:12
mean [17] - 5:8, 9:24, 10:16, 28:8, 30:15, 31:3, 31:18, 32:11, 36:23, 37:4, 77:5, 77:16, 84:23, 100:25, 121:1, 126:6, 129:23
meaning [3] - 32:19, 51:6, 76:10
means [8] - 31:19, 31:22, 37:1, 37:6, 51:1, 57:24, 73:17, 77:6
meant [2] - 41:18, 126:10
meantime [1] - 87:14
media [1] - 89:5
medical [44] - 11:25, 12:1, 24:18, 27:15, 45:22, 48:23, 49:15, 54:22, 55:7, 55:20, 56:10, 66:13, 66:24, 70:8, 72:15, 73:16, 79:3, 79:8, 79:11, 82:6, 85:9, 101:7, 102:6, 104:6, 104:10, 106:3, 109:8, 114:25, 115:23, 119:14, 121:11, 121:19, 121:20, 121:22, 121:24, 122:4, 122:7, 126:24, 127:2, 134:21, 134:23, 135:1, 136:11
Medical [1] - 27:5
medical-legal [1] - 106:3
medicals [1] - 136:8
Medicare [2] - 54:8, 54:10
medication [8] - 39:25, 111:25, 116:10, 116:15, 116:18, 116:21, 118:12, 118:16
medications [2] - 115:21, 116:5
medicine [6] - 25:7, 39:7, 39:15, 60:15, 61:3, 64:20
Medicine [1] - 102:18
medium [2] - 89:2, 137:18
meet [2] - 22:4, 101:10
meeting [1] - 22:18
member [2] - 102:15, 102:17
members [1] - 113:10
men [3] - 51:20, 51:22, 52:4
mental [2] - 101:3, 117:3
mention [3] - 12:24, 107:23, 124:4
mentioned [2] - 21:19, 137:22
messed [1] - 14:14
met [2] - 118:24, 119:11
midthigh [2] - 30:2, 33:16
might [6] - 4:16, 20:4, 38:11, 54:24, 101:16, 133:23
milligrams [2] - 118:10, 136:9
millimeters [4] - 37:21, 37:22, 37:23, 37:24
mind [1] - 57:5
minute [4] - 21:7, 38:11, 65:5, 88:21
minutes [7] - 6:10, 17:21, 50:2, 88:15, 98:16, 98:21, 134:5
misassumption [1] - 138:23
misrepresent [1] - 126:6
missed [2] - 71:24, 81:4
missing [2] - 19:8, 19:12
mistake [1] - 9:17
mobility [1] - 107:20
modifications [1] - 114:12
moment [5] - 22:5, 28:21, 64:22, 72:19, 87:4
moments [1] - 40:19
money [1] - 124:2
monitor [2] - 26:17
month [1] - 44:11
months [11] - 34:19, 41:5, 43:4, 43:6, 43:19, 43:22, 55:14, 55:15, 58:8, 79:13, 82:24
Moore [67] - 27:10, 29:2, 29:18, 32:1, 33:8, 33:23, 34:10, 35:25, 36:4, 40:6, 40:25, 41:21, 42:15, 44:25, 45:17, 47:8, 47:14, 50:9, 51:13, 52:10, 55:25, 56:6, 56:9, 58:10, 59:1, 59:16, 66:4, 67:6, 73:7, 79:10, 79:24, 80:6, 81:16, 86:11, 87:2, 103:23, 104:2, 104:3, 104:13, 107:4, 107:15, 108:3, 108:8, 109:25, 110:25, 111:17, 114:20, 115:13, 115:23, 116:25, 117:22, 118:22, 119:3, 119:18, 119:21, 120:14, 123:10, 123:11, 128:10, 129:8, 131:12, 132:11, 133:1, 134:22, 135:3, 138:11
MOORE [2] - 1:3, 1:4
Moore's [37] - 11:25, 16:15, 26:24, 30:5, 32:19, 36:23, 40:10, 40:16, 40:24, 41:8, 41:14, 42:12, 47:25, 48:15, 57:8, 57:11, 57:13, 58:24, 66:24, 69:10, 69:14, 70:8, 73:12, 78:23, 79:7, 82:7, 83:19, 87:14, 87:22, 109:5, 113:16, 114:7, 115:19, 116:15, 121:16, 132:9, 134:10
Moores [1] - 135:21
morning [3] - 20:1, 68:2, 87:5
most [9] - 51:7, 52:15, 52:19, 53:2, 60:23, 62:2, 77:24, 90:23, 111:10
mostly [2] - 81:6, 87:22
motion [4] - 4:2, 4:4, 49:6, 96:9
Motion [6] - 4:10, 5:11, 7:13, 7:15, 10:4, 10:12
motions [2] - 5:9, 7:4
Motions [2] - 4:18, 7:23
motivated [1] - 129:24
motivation [1] - 130:21
move [2] - 21:23, 47:6
moved [2] - 19:3, 136:2
movement [1] - 59:14
MR [122] - 3:7, 3:8, 3:9, 3:13, 4:3, 4:25, 5:17, 6:4, 6:12, 6:25, 7:7, 7:16, 7:18, 8:7, 9:11, 10:19, 11:14, 11:20, 11:22, 12:9, 12:12, 12:14, 12:16, 12:20, 14:4, 14:18, 14:21, 15:2, 15:6, 15:9, 15:15, 15:21, 15:25, 16:22, 17:4, 17:13, 18:15, 20:14, 21:1, 21:6, 21:12, 22:24, 23:21, 24:7, 26:13, 26:15, 27:24, 28:1, 28:3, 28:12, 31:9, 31:16, 31:17, 32:3, 32:9, 32:21, 33:5, 39:17, 39:20, 39:23, 43:23, 44:9, 44:15, 44:20, 45:12, 45:13, 56:18, 56:23, 58:15, 58:22, 65:4, 65:11, 66:6, 66:9, 68:15, 68:19, 71:10, 71:12, 71:17, 71:19, 71:24, 72:9, 87:23, 88:12, 91:4, 92:11,

93:12, 95:11, 96:15, 98:7, 98:16, 98:21, 99:16, 99:25, 100:3, 100:8, 100:18, 105:12, 105:15, 105:24, 106:1, 117:11, 117:15, 117:18, 127:13, 127:15, 127:19, 130:9, 130:14, 132:17, 132:19, 132:23, 134:4, 134:8, 135:6, 135:10, 135:13, 136:13, 136:17, 136:20, 138:20, 138:21
muddied [1] - 96:2
multiple [3] - 69:25, 89:18, 92:1
muscle [2] - 50:16, 81:6
muscles [2] - 81:3, 81:6
musculoskeletal [1] - 56:6
must [2] - 27:22, 48:6

N

name [5] - 22:4, 23:16, 23:17, 100:5, 117:21
narrow [1] - 126:4
National [2] - 102:19, 102:20
national [2] - 114:11, 114:15
native [1] - 38:15
natural [2] - 53:1, 87:11
navigate [1] - 128:7
navigates [2] - 128:10, 128:12
navigating [1] - 131:4
necessarily [4] - 40:1, 57:16, 90:3, 94:21
necessary [6] - 42:4, 101:10, 113:16, 113:23, 114:5, 119:9
neck [1] - 106:23
need [27] - 6:1, 11:3, 19:5, 28:8, 37:6, 39:15, 39:24, 40:4, 58:20, 62:1, 65:23, 98:5, 109:25, 116:10, 116:25, 120:23, 121:15, 129:6, 129:12, 129:16, 129:17, 129:19, 129:20, 132:10, 132:14, 134:2, 137:1
needed [3] - 67:10, 137:4, 137:8
needs [12] - 22:19, 101:6, 101:10, 103:22, 120:20, 124:8, 124:25, 129:10, 131:11, 131:13, 132:11, 133:5
Netherlands [1] - 51:24
neurologist [3] - 68:4, 86:21, 87:6
Neurontin [4] - 116:15, 116:17, 116:19, 116:22
NEVADA [3] - 1:2, 3:1, 140:3
Nevada [6] - 93:14, 103:1, 103:6, 103:10, 140:13, 140:18
never [4] - 12:1, 129:1, 129:2, 132:4
new [16] - 6:15, 6:18, 6:21, 7:2, 8:3, 9:21, 10:25, 11:18, 13:17, 13:24, 14:7, 15:4, 15:18, 41:9, 47:7, 91:25
newspapers [2] - 89:3, 137:19
next [8] - 29:22, 98:9, 114:21, 118:8, 120:20, 129:6, 132:12, 138:16
nicotine [2] - 52:23, 53:11
NO [5] - 1:6, 1:8, 133:21, 134:1, 140:17
normal [8] - 37:20, 38:10, 49:19, 50:20, 76:9, 76:20, 76:22
note [9] - 2:15, 26:21, 27:23, 32:17, 34:9, 34:15, 36:10, 50:13
noted [2] - 82:10, 125:22
notes [2] - 22:12, 140:9
nothing [3] - 79:6, 109:7, 136:20
noticed [1] - 59:13
November [7] - 12:14, 13:15, 42:11, 43:2, 43:10, 43:17, 44:25
nowhere [1] - 17:7
noxious [1] - 55:2
nuance [1] - 22:2
nudged [1] - 6:10
numb [1] - 48:3
number [4] - 26:11, 96:9, 106:20, 129:13
numbness [1] - 86:16
nurse [2] - 38:24, 48:19
Nurse [8] - 5:10, 56:4, 66:3, 66:11, 66:17, 72:22, 78:21, 96:17
nutshell [1] - 32:1

O

o'clock [3] - 88:20, 89:10, 99:13
object [1] - 66:6
objected [1] - 44:16
objection [25] - 3:20, 15:8, 27:24, 28:3, 28:4, 31:8, 32:3, 32:21, 32:25, 33:3, 43:23, 44:2, 44:15, 56:18, 58:15, 58:19, 71:10, 71:16, 72:2, 72:5, 90:25, 91:15, 94:20, 127:13, 130:9
objections [5] - 14:18, 14:21, 31:4, 89:16, 94:22
objects [1] - 131:5
obstructed [4] - 30:1, 30:22, 30:25, 31:18
obstruction [2] - 25:17, 42:21
obstructive [1] - 46:5
obstructs [1] - 75:11
obtain [1] - 67:11
obtained [1] - 46:3
obtaining [1] - 109:6
obvious [1] - 80:19
obviously [6] - 14:8, 28:7, 78:17, 94:1, 96:18, 98:5
occasion [1] - 58:6
occasions [3] - 58:6, 59:17, 103:3
occlude [1] - 83:25
occluded [43] - 31:1, 31:23, 32:2, 32:5, 33:23, 33:25, 34:17, 35:3, 36:1, 36:2, 36:21, 36:22, 36:25, 37:2, 37:3, 37:5, 39:8, 39:16, 39:24, 39:25, 43:7, 43:16, 46:17, 46:18, 48:4, 52:7, 57:12, 57:21, 58:12, 66:5, 66:19, 69:4, 69:21, 70:23, 80:15, 82:9, 82:23, 82:24, 82:25, 83:20, 84:7
occludes [1] - 81:7
occlusion [26] - 17:6, 25:5, 33:15, 36:6, 42:12, 42:21, 45:16, 46:10, 46:14, 46:24, 47:3, 52:2, 57:2, 57:8, 66:23, 78:17, 82:16, 82:19, 82:21, 83:2, 83:15, 83:16, 86:4, 86:6, 86:24
occur [5] - 25:12, 74:2, 74:6, 80:10, 90:22
occurred [6] - 18:7, 28:14, 28:17, 28:19, 79:16, 86:19
occurring [1] - 94:20
occurs [1] - 108:21
odd [1] - 137:10
OF [4] - 1:13, 140:3, 140:4
Off-record [1] - 6:19
offensive [1] - 132:6
offer [3] - 9:15, 27:9, 71:2
offered [2] - 9:16, 71:3
offering [2] - 4:20, 7:24
office [4] - 5:18, 26:20, 44:14, 65:21
Office [1] - 2:15
often [5] - 30:17, 58:2, 63:14, 63:15, 77:14
Oklahoma [1] - 101:25
old [7] - 6:16, 6:17, 60:15, 61:2, 61:3, 84:1
older [2] - 84:23, 85:1
once [4] - 20:9, 62:9, 99:2, 113:7
one [71] - 4:9, 4:23, 5:13, 7:8, 7:11, 7:13, 10:2, 11:10, 13:21, 14:5, 14:9, 15:3, 17:2, 17:7, 18:25, 20:14, 24:16, 32:14, 35:24, 38:7, 39:19, 44:18, 44:19, 51:10, 52:3, 55:23, 57:14, 58:23, 60:25, 63:17, 64:19, 64:23, 65:18, 66:1, 66:8, 67:13, 69:12, 70:15, 70:17, 72:21, 73:8, 76:16, 77:19, 78:1, 78:20, 81:11, 82:13, 82:15, 85:13, 93:9, 94:12, 95:10, 95:22, 97:23, 98:7, 98:13, 108:20, 109:22, 117:22, 118:11, 120:18, 122:15, 122:16, 122:17, 122:19, 122:20, 125:6, 129:1, 133:18
ones [2] - 102:22, 109:12
oOo [1] - 139:5
open [7] - 9:20, 28:10, 42:3, 83:13, 90:13, 92:4, 98:14
open-ended [2] - 28:10, 92:4
opened [1] - 41:3
opening [1] - 31:19
operation [7] - 29:5, 35:8, 43:13, 43:20, 44:23, 45:1, 81:19
operative [1] - 85:12
opine [2] - 94:10, 94:11
opinion [129] - 5:5, 6:14, 6:15, 6:17, 6:18, 6:21, 7:2, 8:4, 12:22, 12:25, 13:1, 13:5, 13:14, 13:17, 13:24, 13:25, 14:7, 14:15, 14:17, 15:5, 15:18, 15:19, 16:18, 17:6, 33:6, 33:12, 34:3, 35:1, 35:10, 35:15, 36:9, 36:20, 39:4, 39:6, 39:19, 40:9, 40:15, 40:21, 40:23, 41:6, 41:15, 43:21, 45:20, 46:8, 46:13, 47:8, 47:18, 48:10, 48:13, 48:14, 48:17, 48:22, 49:14, 50:9, 50:25, 51:4, 51:14, 52:3, 52:12, 52:18, 52:25, 53:10, 54:22, 55:23, 56:24, 57:14, 58:23, 59:7, 60:3, 60:9, 60:16, 60:25, 61:13, 61:22, 62:7, 63:17, 64:23, 65:22, 66:1, 66:16, 66:22, 67:13, 69:12, 72:20, 73:21, 73:25, 74:4, 74:8, 74:12, 74:16, 74:23, 75:4, 75:15, 77:19, 77:23, 78:1, 78:20, 78:24, 79:1, 79:5, 80:2,

80:4, 82:8, 82:15, 84:5, 85:1, 85:5, 85:13, 86:2, 86:10, 87:8, 89:8, 90:5, 90:14, 91:9, 95:3, 95:24, 97:18, 107:11, 109:3, 110:24, 120:25, 121:3, 121:4, 121:8, 121:20, 129:6, 138:1
opinions [49] - 4:5, 4:11, 4:20, 7:25, 8:13, 8:17, 8:22, 8:24, 9:2, 9:4, 9:5, 9:15, 9:19, 9:20, 11:1, 11:23, 13:1, 14:1, 71:2, 72:11, 79:2, 91:6, 94:2, 94:8, 94:14, 94:24, 95:14, 95:17, 95:23, 96:22, 96:25, 97:2, 97:5, 97:7, 97:9, 97:10, 104:7, 104:24, 117:7, 119:11, 127:9, 133:4, 133:13, 134:17, 135:25, 136:6
opportunity [4] - 20:7, 31:13, 65:9, 98:12
opposed [4] - 16:5, 64:24, 75:9, 110:19
option [2] - 20:2, 98:4
order [14] - 5:14, 5:23, 17:21, 20:23, 21:20, 21:24, 64:25, 77:1, 77:9, 77:15, 77:17, 97:1, 98:8, 99:13
Order [2] - 4:17, 7:23
ordered [1] - 74:13
orders [3] - 5:9, 5:11, 5:12
ordinarily [2] - 25:21, 42:7
original [2] - 62:2, 140:9
otherwise [2] - 18:13, 25:6
outflow [2] - 77:2, 77:17
outpatient [4] - 63:15, 64:21, 65:20, 65:22
Outside [2] - 3:5, 89:12
outside [5] - 3:11, 107:17, 123:1, 123:6, 124:19
overall [1] - 121:17
overcome [1] - 113:4
overnight [1] - 137:13
overruled [5] - 44:19, 56:19, 58:20, 90:24, 130:10
overview [1] - 50:5
own [4] - 97:5, 102:13, 111:20, 113:1
Oxycodone [1] - 118:17
OxyContin [2] - 118:10, 136:9
oxygen [1] - 73:20

P

p.m [1] - 139:4
P.M [2] - 1:14, 3:2
page [7] - 5:5, 13:1, 26:12, 26:14, 26:16, 105:3, 105:5
PAGE [1] - 2:2
pages [1] - 3:15
pain [38] - 42:15, 49:2, 49:25, 50:3, 50:11, 50:15, 50:17, 50:22, 50:23, 51:10, 59:13, 66:25, 67:24, 67:25, 68:3, 73:1, 74:18, 86:13, 108:21, 111:17, 111:18, 111:20, 111:24, 112:1, 112:3, 112:5, 115:21, 115:24, 115:25, 116:5, 116:11, 116:15, 116:21, 118:7, 118:17
painful [1] - 86:20
pale [1] - 49:4
palpable [1] - 41:22
palpated [1] - 41:10
palpating [1] - 25:20
palpation [1] - 25:18
paragraph [3] - 107:8, 107:9, 110:23
paraplegic [2] - 110:12, 114:4
pardon [1] - 118:1
part [21] - 8:24, 9:14, 29:19, 39:14, 52:15, 62:10, 68:9, 68:21, 76:7, 90:23, 103:16, 106:3, 106:4, 106:7, 108:13, 112:13, 113:20, 121:3, 135:25, 136:5, 138:23
particular [6] - 26:11, 91:19, 103:12, 103:19, 104:1, 104:5
particularly [6] - 49:7, 51:22, 59:14, 63:24, 69:22, 114:9
parties [1] - 138:24
pass [1] - 138:7
past [8] - 27:15, 57:23, 66:24, 70:1, 70:8, 73:4, 74:19, 74:21
pathophysiologicall y [1] - 53:7
patient [16] - 29:5, 29:15, 49:9, 52:16, 53:4, 54:20, 55:4, 62:18, 63:20, 63:23, 64:7, 64:9, 64:10, 65:23, 70:19, 70:21
patient's [3] - 55:8, 59:10, 133:9
patients [11] - 25:14, 51:25, 53:2, 54:16, 55:11, 65:2, 106:4, 106:18, 107:3, 110:6, 112:23
Pause [1] - 99:1
payments [1] - 54:8
pending [1] - 33:1
people [11] - 37:17, 97:22, 106:21, 109:14, 110:9, 113:2, 113:4, 113:6, 130:16, 131:16, 131:19
per [1] - 38:11
percent [2] - 51:25, 118:7
perfectly [1] - 22:11
perform [3] - 111:1, 111:5, 111:9
performed [1] - 29:5
performing [1] - 106:2
perfused [1] - 36:15
perhaps [7] - 41:5, 42:18, 45:1, 50:3, 50:17, 92:6, 119:2
period [4] - 41:5, 55:8, 57:22, 84:20
peripheral [10] - 28:25, 29:16, 51:20, 52:5, 52:11, 52:17, 52:20, 53:2, 54:17, 54:23
permissible [1] - 91:17
permitted [2] - 90:8, 90:10
persisted [3] - 46:2, 50:12, 50:23
person [16] - 18:19, 19:7, 19:22, 89:1, 91:20, 96:21, 97:24, 108:25, 109:2, 110:17, 110:19, 111:21, 113:25, 114:12, 115:4, 137:17
person's [2] - 101:3, 102:9
personal [4] - 4:11, 60:18, 111:1, 111:5
persons [1] - 52:11
perspective [1] - 90:7
pertains [1] - 30:8
phantom [4] - 111:18, 111:24, 116:15, 116:21
Phil [1] - 117:21
PHILIP [1] - 1:20
physical [6] - 60:5, 60:23, 61:10, 62:13, 75:23, 101:2
Physical [1] - 102:18
physician [5] - 64:20, 112:2, 115:24, 116:11, 122:5
physicians [2] - 42:18, 53:25
picturesque [1] - 70:14
pinprick [1] - 59:25
place [2] - 16:21, 140:10
plaintiff [4] - 26:4, 103:13, 103:17, 134:10
plaintiff's [5] - 21:22, 24:25, 47:13, 47:20, 104:20
Plaintiffs [2] - 1:5, 1:18
plaintiffs [1] - 97:12
plan [3] - 20:16, 98:24, 118:5
Plan [4] - 103:25, 119:4, 119:7, 133:1
Planners [1] - 102:21
planning [3] - 20:17, 98:19, 100:23
plans [5] - 103:17, 103:23, 106:9, 110:7, 113:6
plant [1] - 18:19
plastic [2] - 37:11, 69:23
platform [2] - 124:9, 124:10
plenty [1] - 93:12
plug [1] - 98:1
plug-ins [1] - 98:1
plugging [1] - 19:14
plus [1] - 115:18
podium [1] - 23:4
point [14] - 5:22, 30:4, 35:8, 36:17, 42:17, 42:20, 46:7, 62:20, 77:3, 93:7, 98:8, 98:13, 107:13, 121:21
points [1] - 14:9
poly [1] - 69:22
poor [2] - 108:19, 108:21
popliteal [19] - 30:15, 40:24, 41:20, 42:25, 43:5, 43:10, 57:3, 57:9, 57:12, 58:13, 66:5, 69:3, 78:17, 83:4, 83:8, 83:16, 84:8, 85:10, 86:4
populations [1] - 63:20
port [1] - 19:13
portion [1] - 105:4
position [5] - 16:16, 42:5, 47:13, 47:20, 54:11
positions [1] - 110:17
positive [1] - 113:11
possible [2] - 84:17, 101:16
possibly [2] - 39:8, 39:16
posted [1] - 6:9
potential [5] - 19:7, 73:22, 74:5, 78:9, 96:10
potentially [3] - 15:17, 18:6, 63:24
power [1] - 63:3
practice [5] - 15:1, 90:20, 102:13, 106:4, 106:5
practiced [2] - 60:15, 61:2
practicing [2] - 61:2, 102:12
practitioner [3] - 38:24, 48:19, 60:21
Practitioner [8] - 5:10, 56:5, 66:3, 66:11, 66:17, 72:22, 78:21, 96:17
practitioners [1] - 64:24
precipitated [1] - 82:3
precise [3] - 15:14, 16:25, 91:14
preclude [4] - 10:9, 13:21, 17:24, 18:8
precluded [2] - 4:20, 7:24
preclusion [1] - 17:17

predict [1] - 80:9
predictable [2] - 80:5, 87:12
preexisting [2] - 82:18, 82:20
prejudice [1] - 18:3
prejudiced [1] - 9:12
preparation [1] - 64:9
prepare [4] - 103:17, 103:25, 104:23, 132:25
prepared [4] - 8:13, 103:24, 120:19, 140:10
prescribed [1] - 116:21
prescription [2] - 116:14, 116:16
presence [6] - 3:5, 3:12, 25:25, 73:5, 75:5, 89:12
present [12] - 27:20, 35:7, 46:22, 58:7, 66:24, 67:15, 67:17, 67:20, 74:14, 79:12, 84:16, 87:15
presentation [8] - 52:8, 58:25, 67:22, 68:7, 69:14, 69:19, 70:3, 70:9
presented [2] - 79:25, 80:19
presents [1] - 29:16
presiding [1] - 140:12
pressure [5] - 25:19, 25:22, 55:5, 55:13, 110:15
pretty [3] - 57:25, 86:16, 101:14
prevent [4] - 7:1, 42:6, 109:5, 109:9
prevents [2] - 73:19, 135:3
previous [1] - 58:6
previously [4] - 17:19, 29:6, 82:24, 116:6
primary [1] - 74:13
probability [5] - 79:3, 79:9, 85:9, 117:9, 122:3
Problem [1] - 27:5
problem [8] - 4:25, 11:16, 16:22, 35:6, 45:6, 111:14, 130:4, 139:1
problems [5] - 64:7, 106:24, 108:20, 131:3
procedure [4] - 40:25, 41:7, 41:21, 43:5
procedures [1] - 70:1
proceed [5] - 22:16, 23:20, 26:10, 31:15, 33:4
proceeded [1] - 46:6
PROCEEDINGS [1] - 1:13
proceedings [3] - 99:1, 139:4, 140:8
process [3] - 44:13, 67:12, 87:10
profession [1] - 100:20
professional [6] - 102:16, 117:9, 121:22, 121:24, 122:6, 129:5
professor [2] - 24:17, 53:20
ProForma [1] - 4:8
profunda [22] - 35:21, 80:17, 80:22, 80:24, 81:7, 81:9, 81:15, 82:1, 82:3, 82:8, 82:11, 82:16, 82:25, 83:3, 83:5, 83:7, 83:10, 83:11, 83:13, 83:14, 83:19, 86:7
program [1] - 55:12
progress [1] - 54:24
progression [5] - 44:22, 53:1, 53:9, 53:16, 87:11
pronounce [2] - 47:22, 53:8
proper [1] - 109:6
properly [1] - 13:12
proponent [1] - 4:1
proposed [4] - 5:10, 17:21, 19:16, 98:18
prosthesis [23] - 107:19, 108:3, 108:9, 108:14, 108:20, 108:22, 108:23, 108:25, 109:2, 109:6, 111:6, 120:4, 120:6, 120:10, 120:21, 121:13, 122:11, 125:3, 130:5, 130:17, 130:22, 135:4
prosthetist [3] - 109:1, 120:18, 130:12
provide [3] - 33:19, 93:16, 110:7
provided [9] - 5:14, 46:10, 104:6, 104:9, 107:18, 114:2, 129:17, 130:1, 130:2
provider [2] - 65:19, 65:20
providers [1] - 65:23
provides [2] - 8:9, 128:25
providing [2] - 5:15, 115:13
Ps [6] - 60:10, 60:14, 61:1, 61:9, 61:14, 62:13
psychological [2] - 100:22, 102:7
psychology [2] - 101:23, 116:24
psychotherapy [1] - 117:1
pulls [1] - 124:7
pulmonary [3] - 73:16, 73:23, 74:10
pulse [5] - 25:10, 25:18, 25:21, 25:23, 25:24
pulses [8] - 41:1, 41:7, 41:10, 41:14, 41:22, 42:4, 42:6, 42:8
pump [1] - 78:3
purple [2] - 49:5, 59:22
purpose [2] - 5:5, 77:11
purposes [5] - 15:13, 16:2, 30:18, 34:6, 65:13
put [6] - 5:18, 39:21, 68:17, 124:6, 130:7, 130:8
putting [1] - 48:5

Q

quadriplegic [2] - 110:13, 114:3
qualified [2] - 71:5, 72:11
quality [1] - 118:8
questioning [7] - 9:14, 17:24, 93:21, 93:22, 94:4, 94:23, 95:1
questions [28] - 17:14, 24:23, 26:3, 28:7, 31:5, 47:7, 71:1, 89:18, 89:24, 90:8, 90:10, 90:11, 91:7, 91:24, 92:1, 92:14, 92:20, 92:23, 94:17, 94:18, 95:5, 96:5, 117:23, 132:20, 133:24, 136:18, 136:21
quick [2] - 18:17, 109:10
quickly [4] - 68:4, 89:14, 101:16, 105:3
quite [3] - 38:6, 43:2, 86:19
quote [4] - 25:5, 60:14, 62:21, 70:9
quote-unquote [1] - 62:21

R

rack [3] - 123:25, 124:6, 124:12
radio [2] - 89:3, 137:20
radiofrequency [1] - 45:24
radiologist [2] - 83:23, 84:12
railings [2] - 114:8, 114:10
raised [1] - 93:24
raising [1] - 10:13
ran [1] - 99:10
range [3] - 109:21, 114:13, 114:15
ranges [1] - 114:13
rapidly [1] - 63:4
rare [1] - 16:6
rather [2] - 79:16, 86:6
re [4] - 39:20, 58:20, 71:20, 71:23
re-ask [4] - 39:20, 58:20, 71:20, 71:23
reach [3] - 61:14, 61:16, 99:19
react [2] - 70:15, 70:17
reaction [1] - 53:15
read [11] - 7:12, 7:13, 7:14, 24:23, 28:23, 29:13, 29:22, 68:14, 88:25, 131:7, 137:16
reading [4] - 47:17, 69:20, 72:15, 76:20
ready [6] - 21:11, 22:23, 23:7, 31:14, 65:10, 100:9
real [5] - 3:13, 6:4, 105:3, 109:10, 109:22
reality [1] - 12:25
really [16] - 10:10, 10:11, 12:21, 13:22, 21:9, 54:6, 86:17, 92:18, 94:20, 96:11, 108:24, 110:17, 120:22, 127:11, 131:9, 138:6
reappear [1] - 50:3
reason [12] - 6:5, 6:12, 6:15, 13:8, 74:13, 83:24, 83:25, 95:18, 99:11, 124:16, 124:25, 132:24
reasonable [8] - 56:11, 73:4, 79:3, 79:8, 85:8, 86:12, 117:8, 122:2
reasons [4] - 69:17, 85:2, 85:20, 96:20
rebuild [1] - 126:12
rebut [1] - 133:3
rebuttal [33] - 3:17, 3:23, 5:2, 6:13, 7:2, 8:3, 8:25, 10:10, 10:20, 10:23, 10:24, 11:6, 11:13, 11:19, 12:6, 12:9, 12:12, 13:16, 13:17, 13:22, 14:6, 14:7, 15:4, 15:17, 15:20, 16:2, 16:4, 16:8, 16:11, 16:18, 17:1, 17:25, 18:14
Rebuttal [3] - 17:10, 18:2, 18:10
rebuttals [1] - 5:2
received [2] - 36:5, 104:14
receiving [2] - 70:15, 70:17
recess [2] - 88:22, 137:13
reclining [2] - 110:14, 110:16
recognized [2] - 86:20, 103:9
recommend [6] - 32:7, 35:2, 120:5, 124:14, 125:17, 130:11
recommendation [6] - 34:16, 108:12, 108:15, 108:17, 114:20, 123:5
recommendations [5] - 109:25, 113:15, 119:8, 133:8, 136:10
recommended [6] - 34:23, 110:19, 111:12, 124:18, 132:15, 133:5
recommending [2] - 122:16, 122:19
reconvene [1] - 88:4
record [23] - 6:19, 7:21, 14:13, 15:14, 23:16, 28:9, 28:23, 29:14, 29:23, 45:22,

69:20, 71:22, 72:15, 79:11, 89:13, 90:21, 96:2, 100:5, 105:9, 126:9, 139:2
recorder [1] - 19:4
records [38] - 12:1, 33:22, 36:3, 36:7, 42:10, 42:24, 43:14, 44:10, 45:8, 45:15, 46:22, 56:10, 66:13, 81:23, 81:24, 82:6, 97:20, 104:6, 104:10, 104:12, 108:10, 109:7, 109:8, 111:22, 115:1, 115:23, 116:9, 119:14, 119:16, 119:17, 126:20, 126:24, 126:25, 127:2, 129:4, 134:21, 135:1
Recross [1] - 2:10
RECROSS [1] - 135:12
Recross-Examination [1] - 2:10
RECROSS-EXAMINATION [1] - 135:12
red [2] - 70:10, 70:12
Redirect [1] - 2:9
REDIRECT [1] - 132:22
redirect [1] - 136:14
reevaluate [1] - 34:20
refer [2] - 107:7, 132:2
reference [3] - 6:1, 93:11, 112:22
referred [3] - 60:10, 60:14, 112:14
referring [5] - 30:10, 32:24, 81:12, 91:5, 112:22
refit [2] - 108:8, 108:13
reflected [1] - 140:9
reflecting [1] - 17:21
reflects [2] - 90:21
regard [13] - 10:22, 18:5, 38:23, 38:24, 74:1, 92:9, 92:18, 96:5, 96:9, 96:10, 113:14, 114:19, 115:21
regarding [3] - 4:10, 94:17, 97:2
regardless [1] - 11:6
regular [1] - 90:20
rehab [5] - 101:21, 102:11, 104:20, 110:5, 133:7
Rehabilitation [3] - 102:18, 102:19, 102:20
rehabilitation [9] - 100:21, 100:23, 101:24, 102:5, 103:10, 106:8, 106:9, 113:6, 122:2
related [5] - 4:2, 6:14, 50:19, 88:17, 94:14
relatively [1] - 59:11
relief [1] - 6:8
relieved [3] - 50:1, 67:25, 86:14
relying [2] - 56:10, 72:14
remain [1] - 23:7
remaining [1] - 112:14
remember [1] - 3:21
remind [1] - 88:22
reminding [2] - 21:19, 88:10
renew [1] - 3:19
renovations [3] - 113:16, 113:23, 114:16
repair [2] - 81:22, 125:12
repeated [1] - 63:25
repeatedly [1] - 112:2
Report [1] - 17:10
report [60] - 3:15, 3:16, 5:4, 5:7, 6:13, 8:2, 8:3, 8:24, 8:25, 9:19, 9:20, 10:10, 10:11, 10:17, 10:20, 10:24, 11:6, 11:19, 12:6, 12:7, 12:10, 13:2, 13:5, 13:14, 13:16, 13:18, 13:22, 14:6, 14:14, 14:24, 15:4, 15:17, 15:20, 16:7, 16:23, 16:24, 17:1, 17:2, 17:5, 17:7, 17:15, 17:25, 18:2, 68:12, 68:14, 69:13, 70:16, 70:18, 88:25, 95:16, 95:23, 105:6, 107:10, 119:18, 137:16
reported [1] - 140:7
REPORTED [1] - 1:25
Reporter [1] - 140:18
reporter [2] - 19:2, 19:3
REPORTER'S [1] - 1:13
reporters [1] - 19:1
reports [23] - 3:18, 4:6, 4:21, 7:9, 7:25, 8:8, 8:12, 9:2, 10:4, 13:7, 13:20, 14:6, 14:10, 14:15, 15:3, 15:12, 16:3, 18:12, 18:14, 104:23, 105:18, 105:21
represent [4] - 60:12, 70:12, 134:9, 134:13
request [1] - 6:22
requested [2] - 6:25, 90:3
require [5] - 67:7, 114:20, 117:5, 125:24, 129:23
required [3] - 115:2, 115:18, 129:14
requires [1] - 114:17
research [1] - 137:24
resident [2] - 54:6, 54:8
residents [6] - 53:21, 53:23, 54:14, 54:15, 61:8
residual [1] - 132:3
resolved [1] - 99:11
respectfully [2] - 18:11, 91:23
respond [7] - 25:4, 58:1, 84:3, 103:23, 112:9, 127:8, 128:19
response [2] - 127:12, 128:2
responsive [1] - 42:16
rest [2] - 50:1, 51:11
result [5] - 79:17, 85:18, 108:21, 112:1, 115:18
results [1] - 84:21
resume [3] - 21:18, 22:6, 98:6
retained [1] - 115:5
return [6] - 75:11, 77:11, 78:8, 88:3, 88:20, 113:6
returned [1] - 94:25
returning [1] - 78:2
review [21] - 27:19, 33:22, 34:15, 42:10, 42:24, 45:15, 47:12, 50:8, 56:3, 66:2, 68:9, 68:17, 68:21, 72:19, 73:12, 87:20, 104:16, 104:19, 108:13, 116:9, 129:3
reviewed [20] - 66:10, 66:13, 68:9, 68:10, 82:5, 104:7, 107:12, 108:11, 109:4, 109:8, 110:25, 111:23, 115:1, 126:20, 126:23, 126:24, 127:1, 127:2, 134:21
reviewing [4] - 26:12, 101:6, 101:7, 104:22
revisiting [1] - 17:22
right-hand [2] - 26:19, 26:20
rise [2] - 89:11, 138:5
risk [4] - 63:24, 73:22, 74:5, 130:6
risking [1] - 62:17
risks [3] - 63:20, 63:22, 63:23
RN [1] - 1:9
ROBERT [1] - 1:22
ROE [1] - 1:10
role [4] - 103:20, 132:25, 133:3
room [6] - 67:23, 68:6, 79:14, 86:12, 86:23, 126:21
rooms [4] - 126:19, 127:5, 128:14, 128:17
Rose [1] - 104:10
roughly [3] - 43:6, 63:14, 102:10
routine [1] - 44:13
RPR [3] - 1:25, 140:6, 140:17
rubbery [2] - 58:1, 84:3
rule [3] - 13:3, 13:6, 94:21
rules [1] - 10:15
ruling [2] - 3:21, 8:23
runs [2] - 81:3, 81:4

S

salary [1] - 54:7
Samuel [2] - 22:24, 23:17
SAMUEL [3] - 2:3, 23:18, 24:2
San [1] - 101:23
saphenous [2] - 42:17, 45:25
sat [2] - 113:4, 119:3
satisfactory [5] - 77:3, 77:16, 77:17, 77:18, 79:14
saw [5] - 46:21, 56:7, 79:10, 109:7, 111:25
scanning [1] - 63:5
scenario [1] - 135:24
scene [1] - 137:21
schedule [1] - 101:13
scheduled [1] - 43:11
scheduling [6] - 20:15, 21:25, 22:10, 22:19, 137:2, 137:6
school [1] - 24:18
scooter [12] - 107:22, 107:23, 109:11, 109:20, 109:22, 110:3, 122:12, 122:13, 122:21, 124:6, 124:18
scooters [2] - 109:17, 123:17
scope [3] - 136:11, 136:14, 136:16
searches [2] - 89:7, 137:24
seat [7] - 21:17, 23:13, 99:5, 99:10, 99:19, 99:24, 110:14
seats [2] - 21:16, 99:9
second [7] - 4:1, 4:9, 4:10, 25:9, 64:13, 133:16, 133:17
secondary [1] - 77:2
secondly [2] - 69:21, 73:3
see [42] - 3:25, 4:3, 4:25, 5:8, 5:21, 18:2, 20:7, 23:4, 26:18, 26:20, 27:1, 27:6, 28:8, 28:10, 28:23, 29:10, 36:10, 43:9, 43:14, 44:10, 55:8, 56:3, 62:3, 68:3, 69:2, 70:10, 70:20, 75:13, 76:7, 78:12, 87:5, 87:16, 89:10, 98:1, 98:23, 108:10, 109:12, 112:2, 134:20, 138:3, 138:19
seed [1] - 18:19
seeing [1] - 8:5
seeking [1] - 90:18
segues [1] - 95:7
selected [1] - 44:24
send [2] - 65:2, 65:23
sensation [2] - 49:8, 59:25
sense [4] - 28:2, 41:23, 87:1, 96:20
sentence [3] - 29:13, 29:23, 30:5
separate [2] - 17:16, 97:4
September [3] - 105:7, 107:10, 107:13
serious [2] - 87:2,

127:21
served [4] - 12:8, 12:9, 102:23, 103:12
services [1] - 101:9
SERVICES [1] - 1:8
serving [1] - 103:14
session [4] - 19:19, 19:25, 20:1, 20:6
SESSION [1] - 1:14
set [1] - 28:8
setup [1] - 19:6
seven [1] - 66:25
seven-out-of-ten [1] - 66:25
several [4] - 64:10, 110:16, 120:9, 121:5
severe [4] - 49:2, 59:13, 68:3, 86:20
severity [1] - 117:5
SFA [3] - 30:1, 30:10, 30:14
shape [1] - 86:12
shoot [1] - 76:12
short [3] - 97:1, 101:16, 107:9
short-circuit [3] - 97:1, 101:16, 107:9
shorter [2] - 50:4, 124:16
shorthand [1] - 140:9
show [4] - 34:5, 36:8, 63:13, 75:6
showed [7] - 34:7, 46:4, 46:14, 48:4, 51:25, 57:8, 112:23
shows [1] - 78:16
side [7] - 8:19, 21:24, 22:7, 42:17, 45:25, 46:1, 97:23
sided [2] - 29:17, 29:20
sides [2] - 8:25, 42:15
sign [1] - 64:7
signal [2] - 49:12, 59:23
signed [2] - 5:25, 7:22
significance [1] - 76:22
significant [7] - 25:15, 111:25, 120:5, 121:6, 134:15, 134:19, 134:23
signifying [1] - 67:19
signs [1] - 48:20
Simon [1] - 45:23
simple [1] - 62:24
simply [2] - 90:17, 97:1
single [1] - 53:13
single-cell [1] - 53:13
sit [3] - 108:2, 109:14, 128:9
sits [1] - 35:25
situation [7] - 11:11, 40:3, 40:5, 53:4, 57:20, 72:16, 120:14
six [7] - 29:6, 34:13, 34:19, 55:15, 70:12, 82:24, 103:8
skin [8] - 49:10, 59:20, 60:1, 61:17, 108:20, 121:17, 130:4, 135:2
sleeps [1] - 126:16
slick [1] - 114:9
slight [1] - 60:17
slightly [2] - 37:20, 88:21
small [2] - 33:17, 124:24
smaller [2] - 25:16, 37:19
smoke [2] - 51:23, 53:4
smoker [1] - 54:20
smoking [18] - 6:14, 11:16, 11:17, 12:23, 14:10, 14:14, 14:17, 16:14, 16:16, 16:17, 17:8, 17:12, 18:5, 51:23, 52:10, 53:1, 55:12
social [2] - 89:5, 102:1
someone [1] - 114:16
sometimes [3] - 47:21, 75:24, 114:1
somewhere [1] - 65:23
son [3] - 134:10, 135:15, 136:1
sooner [1] - 16:5
sorry [11] - 4:18, 6:7, 14:13, 22:22, 44:3, 44:21, 67:18, 81:4, 86:15, 100:3
sort [8] - 4:8, 10:1, 60:18, 93:21, 94:15, 94:22, 110:9
sorts [1] - 106:17
sound [1] - 70:11
sounding [1] - 15:12
sounds [3] - 21:8, 79:23, 85:5
source [3] - 35:17, 81:25, 135:2
special [1] - 63:7
specialist [5] - 100:21, 101:21, 102:11, 110:6, 133:7
specializing [1] - 54:1
specialty [1] - 126:2
specific [2] - 93:11, 129:13
specifically [8] - 8:9, 8:11, 34:23, 35:14, 52:9, 95:5, 125:5, 129:17
specifics [2] - 11:3, 128:12
specified [1] - 93:9
speculating [2] - 45:4, 45:9
speculation [1] - 43:23
speculative [2] - 44:18, 45:11
spell [2] - 23:16, 100:5
spend [3] - 18:18, 118:21, 132:10
spinal [2] - 110:12, 110:18
squarely [1] - 93:7
squeezing [1] - 76:12
squirt [1] - 62:22
SS [1] - 140:3
St [1] - 104:10
stability [1] - 107:17
stage [1] - 58:1
stairs [2] - 131:4
stand [3] - 23:5, 99:17, 134:14
standard [35] - 15:1, 38:22, 39:2, 39:6, 39:10, 39:14, 39:18, 59:8, 64:19, 65:15, 65:18, 75:25, 76:6, 93:24, 94:2, 94:8, 94:10, 94:12, 94:24, 95:3, 95:14, 95:17, 95:21, 95:23, 96:3, 96:22, 96:25, 97:5, 97:6, 97:7, 97:8, 97:13, 97:14, 97:17
standing [2] - 23:7, 69:10
start [6] - 20:3, 22:3, 72:6, 105:5, 137:11, 138:9
started [2] - 3:17, 99:5
starting [2] - 30:4, 98:18
State [2] - 101:25, 103:1
state [3] - 23:15, 93:13, 100:4
STATE [1] - 140:3
statements [1] - 91:16
states [2] - 79:11, 86:15
static [1] - 77:14
status [1] - 34:20
statutory [1] - 91:10
stay [1] - 20:10
staying [1] - 134:3
step [1] - 23:6
still [17] - 3:24, 4:13, 6:9, 9:24, 25:23, 36:1, 36:2, 60:22, 61:6, 70:25, 90:13, 97:21, 116:5, 118:9, 127:11, 136:9, 137:8
stipulate [1] - 127:16
stipulated [7] - 4:15, 4:17, 5:12, 7:13, 10:3, 14:25, 26:4
Stipulated [2] - 7:14, 7:22
Stipulation [1] - 4:17
stipulation [2] - 7:16, 7:23
stock [1] - 138:13
stop [1] - 17:1
store [2] - 109:13, 122:25
straight [2] - 23:3, 23:5
strain [2] - 50:16, 56:6
strip [1] - 51:9
study [3] - 51:24, 84:18, 126:15
stuff [1] - 9:21
stump [6] - 111:17, 111:24, 112:5, 112:15, 112:22, 132:3
stunned [1] - 95:15
sturdy [2] - 122:17, 122:20
styled [9] - 7:22, 11:7, 11:19, 12:5, 13:16, 14:1, 15:4, 17:10, 18:2
subject [5] - 88:24, 89:8, 90:6, 137:15, 138:1
submarine [1] - 70:10
submitted [2] - 89:9, 138:2
subsequent [1] - 104:12
subsequently [1] - 41:3
subsided [1] - 68:1
substance [1] - 18:9
substitute [1] - 61:1
successful [9] - 42:8, 58:5, 84:11, 84:13, 84:14, 84:15, 84:17, 85:17, 113:9
suddenly [3] - 59:12, 79:17, 80:21
suffered [1] - 134:24
suffering [1] - 107:4
suffers [1] - 135:3
sufficiency [1] - 76:17
sufficient [10] - 25:15, 30:18, 32:5, 33:17, 57:18, 73:20, 77:4, 77:8, 77:10, 77:13
suggest [6] - 13:4, 70:1, 70:21, 124:25, 134:21, 135:2
suggested [1] - 46:5
suggests [2] - 76:20, 76:25
summaries [1] - 92:20
summarize [1] - 107:11
summary [4] - 60:7, 79:20, 79:21, 92:22
superficial [5] - 30:1, 35:23, 52:2, 81:2, 81:7
supplement [1] - 6:17
supplemental [14] - 8:8, 8:24, 10:11, 10:16, 10:24, 11:2, 11:6, 11:12, 12:7, 13:25, 16:3, 16:8, 16:9, 18:1
supplementing [1] - 11:23
supplements [4] - 4:21, 5:1, 8:1, 10:4
supplied [1] - 31:7
supplies [2] - 35:22, 81:20
supply [8] - 51:9, 51:12, 80:16, 80:17, 80:25, 82:12, 90:17, 93:13
supplying [2] - 80:14, 89:22
support [4] - 47:19, 54:10, 82:8, 91:10
supported [2] - 54:8, 54:9
supports [1] - 50:24
supposed [1] - 89:20
surfaces [1] - 114:8
surgeon [12] - 24:12, 24:14, 26:24, 32:11, 51:19, 53:20, 64:20, 67:1, 67:11, 70:22
surgeons [2] - 53:24, 96:19
surgery [16] - 24:18, 25:7, 42:25, 43:1, 43:10, 43:11, 43:16, 44:12, 46:7, 53:21, 54:1, 67:7, 84:19,

84:22, 97:3, 97:16
surgical [1] - 62:5
surprise [1] - 8:19
surprised [3] - 95:11, 95:13, 95:16
suspected [1] - 42:14
suspicion [1] - 75:19
sustain [4] - 28:10, 33:19, 72:1, 94:21
sustained [5] - 33:3, 43:24, 44:2, 44:4, 90:25
swab [1] - 60:1
swear [2] - 23:8, 99:21
sworn [4] - 23:11, 24:3, 99:22, 100:14
symptom [2] - 49:23, 73:2
symptoms [6] - 46:2, 48:20, 52:1, 55:9, 79:17, 87:14
synonymous [1] - 30:13
synonyms [2] - 31:21, 32:13
synthetic [2] - 37:11, 37:18
system [1] - 64:12
systemic [1] - 38:6

T

tables [1] - 23:3
Tabor [1] - 102:1
tasks [1] - 122:22
tat [1] - 10:1
Tavaglione [3] - 140:6, 140:16, 140:17
TAVAGLIONE [1] - 1:25
teach [5] - 53:21, 54:13, 54:15, 54:16, 61:8
technical [1] - 99:10
technology [1] - 60:21
television [2] - 89:3, 137:20
temperature [1] - 49:8
ten [7] - 50:2, 66:25, 98:10, 114:21, 117:1, 118:5, 120:20
tends [1] - 107:23
term [6] - 32:10, 77:6, 112:4, 112:7, 112:20, 132:6
terminology [1] - 112:4
terms [11] - 3:22, 29:2, 32:13, 34:16, 36:12, 73:16, 76:19, 106:8, 128:1, 130:22, 138:14
terrain [1] - 131:5
TERRY [1] - 1:9
test [7] - 61:25, 62:1, 62:6, 62:18, 63:6, 65:3, 76:7
testified [20] - 9:6, 24:4, 61:19, 62:20, 64:17, 65:18, 69:9, 70:7, 71:8, 73:7, 74:20, 92:22, 92:25, 97:4, 100:15, 102:24, 103:4, 118:23, 131:15, 134:14
testify [19] - 3:22, 8:14, 14:25, 20:17, 24:3, 28:9, 38:21, 38:25, 39:2, 95:21, 96:4, 97:2, 97:6, 97:8, 97:12, 97:14, 97:15, 97:17, 100:14
testifying [2] - 3:14, 96:3
testimony [17] - 3:19, 4:12, 4:22, 7:10, 8:1, 9:9, 10:5, 10:9, 20:11, 22:12, 88:2, 89:15, 94:16, 101:15, 105:21, 112:5, 124:8
testing [1] - 102:7
tests [2] - 63:13, 67:11
THE [131] - 1:1, 1:15, 3:6, 3:10, 3:24, 4:7, 5:8, 5:20, 6:7, 6:20, 7:5, 7:11, 7:20, 9:10, 9:23, 10:21, 11:18, 11:21, 12:3, 12:11, 12:15, 12:18, 13:9, 14:12, 14:19, 14:22, 15:3, 15:7, 15:10, 15:16, 15:23, 16:25, 17:9, 17:18, 18:16, 19:13, 19:15, 19:16, 19:20, 20:25, 21:3, 21:8, 21:13, 21:15, 23:1, 23:12, 23:13, 23:14, 23:15, 23:17, 23:19, 26:6, 26:10, 28:4, 31:3, 31:11, 31:13, 32:4, 32:23, 32:24, 32:25, 33:3, 43:24, 43:25, 44:1, 44:3, 44:4, 44:6, 44:7, 44:17, 45:3, 45:5, 45:6, 56:19, 56:20, 58:16, 58:19, 65:6, 65:8, 66:7, 68:18, 71:11, 71:14, 71:21, 72:1, 87:25, 88:7, 88:9, 88:13, 89:11, 89:13, 91:13, 93:5, 93:18, 95:25, 97:20, 98:17, 98:23, 99:2, 99:8, 99:18, 99:23, 99:24, 100:1, 100:2, 100:4, 100:6, 100:7, 100:9, 105:9, 105:13, 105:20, 117:13, 127:17, 130:10, 130:11, 133:16, 133:18, 133:20, 133:22, 134:6, 135:8, 136:15, 136:19, 136:21, 136:25, 137:1, 137:4, 138:5, 138:6, 138:25
theirs [1] - 22:15
theoretically [1] - 96:24
therapy [5] - 55:16, 57:22, 83:24, 84:22, 117:5
therefor [1] - 16:12
therefore [1] - 74:16
thereto [3] - 4:22, 8:23, 10:5
Thereupon [2] - 24:1, 100:12
they've [2] - 5:25, 54:17
thinking [3] - 46:1, 54:22, 98:18
thinner [1] - 37:18
third [3] - 4:19, 107:8, 107:9
threatened [1] - 67:8
three [14] - 43:4, 43:6, 43:19, 43:22, 44:11, 50:15, 55:14, 67:15, 80:6, 84:21, 84:23, 85:2, 85:6, 85:24
thrombolytics [1] - 85:15
thrombosis [9] - 27:7, 27:11, 27:20, 73:2, 73:5, 74:3, 74:19, 75:6, 76:15
THURSDAY [1] - 3:1
Thursday [1] - 137:10
tight [1] - 101:14
tissue [1] - 58:4
tit [1] - 10:1
tit-for-tat [1] - 10:1
title [1] - 50:18
titled [1] - 18:10
tobacco [6] - 52:13, 52:16, 52:17, 53:8, 54:17, 54:21
today [19] - 3:15, 19:23, 20:4, 20:15, 22:16, 22:18, 22:22, 30:18, 35:25, 38:21, 54:5, 55:7, 55:16, 99:12, 101:14, 108:2, 123:20, 128:9, 132:18
toes [3] - 49:7, 59:15, 59:24
together [1] - 48:5
tomographic [1] - 63:7
tomorrow [21] - 18:21, 19:18, 20:1, 20:16, 20:24, 22:9, 22:18, 22:20, 22:22, 88:3, 88:18, 92:18, 93:4, 98:4, 137:7, 137:9, 138:3, 138:9, 138:13, 138:15, 138:19
took [2] - 9:13, 112:6
tool [1] - 63:4
top [1] - 26:19
topic [3] - 91:2, 91:19, 91:25
topics [1] - 90:9
total [1] - 103:3
totally [1] - 68:6
touching [1] - 60:1
towards [3] - 63:2, 75:20, 76:13
town [1] - 109:13
TPA [1] - 84:4
track [1] - 22:13
traditionally [1] - 130:1
training [4] - 53:24, 101:20, 116:24, 133:6
TRANSCRIPT [1] - 1:13
transition [2] - 90:9, 91:24
transport [1] - 124:12
trauma [1] - 113:5
traumatic [1] - 106:20
traveled [1] - 73:18
traveling [1] - 122:25
treat [3] - 55:5, 110:7
treated [4] - 43:17, 47:3, 133:9, 134:22
treating [3] - 26:24, 46:23, 115:23
treatment [12] - 36:5, 36:12, 42:16, 45:23, 55:7, 62:9, 64:18, 67:2, 73:3, 104:13, 136:10
TRIAL [1] - 1:13
trial [22] - 3:17, 8:14, 16:6, 16:11, 18:5, 18:7, 18:22, 20:3, 88:25, 89:1, 89:2, 89:9, 102:24, 103:4, 105:22, 137:11, 137:16, 137:17, 137:18, 137:22, 138:1, 138:14
tried [1] - 121:12
triple [1] - 55:16
trouble [2] - 87:3, 92:19
true [3] - 3:25, 69:6, 140:8
truly [2] - 13:24, 14:7
trunks [1] - 123:21
truth [2] - 24:4, 100:15
try [3] - 24:22, 101:15, 125:10
trying [11] - 6:21, 7:21, 11:8, 13:15, 15:14, 15:23, 31:8, 60:7, 97:1, 120:17, 138:6
tube [3] - 37:11, 63:11
tubules [1] - 64:5
Tuesday [1] - 138:16
turn [2] - 49:5, 59:22
turns [2] - 9:25, 10:3
twice [1] - 99:3
two [20] - 3:15, 5:5, 13:1, 13:9, 13:13, 14:4, 14:9, 14:18, 14:21, 18:14, 18:25, 48:5, 51:10, 58:5, 59:17, 80:25, 82:24, 84:6, 89:14, 134:5
two-page [2] - 5:5, 13:1
type [12] - 4:8, 49:25, 69:22, 101:9, 109:17, 111:19, 112:3, 113:22, 117:5, 123:10, 128:20, 128:22
types [2] - 91:8, 113:22
typical [7] - 38:3, 49:23, 50:12, 52:8, 67:22, 67:23, 109:19
typically [3] - 35:22, 56:20, 110:6

U

ultimate [4] - 91:9,

91:16, 91:18, 93:1
ultimately [6] - 14:2, 75:12, 89:20, 91:25, 96:8, 97:23
ultrasound [28] - 46:3, 48:4, 57:1, 57:2, 57:8, 57:12, 58:25, 66:20, 66:23, 68:10, 68:14, 68:20, 69:10, 69:13, 70:7, 72:19, 74:13, 75:5, 75:8, 75:12, 75:16, 75:17, 75:22, 75:25, 76:5, 76:16, 78:13, 78:16
unable [6] - 83:21, 123:16, 125:14, 125:16, 126:21, 131:18
unavailable [1] - 97:11
unaware [1] - 134:15
uncommon [1] - 69:24
under [5] - 27:4, 27:5, 28:22, 28:23, 50:17
undergoing [1] - 45:23
understood [2] - 17:9, 91:15
undertake [1] - 137:23
undiagnosed [1] - 73:22
uneven [1] - 131:5
unexpected [1] - 97:19
unexpectedly [2] - 131:21, 132:1
University [2] - 101:23, 101:25
unless [2] - 37:16, 124:23
unpredictable [1] - 87:1
unprofessional [1] - 132:2
unquote [1] - 62:21
unreasonable [1] - 97:19
up [49] - 5:6, 6:5, 6:13, 6:16, 10:25, 11:17, 14:14, 16:5, 16:10, 16:14, 16:18, 16:20, 20:24, 21:10, 22:1, 23:6, 25:16, 26:16, 26:17, 28:8, 29:19, 45:17, 46:19, 46:24, 51:12, 55:11, 57:18, 63:2, 68:17, 70:21, 71:22, 73:18, 76:13, 84:18, 84:20, 89:19, 95:5, 98:6, 104:14, 107:12, 109:21, 122:14, 122:16, 122:20, 123:23, 130:12, 131:20, 133:13, 138:10
uphill [2] - 77:21, 78:3
upper [1] - 128:5
upstairs [1] - 19:3
urgency [1] - 36:12
urgent [2] - 43:17, 47:4
urine [1] - 64:5
USB [1] - 19:14
uses [1] - 124:11
usual [1] - 83:25
utilize [1] - 10:17

V

vague [2] - 39:18, 71:17
various [2] - 102:15, 106:22
vascular [40] - 24:14, 24:18, 28:25, 29:7, 29:16, 32:11, 33:8, 38:7, 39:1, 46:7, 47:9, 47:14, 51:18, 51:21, 52:5, 52:11, 52:14, 52:18, 52:20, 53:2, 53:19, 53:20, 53:21, 54:1, 54:17, 54:24, 60:19, 64:20, 67:1, 67:7, 67:11, 69:11, 69:15, 69:25, 82:11, 96:18, 97:3, 97:16, 106:24, 107:4
vascularized [4] - 29:25, 32:10, 32:19, 36:16
VEGAS [1] - 3:1
Vegas [4] - 24:10, 24:17, 140:13, 140:18
vein [10] - 27:6, 27:11, 27:20, 42:17, 45:25, 63:1, 63:3, 73:18, 76:10, 76:11
veins [15] - 42:18, 42:19, 75:11, 75:13, 75:14, 76:8, 76:13, 76:18, 76:21, 76:23, 77:10, 77:11, 77:14, 77:15, 78:2
velocity [1] - 76:8
venous [18] - 28:20, 45:18, 45:23, 57:2, 58:25, 63:6, 73:2, 73:3, 73:5, 74:3, 74:13, 75:6, 75:8, 75:15, 76:15, 77:1, 78:7, 78:9
versus [5] - 16:19, 51:2, 59:1, 129:25, 130:1
vessel [2] - 52:24, 80:14
vessels [4] - 33:18, 53:15, 53:18, 63:8
viability [4] - 33:19, 49:18, 57:20, 79:15
viable [4] - 32:7, 35:7, 37:8, 86:22
viewing [1] - 105:18
vis [2] - 76:23
vis-a-vis [1] - 76:23
visit [6] - 2:15, 26:21, 34:18, 50:14, 66:19, 137:21
visiting [1] - 24:17
vocational [8] - 100:22, 101:20, 102:11, 103:10, 104:20, 110:5, 122:2, 133:7
vs [1] - 1:6

W

W-I-L-S-O-N [1] - 23:18
wait [1] - 98:3
waited [2] - 43:19, 43:22
walk [5] - 49:25, 55:4, 107:16, 108:23, 119:19
walked [2] - 50:19, 67:24
walker [5] - 107:20, 125:5, 125:6, 125:9, 125:11
walking [7] - 50:2, 50:20, 51:8, 51:10, 55:14, 55:15, 131:4
wall [2] - 53:18, 58:3
walls [2] - 125:21, 125:24
wander [1] - 55:10
wants [3] - 17:14, 91:2, 124:12
warrant [1] - 67:3
warranted [3] - 66:25, 72:21, 132:14
watch [2] - 88:25, 137:16
ways [1] - 31:4
wear [1] - 130:5
wears [1] - 108:25
weaver [1] - 8:6
WEAVER [42] - 1:23, 3:9, 7:18, 8:7, 11:14, 11:20, 11:22, 15:25, 17:13, 18:15, 22:24, 23:21, 24:7, 26:13, 26:15, 28:1, 28:12, 31:9, 31:16, 31:17, 32:9, 33:5, 39:20, 39:23, 44:9, 44:20, 45:12, 45:13, 56:23, 58:22, 65:11, 66:9, 68:15, 68:19, 71:19, 71:24, 72:9, 87:23, 88:12, 92:11, 93:12, 96:15
Weaver [28] - 2:4, 6:3, 7:20, 11:5, 15:24, 22:23, 23:20, 28:11, 31:15, 33:4, 44:7, 45:11, 58:21, 65:10, 66:8, 71:23, 72:8, 89:17, 89:20, 89:25, 90:16, 91:3, 92:3, 92:10, 94:4, 94:9, 94:25, 96:14
Weaver's [1] - 90:19
WEDNESDAY [1] - 1:16
Wednesday [1] - 138:17
week [2] - 6:9, 138:16
weeks [7] - 41:5, 58:8, 79:13, 82:24, 84:21, 84:24, 85:2
weigh [2] - 123:7, 123:18
weight [1] - 123:9
welcome [2] - 24:10, 138:25
whatsoever [1] - 43:9
wheel [1] - 125:6
wheelchair [21] - 107:21, 107:25, 110:1, 110:4, 110:13, 110:18, 113:25, 114:3, 114:13, 114:17, 123:13, 124:14, 124:15, 124:17, 124:19, 125:1, 125:9, 125:21, 125:22, 126:1, 126:3
wheelchairs [2] - 110:8, 126:11
wheels [1] - 125:7
whole [5] - 9:16, 9:21, 15:21, 20:10, 21:10
wholly [1] - 97:13
wide [1] - 125:23
widen [1] - 125:18
widened [3] - 113:25, 114:1, 125:17
widening [1] - 125:19
Wiencek [16] - 2:16, 26:21, 26:23, 27:15, 28:16, 29:3, 29:4, 31:25, 34:16, 34:23, 35:1, 43:21, 45:2, 46:23, 47:2, 83:21
Wiencek's [3] - 27:23, 36:9, 44:14
wife [4] - 1:4, 127:11, 128:24, 130:1
wiggle [1] - 59:24
WILSON [2] - 2:3, 24:2
Wilson [63] - 3:14, 5:3, 11:17, 20:17, 20:24, 22:4, 22:8, 22:25, 23:1, 23:2, 23:17, 24:8, 24:21, 26:2, 26:3, 26:16, 26:19, 27:9, 28:13, 29:23, 30:13, 31:25, 33:6, 34:14, 36:19, 38:18, 41:12, 44:21, 45:14, 47:6, 48:22, 49:13, 51:18, 56:3, 58:23, 59:7, 60:2, 60:13, 64:15, 65:12, 67:13, 68:20, 69:8, 72:4, 72:10, 72:18, 72:25, 73:6, 73:21, 74:4, 78:21, 80:11, 88:2, 88:5, 89:16, 93:23, 94:1, 94:12, 96:16, 96:22, 96:25, 97:15, 138:10
Wilson's [2] - 68:17, 89:21
wind [1] - 131:20
wish [1] - 47:23
withdraw [2] - 127:15, 127:16
withdrawn [1] - 127:18
witness [18] - 21:20, 21:23, 22:4, 22:6, 22:8, 22:23, 23:5, 24:25, 88:4, 96:3, 96:13, 96:17, 98:9, 99:13, 99:14, 105:14, 136:22, 138:7
Witness [2] - 23:11, 99:22
WITNESS [16] - 23:12, 23:14, 23:17, 32:4, 32:24, 43:25, 44:3, 44:6, 45:5, 56:20, 88:7, 99:23, 100:1,

100:6, 130:11, 136:25
WITNESSES [1] - 2:2
witnesses [4] - 21:22, 22:13, 97:17, 133:25
word [3] - 30:25, 53:7, 67:25
words [5] - 31:6, 35:17, 55:25, 70:12, 107:2
works [1] - 120:18
world [1] - 131:23
worries [1] - 72:7
worry [1] - 64:3
worse [1] - 82:12
worsened [1] - 79:17
worsens [1] - 53:5
worth [1] - 20:4
written [2] - 61:24, 104:23

X

Xarelto [1] - 40:8

Y

year [4] - 18:24, 82:14, 114:14, 118:5
years [11] - 29:6, 34:13, 35:7, 106:7, 112:11, 114:21, 117:1, 120:9, 120:20, 126:17, 133:7
yellow [1] - 33:8
yes-or-no [1] - 90:18
yesterday [3] - 21:9, 21:19, 112:6
young [1] - 135:19
yourselves [2] - 88:23, 137:14

IN THE EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

DARELL L. MOORE and CHARLENE A. MOORE, individually and as husband and wife, Plaintiffs, vs. JASON LASRY, M.D., individually; FREMONT EMERGENCY SERVICES (MANDAVIA), LTD.; TERRY BARTMUS, RN, APRN; and DOES I through X, inclusive; and ROE CORPORATIONS I through V, inclusive, Defendants.	)	CASE NO. A-17-766426-C DEPT. NO. 25

REPORTER'S TRANSCRIPT OF PROCEEDINGS OF JURY TRIAL

P.M. SESSION

BEFORE THE HONORABLE KATHLEEN E. DELANEY

WEDNESDAY, FEBRUARY 5, 2020

APPEARANCES:

For the Plaintiffs:

E. BREEN ARNTZ, ESQ.
HANK HYMANSON, ESQ.
PHILIP M. HYMANSON, ESQ.

For the Defendants:

ROBERT C. McBRIDE, ESQ.
KEITH A. WEAVER, ESQ.
ALISSA BESTICK, ESQ.

REPORTED BY: DANA J. TAVAGLIONE, RPR, CCR No. 841

I N D E X

WITNESSES	PAGE
SAMUEL WILSON, M.D.	
Direct Examination by Mr. Weaver	24
JOHN JANZEN, M.D.	
Direct Examination by Mr. McBride	100
Cross-Examination by Mr. P. Hymanson	117
Redirect Examination by Mr. McBride	132
Recross-Examination by Mr. P. Hymanson	135

E X H I B I T S

JOINT EXHIBIT		MARKED	ADMITTED
113	Office visit note from Dr. Wiencek		14

LAS VEGAS, NEVADA, WEDNESDAY, FEBRUARY 5, 2020

1:41 P.M.

* * * * *

(Outside the presence of the jury.)

THE COURT: Good afternoon.

MR. McBRIDE: Good afternoon, Your Honor.

MR. ARNTZ: Good afternoon.

MR. WEAVER: Good afternoon, Your Honor.

THE COURT: I have a housekeeping thing. But I understand we have something outside the presence as well.

MR. ARNTZ: Yeah, just real briefly, Your Honor. So Dr. Wilson is going to be testifying today. He's got a report that's two pages. That's his initial report, and you'll recall that, before trial started, we had discussions about his rebuttal reports and whether he could bring those out in his initial testimony. I'd like to renew that objection.

I don't remember what your ruling was in terms of whether he could testify as to the things that are in his rebuttal?

THE COURT: I'm going to check. I still haven't had a chance to see the JAVS. That's true,

but give me a second. Who was the proponent of the motion related to that?

MR. ARNTZ: Let's see. Was that I think it was a motion that discussed the experts being kept to the opinions that are in their deposition or in their reports.

THE COURT: Right. Which, generally, gets granted as sort of a ProForma follow-the-law type of issue, but give me one second. I'm looking. Give me a second. There was a Motion in Limine regarding personal opinions, but that's not the same thing. That was granted. No expert testimony based on hearsay for the experts, that was granted. Still looking.

So it was a stipulated -- or what I'm finding anyway that might be what you're talking about, there was a stipulated, Stipulation and Order on Motions in Limine, the fourth of which -- sorry. Third of which -- nope -- fifth of which says: "Experts will be precluded from offering opinions not contained in their expert reports, supplements thereto, and/or deposition testimony."

So there's that one, but that's not the one you're talking about?

MR. ARNTZ: Well, no. See, the problem

with that is that the supplements amount to rebuttals. So they were made as rebuttal designations, and I want to have Dr. Wilson confined to his expert report. We didn't depose him on purpose. He's just got a two-page opinion, and so I wanted to bring that up before because I want to keep him confined to that report.

THE COURT: Well, I mean, let me see. I've got the orders on motions in limine that were proposed by Defendant Nurse Practitioner Bartmus. I've got the orders Defendant Jason Lasry's Motion in Limine, and I've got the stipulated orders.

So if it was one of yours, I don't know that I have that order that's been provided yet. We had talked about you providing it to us because the others had come in. I thought I had yours.

MR. ARNTZ: Oh, they didn't get it over to you? I put that on Mr. Hoffman's office. I thought they had --

THE COURT: I don't have it here. I'll double-check the log to see where it is. But at this point in time, I can't, without having the order in front of me -- that's why I kept these here even though they haven't been formerly filed; they've been signed -- but I've kept them here

because I need them for reference. But if I don't have yours, I don't know.

Mr. Weaver.

MR. ARNTZ: Let me just, real briefly, you'll recall that the reason why we brought it up is because --

THE COURT: Sorry. I'm checking with my clerk because it was a relief clerk who covered that day, and she still, as of last week, had not posted them. We've gently nudged, and if her minutes are there, that would assist.

MR. ARNTZ: So the only reason I brought it up before was because his rebuttal report went into an opinion as it related to smoking is a contributing factor, and that was a new opinion. So the reason I brought it up before was because it was not an old opinion. It wasn't even a supplement to an old opinion. It was a brand new opinion.

(Off-record discussion with clerk.)

THE COURT: I understand. You believe it's a new opinion, but I guess what I'm trying to get at is did you formally request, or are we just dealing with this the first time here? I don't independently recall.

MR. ARNTZ: I formally requested it to

be -- to prevent them from going into that as the rebuttal because it was a new opinion. But it was, I believe, in connection with the hearing that we had on all of our motions in limine.

THE COURT: Right. That's what I'm looking for.

MR. ARNTZ: Right. And we had -- in fact, we filed a joinder, I believe, to the one having to do with experts being confined to their reports and deposition testimony.

THE COURT: Well, and that's the one I just read which is, it's not a joinder. It's a stipulated Motion in Limine, the one I just read you. I just read it to you. It's Stipulated Motion in Limine No. 5.

MR. ARNTZ: Did we do a stipulation after that hearing?

MR. WEAVER: Can I just address this, and maybe we can --

THE COURT: Of course, Mr. Weaver. Just trying to make that record complete, again, in the Stipulated, as it's styled, signed by the counsel: Stipulation and Order and Motions in Limine, No. 5, Fifth. "Experts will be precluded from offering opinions not contained in their expert reports,

supplements, or deposition testimony."

I understand you're saying there's a report here that was a rebuttal report, but it's got a new opinion. So there's a different basis for it, but that's the only thing I'm seeing so far.

Mr. Weaver.

MR. WEAVER: I would just say that we're talking about supplemental reports, which are allowed, and the law specifically provides for; and more importantly than that, in the Deposition of Dr. Marmureanu, I specifically asked him, "Do you have in your reports all of the factual basis or even all of your opinions for which you're prepared to testify at trial?" And he said no. So we shouldn't be at a disadvantage because we choose to depose them and then they add into their deposition additional opinions or factual bases.

If we choose to depose them to flush that out so that there's not any surprise on either side, we shouldn't be at a disadvantage because Dr. Marmureanu said in his deposition he had more opinions, additional opinions and additional factual bases thereto. So I think the ruling was clear that any opinions that are part of a report, supplemental report, rebuttal report, of course, as both sides

have already talked about, there aren't going to be every factual bases for the opinions in the reports because there just can't be.

So the gist of the opinions, although Dr. Marmureanu had additional and different opinions added and especially that he testified to in light of the fact that it appears Dr. Jacobs isn't. So I don't think that there's any issue at all, given Dr. Marmureanu's testimony in general.

THE COURT: Go ahead, Mr. Arntz.

MR. ARNTZ: In all fairness, they absolutely should be prejudiced by it because that's their choice. They took a deposition and he asked as part of the questioning, "Do you have any other opinions that you would like to offer?" And he said "Sure." And he offered a whole bunch more. That was his mistake for asking that question.

The deposition of an expert should be confined to the report and get the opinions and the bases for the opinions in that report. If you open the door to a whole bunch of new stuff, that's not my fault. That's their fault.

THE COURT: Well, okay. So I don't want to -- I mean, I still have a followup question. But I don't think this turns on, you know, again,

another sort of tit-for-tat: Well, this happened with this one; so that should happen with that one. I think this turns on you've got a stipulated Motion in Limine that says: Reports, supplements thereto and/or deposition testimony is where they're confined to, that would appear to allow those things to be inquired about.

You're now indicating to me that we should preclude testimony as to this what you're calling a "rebuttal report." I don't know if it's really that or if it's really a supplemental report because I don't recall if we had a formal Motion in Limine on it. If we did not and you're raising it for the first time now, you know, again, I'm looking for then just let's talk about what the rules would say.

I mean, why is this not a supplemental report, and why would they not entitled to utilize it?

MR. ARNTZ: Because it was designated as a rebuttal report.

THE COURT: Well, we've had some dialogue about that in circumstances with regard whether something was rebuttal or whether it was in fact supplemental. You know, if it's a rebuttal report, then, generally, right. You don't bring up new

opinions in there.

But if it's a supplemental, then, you, you know, arguably can. So I need some more specifics. When was it issued?

Are you arguing, Mr. Weaver, that it's a supplemental report and not a rebuttal regardless of how it was styled?

I'm just trying to understand. Let's just get to the heart of it. I'm not going to decide this because we did something one way in a different situation. I'm going to decide because either it's a supplemental and it's legitimate thing to do or it's a rebuttal and it's not legitimate thing to do.

MR. WEAVER: What I would say to that, Your Honor, is the only issue that was identified as being a problem had to do with smoking. So the fact that Dr. Wilson brought up that smoking --

THE COURT: That's the new issue in what's styled as the rebuttal report?

MR. WEAVER: Yes, Your Honor.

THE COURT: Okay. Go ahead.

MR. WEAVER: And so all I would say to that is it's supplementing his opinions about what has to do with causation and what has to do with Mr. Moore's general medical health anyway, which was

never an issue. It's in the medical records. Everybody knew about it.

THE COURT: Well, and it's been discussed in here many times.

But, Mr. Arntz, back to, I know it's styled as a rebuttal report. If it's essentially a supplemental report and you had it, when was it filed and when was it served, I guess?

MR. ARNTZ: It was served as a rebuttal report.

THE COURT: When?

MR. ARNTZ: Whenever the rebuttal deadline was.

MR. McBRIDE: November 6, 2019.

THE COURT: Thank you.

MR. ARNTZ: I apologize I didn't have that in front of me.

THE COURT: It's okay. Mr. McBride did. We're all good.

MR. ARNTZ: The gravamen of my argument really has to do with keeping him within the four corners of his opinion. If your determination is that a discussion about smoking could come in, well, then I'll cross-examine him on why he didn't mention it at first. But the reality is his opinion is a

two-page opinion, and the bases for those opinions have to be contained in his report. That's the rule.

So to suggest that all of the bases for his opinion don't have to be in the report is not what the rule says. I just want to make sure he's kept within the four corners of his reports because we chose not to depose him for that reason.

THE COURT: Right. But you're saying two different things, Mr. Arntz, as I'm connecting to your arguments. If I'm not connecting to your argument properly, I apologize, and we'll get there. But what I hear you saying is two different things: There is a report, it has the opinion in it. You've had it since November, but you're trying to exclude it because styled as a rebuttal report on the basis of you shouldn't have a new opinion in a rebuttal report.

You're not asking me to confine him to his reports because if I confine him to his reports, it's in one. You're asking me to preclude the use of the rebuttal report; right? So that really mandates me making a determination on whether or not it's truly an improper new opinion or whether it's a supplemental opinion that's in keeping with his

initial opinions, styled correctly or not, and ultimately whether or not it's fair game for inquiry; right?

MR. ARNTZ: Yeah. I'm asking for two things: One, I want to have him contained to his reports, and to the extent that the rebuttal report is truly a rebuttal and not a new opinion, then he's obviously free to discuss that as well. So my points are two: One, I just want him confined to his reports, and if you decide that the smoking comes in, I can deal with that.

THE COURT: But here's where I'm losing you. I'm so sorry. I just don't want this record to be messed up. It's in his report, the smoking opinion. So when you say "confined to his reports," you're asking me to allow him to talk about his smoking opinion.

MR. ARNTZ: I have two objections here.

THE COURT: But that's not what you're asking me.

MR. ARNTZ: I have two objections.

THE COURT: Okay. Hold on. Before you go there, there is no doubt, I will say right now, he is confined to any report that he's entitled to testify about because you all stipulated to that,

and that's standard practice.

MR. ARNTZ: Okay.

THE COURT: The issue is one of the reports is styled as a rebuttal report, but it has a new opinion. You think that's improper; right?

MR. ARNTZ: Yes.

THE COURT: That's your basis for the objection.

MR. ARNTZ: I do.

THE COURT: Okay. So when you keep saying, over and over again, "I want him confined to his reports," you're sounding like you're talking at cross-purposes. I know you're not, but that's why I'm trying to make this record more precise.

MR. ARNTZ: All right. I appreciate it.

THE COURT: You want him to be confined to his report and potentially even his rebuttal report, exclusive of what appears to be a new opinion which, in your opinion, would be improper if it is in fact a rebuttal report.

MR. ARNTZ: You just did that a whole lot better than I did.

THE COURT: I'm just trying to get there. Like I said, we'll get there. Mr. Weaver.

MR. WEAVER: I think the Court has

articulated. All I would say including is, for purposes of the rebuttal, is usually the argument that we get is when we do supplemental reports, it should have been a rebuttal so that it would have come sooner to the initial as opposed to up to 30 days before trial. So it's rare that we get the argument that a report shouldn't have been a rebuttal, that it should be supplemental. Because usually what we get is, if we do a supplemental, the argument is, because that can be up to 30 days before trial, it should have been a rebuttal and, therefor, they didn't have time to do anything about it. That's No. 1.

No. 2 is the issue of the smoking came up because they said that Mr. Moore's condition was acute and our position was the smoking made it chronic. So that the context of the smoking coming up was, in fact, a rebuttal to the opinion that their expert had about "chronic" versus "acute." So that was the context of it coming up in the first place.

MR. ARNTZ: The problem with what he just said is it's not in his report. That is not in his initial report. His initial report --

THE COURT: Thank you. Be precise.

"Initial report," "rebuttal report." Stop saying "report" generically and I don't know which one you're talking about. Please.

MR. ARNTZ: Okay. I will identify it. His initial report dated August 19th, 2019, forms the opinion that the occlusion was a chronic occlusion. Nowhere in his report does he give one of the bases for that conclusion as smoking.

THE COURT: Understood. But then he issued a what's styled as "Rebuttal Report" which, if I'm understanding correctly, broadens it to include smoking.

MR. WEAVER: Right. And I would agree with Mr. Arntz, if he wants to ask him questions about why his report didn't have additional facts in it, if that's what the issue is, then that is a separate issue, but it's not an issue of preclusion.

THE COURT: Thank you. Again, to the extent that this matter was previously heard and there's some confusion right now because of lack of proposed order on it or minutes reflecting it, the Court is revisiting the issue now in full, and the Court is going to determine that it is not going to preclude questioning on the contents of the initial or rebuttal report.

It appears to effectively be a supplemental report. It is styled "Rebuttal." But I see no prejudice here. It's been known. It's been available, and there's been ample discussion in this trial already with regard to his smoking history and impacts potentially to his condition and the impacts on what occurred that led to this trial. So I think that there's no basis to preclude it, other than for more than a form over substance because something was titled "Rebuttal."

I understand the ask. Respectfully declined, and you may inquire as to both reports. But he is, of course, otherwise, confined to the contents his two reports, initial and rebuttal.

MR. WEAVER: Thank you, Your Honor.

THE COURT: Okay. Thank you.

My housekeeping, just quick, we don't have to spend a lot of time on it, but I just want to plant the seed with the I.T. person here. We have identified Courtroom 3F, as our location, "F" as in Frank, as our location for tomorrow afternoon's hearing or continuation of trial. I'm familiar very much with that courtroom because it was the courtroom I used for about a year.

But there's two issues there. One I will

have to arrange with my court reporters. But this court reporter desk actually came from there when we moved upstairs. They don't have a court reporter. They use a court recorder. So we're going to have to make sure that they have what they need for their setup. And, also, my marshal identified the potential -- and this is for the I.T. person -- that there may be missing some component that would allow the same equipment that we've been using or at least the same connections to work.

Joshua, can you help me understand what it is that you believe is missing from down there.

THE MARSHAL: Yeah. The port where they're plugging into their USB to is a little different.

THE COURT: Okay.

THE MARSHAL: So I proposed to them to, if they have time, to go down there with me ahead of time, whether it be on a break or tomorrow earlier, before session.

THE COURT: Yeah. We're going to -- either way, I'll leave it mainly because maybe Mr. Hymanson and the I.T. person here, whether you can check it out today. I don't know that Judge Holthus -- it's Judge Holthus, her assignment location -- whether or not she's in session this afternoon. I don't believe

she is. I know she's in session tomorrow morning. So that's not an option.

But prior to the start of trial or on a break here today, it might be worth it. We can go from the back down and do it that way, as long as she's not in session. So I will communicate with my JEA to check to see if there's an opportunity to go this afternoon, in case folks want to. But that's where we will be. And once we're there, we'll just stay there for the whole afternoon to complete the testimony.

I think that was it. I just wanted to let you know that we had that location.

MR. McBRIDE: And, Your Honor, just one other scheduling issue for today also impacts tomorrow too: The plan, we have Dr. Janzen, who is here, who is also planning to testify. Dr. Wilson is going to go first.

But we had already coordinated that if we could take our break maybe around 3:45 or a break around then, I told Dr. Janzen to be here before then so we can get him on at 4:00; and we should be able to finish him, take him out of order, and we would probably finish up with Dr. Wilson tomorrow.

THE COURT: Okay.

MR. McBRIDE: Okay. Only because he's not able to come back. Janzen is not able to come back.

THE COURT: Yeah, let's make sure we get that done. So I'll leave it to you. Just, you know so you want a break about 3:45.

MR. McBRIDE: About 3:45 would probably work for a 15 minute break.

THE COURT: Okay. Sounds good. We didn't really get that good 15-minute break yesterday because we ended up being here the whole time.

All right. Are we ready to bring them in?

MR. McBRIDE: I think so.

THE COURT: Okay.

(Jury enters the courtroom.)

THE COURT: Thank you. While the jurors are finishing taking their seats, I'll invite everyone else to have a seat as well.

Ladies and gentlemen, as we resume, I'm just reminding you that we had mentioned yesterday that we were going to take a witness out of order is how we call it because, instead of continuing with witnesses in the plaintiff's case in chief, we're going to now move over and call a witness from the defense side case in chief in order to accommodate scheduling.

And what we're going to end up doing is even a little more nuance than that because what's going to happen is we're going to start with a witness by the name of Dr. Wilson, who you'll meet in a moment; and then when we break, we're going to actually resume with a different witness, doctor also from the defense side, finish that witness, and then we'll complete Dr. Wilson tomorrow.

Again, it all has to do with scheduling. We know you're perfectly capable of following all the testimony and keeping your notes, and being on track with that allows us to have the witnesses when we can get them and juggle and be cognizant of not only your time, but theirs as well. So that's how we're going to proceed today.

We'll also inform you, before we conclude today, where we're meeting tomorrow afternoon. Because of certain scheduling needs, we're going to be in a different courtroom, just for tomorrow afternoon. But we'll give you more information on that tomorrow or later today. Sorry.

So ready to call your witness, Mr. Weaver?

MR. WEAVER: Yes, Your Honor. Samuel Wilson.

THE COURT: Dr. Wilson, please.

Good afternoon, Dr. Wilson. Just come straight through the center of the tables, around the corner of that podium, and you'll see the witness stand straight ahead of you. Just come on up there, step in front of the chair, and when you're ready, remain standing, and my clerk will swear you in. Okay? All the way in front of the chair. Just come all the way in front.

There you go. Here she is.

(Witness sworn.)

THE WITNESS: I do.

THE CLERK: Thank you. Please take a seat.

THE WITNESS: Thank you.

THE CLERK: Would you please state and spell your first and last name, for the record.

THE WITNESS: My name is Samuel Wilson. S-A-M-U-E-L, W-I-L-S-O-N.

THE COURT: Thank you.

You may proceed, Mr. Weaver.

MR. WEAVER: Thank you, Your Honor.

/ / /

/ / /

/ / /

/ / /

Thereupon --

SAMUEL WILSON, M.D.,

having been first duly sworn to testify to the truth, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. WEAVER:

Q. Good afternoon, Dr. Wilson.

A. Good afternoon.

Q. Welcome to Las Vegas.

A. Thank you.

Q. Are you a board certified general surgeon?

A. Yes.

Q. Are you a board certified vascular surgeon?

A. Yes.

Q. I understand one of the last times you were in Las Vegas is you were a visiting professor of vascular surgery at the medical school; is that correct?

A. That was some time ago, yes.

Q. Okay. Dr. Wilson, we'll get to your credentials later. We'll try and cut through the chase here. I'm going to read a couple questions that the jurors asked of Dr. Marmureanu, who you understand is a plaintiff's expert witness in this

case?

A. Yes.

Q. The first question is, and I'd just like you to respond with your answer to the question, as quote: "Are there instances when an occlusion in a graft dissolves or otherwise goes away without medicine or surgery?"

A. No.

Q. The second question is: "Will or can blood flow from collaterals demonstrate a pulse in the foot?"

A. Yes. That can occur.

Q. Please explain why that is.

A. In patients with chronic ischemia, not sufficient blood flow to the extremity, significant collaterals can build up. Those are smaller arteries that enlarge to go around the obstruction in the major artery, and the palpation of a pulse is dependent on what the blood pressure is within that artery that you're palpating.

So that ordinarily, you can feel a pulse if the blood pressure is 120; if it's 100, you could probably still feel a pulse, and if it's less than that, you wouldn't feel a pulse. So it depends, to a large extent, on the development and presence of

collaterals.

Q. Thank you, Dr. Wilson. I'm going to ask you some questions about a document from Dr. Wilson.

Your Honor, we've stipulated, plaintiff and defendant, to Exhibit 113.

THE COURT: All right. We'll admit Exhibit 113.

(Whereupon Joint Exhibit No. 113 was admitted into evidence.)

THE COURT: And you may proceed. Just make sure you give us a Bates number of any particular page we're reviewing.

MR. WEAVER: Thank you, Your Honor. It's page 9.

BY MR. WEAVER:

Q. And, Dr. Wilson, the page 9 will come up on a monitor for you. It will also come up as a monitor for the jury to see. And if you would first look, Dr. Wilson, in the right-hand corner, the top right-hand corner, and do you see that's an office visit note from Dr. Wiencek?

A. Yes.

Q. And do you understand that Dr. Wiencek is Mr. Moore's treating cardiovascular surgeon?

A. I do.

Q. And do you see that the date is August 28th, 2019?

A. Yes.

Q. And then if you would look under down a little bit under the Problem List/Past Medical History and Chronic, do you see "deep vein thrombosis"?

A. Yes.

Q. So I'll offer to you, Dr. Wilson, that it appears that whether Mr. Moore had a history of deep vein thrombosis, at least as of December 25th, 2016, as appears to be an issue in this case.

But would you agree that based on that document that, as of August 28th, 2019, anyway, Dr. Wiencek is listing DVT as either a past medical history or a chronic history?

A. Yes. I agree.

Q. Okay. Would it indicate to you then, based on your review of that document, that if the deep vein thrombosis wasn't present as of December 25th, 2016, which is the date of the incident in this case, it must have been between December 25th, 2016, and Dr. Wiencek's note of August 28th, 2019?

MR. ARNTZ: Objection. Leading.

/ / /

BY MR. WEAVER:

Q. Does that make sense?

MR. ARNTZ: Objection. Leading.

THE COURT: There is an objection to it being leading.

It is a little bit too -- I know there's obviously foundational questions and the things we need to do to set up. But I mean, he can see the record and testify to the record. I'm going to sustain and see if you can ask a more open-ended question, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, are you able to identify from this document when the DVT occurred?

A. No.

Q. You're not critical of Dr. Wiencek for not documenting when the DVT or DVTs occurred, are you?

A. Well, it would be very difficult to actually establish when it first occurred since we know that he's had venous disease since 2012.

Q. Okay. We'll come back to that in a moment.

If you would look under Chief Complaint and read into the record what you see under Chief Complaint.

A. Consultation, peripheral vascular disease.

Q. Okay. So what does that indicate to you in terms of why it appears that Mr. Moore was consulting with Dr. Wiencek on that date?

A. What it indicates to me is that Dr. Wiencek had performed an operation on this patient approximately six years previously, and he was in followup for the vascular disease that he had.

Q. Since at least 2012?

A. Yes.

Q. And then do you see a little below that where it says Assessment/Plan?

A. Yes.

Q. Would you please read the first sentence into the record.

A. Patient is a 68-year-old gentleman with peripheral vascular disease, who presents for followup after a left-sided amputation.

Q. So would that indicate to you that Mr. Moore was following-up, at least in part, because of his left-sided amputation?

A. Yes.

Q. All right. And then would you read the next sentence into the record, please, Dr. Wilson.

A. His right leg appears to be well vascularized through collaterals around an

obstructed superficial femoral artery, SFA, in the midthigh.

Q. All right. So let's break that down a little bit. So starting point is we're now talking, in that sentence, about Mr. Moore's right leg; is that correct?

A. Yes.

Q. And then we're talking about, as it pertains to his right leg, we're talking about his artery.

Is "SFA" just another way of referring to the femoral artery?

A. Yes.

Q. And generally, Dr. Wilson, is it synonymous to say "SFA" or "femoral artery" or "femoral popliteal artery"? Do they basically mean all the same thing?

A. They're often used interchangeably.

Q. For our purposes today, is it sufficient to use them interchangeably?

A. Yes.

Q. Okay. And then that document says that the femoral artery in the right leg is obstructed; is that correct?

A. Yes.

Q. Okay. And is "obstructed" another word for

"occluded" or "blocked"?

A. Yes.

THE COURT: I mean, we're not getting objections there. But, again, is there ways to ask the questions more along the lines of "Are there other words?" And then depending on the answer supplied, more information? I just a want to -- again, I'm trying to avoid the leading objection.

MR. WEAVER: Sure. May we approach, Your Honor.

THE COURT: Yes.

(Bench conference.)

THE COURT: Appreciate the opportunity to clarify. Thank you. Whenever you're ready to proceed, Mr. Weaver.

MR. WEAVER: Thank you, Your Honor.

BY MR. WEAVER:

Q. What does "obstructed" mean?

A. It means that the opening in the artery, the conduit, is completely blocked.

Q. And does it have additional synonyms or additional language that it also means?

A. Occluded.

Q. So could you tell us in generally, Dr. Wilson, whether what Dr. Wiencek appears to be

saying here is, in a nutshell, Mr. Moore has a right occluded femoral artery?

MR. ARNTZ: Objection. Leading.

THE WITNESS: Yes. What he's saying is the right artery is occluded, but there's sufficient collateral circulation around the block; that his leg is viable, and he's not going to recommend any further intervention for that block.

BY MR. WEAVER:

Q. And what does the term "well vascularized" mean to a vascular surgeon?

A. Good circulation.

Q. And what synonyms are there with terms of "good circulation"? Would one be that there is good blood flow?

A. Yes.

Q. All right. So does this note indicate that because of the collaterals around the femoral artery, Mr. Moore's left leg is well vascularized, meaning there's good blood flow?

MR. ARNTZ: Objection. Leading. Your Honor --

THE COURT: Can I have --

THE WITNESS: What he's referring --

THE COURT: Hold on. There's an objection

pending. Can I have counsel back at the bench.

(Bench conference.)

THE COURT: The objection is sustained.

Please proceed, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, do you have an opinion as to whether or not, based on the information that is highlighted in yellow, Mr. Moore has a vascular emergency in his right leg?

A. He does not.

Q. Okay. And are you able to tell us the basis for your opinion?

A. Yes.

Q. And what is that, sir?

A. He does have a block, an occlusion, in the femoral artery in the midthigh. But over time, he's developed sufficient collateral flow. The small vessels that enlarge and go around the block to sustain the leg's viability and to provide adequate circulation for the leg.

Q. And are you able to tell us, based on your review of the records in this case, for how long it's likely, if at all, that Mr. Moore has had an occluded right femoral artery?

A. We know that he has been occluded since

August 2012.

Q. Okay. And what is the basis for that opinion?

A. He had an arteriogram done in August 2012.

Q. And what did that arteriogram show for purposes of the right femoral artery?

A. It showed the right femoral was blocked.

Q. So are you able to tell us then, based on that information and this note in front of you, for how long Mr. Moore, if at all, has had a blocked right femoral artery that the collaterals have been feeding?

A. For at least six years.

Q. And, Dr. Wilson, are you able to tell us, based on your review of this note, what recommendation, if any, Dr. Wiencek made in terms of following or dealing with this occluded right femoral artery at this visit?

A. That he would come back in six months, and he would again reevaluate the status of the extremity.

Q. And are you able to tell us what, if any, intervention Dr. Wiencek specifically recommended on this date?

A. No intervention for the right leg.

Q. And do you have an opinion why Dr. Wiencek did not recommend any intervention on that day for the occluded right femoral artery?

A. Yes.

Q. And what is that, sir?

A. It was that he had a chronic problem that had been present for years. His leg was viable. There would be no point to doing an operation, given that the circulation is adequate.

Q. And is it your opinion that based on what you said, that the circulation is adequate, because of the collaterals?

A. Yes.

Q. And what specifically, if you're able to tell us or if you have an opinion, were the collaterals?

In other words, what is the source of the collaterals in the right leg if the femoral artery is blocked?

A. Yeah, the collaterals are coming from the deep femoral artery, the profunda femoris artery which, very typically, supplies blood flow around a block in the superficial femoral artery.

Q. Do you know, one way or another whether, as Mr. Moore sits here today, whether the right femoral

artery is still occluded?

A. Oh, yes. It's still occluded.

Q. So you haven't seen any records since August 28th, 2019, that would indicate that Mr. Moore has received any treatment for the right femoral artery occlusion?

A. I'm not aware of any records that would show that.

Q. In your opinion, based on Dr. Wiencek's note, did you see anything in this note that constitutes if not an emergency, which you already said it wasn't, but urgency in terms of treatment?

A. No.

Q. Okay. Why is that?

A. Well, because his leg is well perfused, well vascularized by collateral flow. There's no point intervening since he has adequate flow to the extremity.

Q. We know, Dr. Wilson -- or do you have an opinion whether on December 25th, 2016, the graft in the femoral artery on the left was occluded?

A. Yes. It was occluded.

Q. And what does that mean, that Mr. Moore's left femoral artery at the location of the graft was occluded?

A. Well, in this case, it means not only was the femoral artery occluded, but the bypass graft was occluded.

Q. And what does it mean that the bypass graft was occluded?

A. Well, it means that his leg will need to have collaterals that will allow it to continue to be viable in the absence of flow from the graft.

Q. A question about the graft, if I may. So it's been described to us already that the graft is actually a synthetic tube or a plastic tube or Dr. Marmureanu described it as "Something God didn't make." Is that a fair description?

A. It's "something"?

Q. "Something God didn't make."

A. Yeah, he's probably right unless you think that God made the people who made the graft.

Q. Fair enough. Is the synthetic graft thinner or smaller than the femoral artery?

A. It's slightly larger. A normal femoral artery at that level would be 5 to 6 millimeters. The graft that was used was 8 millimeters. So it's a 1 to 2 millimeters larger.

Q. The graft is 1 to 2 millimeters larger than the artery?

A. Right.
Q. So if the graft is working and blood is flowing through it, is it typical that there would at least be as much blood flowing through the graft as there is the femoral artery?
A. Not quite as much because there is systemic vascular disease. It's not just one artery. It's the arteries even below where the graft is joined to the artery below the block. So the flow will -- you want the flow to be at least normal. You'd like it to be over 100 cc per minute, but it might be a little less.
Q. But is it fair to say that, absent collaterals, the goal of the graft is to allow as much blood flow as if it were the native femoral artery?
A. Yes.
Q. Okay. Dr. Wilson, I'm going to ask you another question by the juror that where we left off with Dr. Marmureanu. I just want to establish something. You're not here today to testify to standard of care; correct?
A. With regard to?
Q. With regard to nurse practitioner or Dr. Lasry, you're going to testify to issues having

to do with vascular issues, but you're not here to testify to standard of care; correct?

A. Fine.

Q. Question No. 2. "In your opinion" -- and this is a question that a juror had. "In your opinion, does the standard of care mandate the administration of medicine, like Heparin, if a graft appears occluded or possibly occluded?"

A. Did I say -- did you ask me, though, if I was going to comment on standard of care?

Q. Right.

A. And I said "No."

Q. Correct. And just so if we take out the "standard of care" part and just leave in "Does there need to be administration of medicine, like Heparin, if a graft appears occluded or possibly occluded?"

MR. ARNTZ: Your Honor, I think the question is vague. He's saying it's not a standard of care opinion, but it's guided as one.

MR. WEAVER: Sure. Let me -- I'll re-ask it. I'll just put it in the context of if it didn't come from a juror.

BY MR. WEAVER:

Q. If a graft appears occluded, does there need to be Heparin or a medication if it appears occluded?

A. Not necessarily.
Q. Why is that?
A. Well, for a chronic situation, there's no acute clotting. So you would not need to give Heparin. In the acute situation, you would give Heparin. But recall that Mr. Moore has been taking an anticoagulant for some time already. So he is anticoagulated with Xarelto.
Q. Do you have an opinion whether, on December 25th, 2016, Mr. Moore's left leg was acutely ischemic?
A. On 12/25?
Q. Yes, sir.
A. I believe it was not acutely ischemic.
Q. Do you have an opinion whether on December 25th, 2016, Mr. Moore's left leg was chronically ischemic?
A. It was chronically ischemic.
Q. We'll come back to that in a few moments. I just want to get to another question by a juror, and that is do you have an opinion whether -- well, let me backup.
Do you have an opinion whether, in light of Mr. Moore's December 2012 femoral popliteal bypass procedure, it was impossible for Mr. Moore to have

pulses in his foot on December 25th, 2016?

A. He had the bypass in 2012, and it had subsequently clotted and had been opened, and on 12/25/16, I believe it had been clotted for some period of time. Weeks, perhaps months.

Q. So do you have an opinion whether, after the procedure in 2012, there could be pulses in Mr. Moore's left foot?

A. Yes. You would expect, given a new graft, that there would be pulses that could be palpated, but not always. Not always.

Q. I want you to assume, Dr. Wilson, that Dr. Marmureanu says that, after 2012, it was impossible for there to be pulses in Mr. Moore's left foot. Do you have an opinion whether that's accurate?

A. That is not accurate, and I doubt that's what he meant.

Q. I want you to assume that Dr. Marmureanu also said that going into the 2012 femoral popliteal artery bypass procedure, that Mr. Moore had no palpable pulses and there was no blood flow heard on a Doppler. Does that make sense to you?

A. No.

Q. Why not?

A. If no blood flow were heard on a Doppler, that would very likely be an acute ischemic event. If the bypass is open, you would generally expect to feel pulses. It's not necessary because there may be some disease in the below-knee position that would prevent you from feeling pulses.

But ordinarily you would expect, with a successful bypass, to feel pulses.

Q. So do you have an understanding, based on your review of the records -- and we're going back to August and August to November 2012 -- when the occlusion in Mr. Moore's left femoral artery was diagnosed?

A. Well, it was first suspected in July 2012, when Mr. Moore had bilateral, both sides, leg pain that had not been responsive to the treatment of the saphenous vein on his left side. And at that point, his physicians thought perhaps this is not the veins or in addition to the veins; this is arterial, and at that point, they got an arteriogram, and that's what demonstrated occlusion, obstruction of the femoral arteries. The arteriogram was done, I believe, in August 20, 2012.

Q. So based on your review of the records, when was the femoral popliteal artery surgery, bypass

surgery?

A. It was done in November 10. I'm not quite sure on the day of 2012. Was done approximately three months later.

Q. So the femoral popliteal graft procedure was roughly three months after the diagnosis of the occluded left femoral artery; is that correct?

A. That's correct.

Q. Did you see any evidence whatsoever that the November 2012 femoral popliteal bypass surgery was anything other than scheduled as an elective surgery on that date?

A. No. It was an elective operation.

Q. Did you see anything in the records that indicated between August of 2012, when the left femoral artery was occluded and the surgery in November, that it was treated as urgent if not emergent?

A. No. He waited three months to do the operation.

Q. Do you have an opinion as to why Dr. Wiencek may have waited three months?

MR. ARNTZ: Objection. Speculation.

THE COURT: Sustained.

THE WITNESS: I don't know why he --

THE COURT: You can't answer the question. I sustained the objection.

THE WITNESS: I'm sorry?

THE COURT: I sustained the question, Doctor. You cannot answer the question.

THE WITNESS: All right.

THE COURT: Mr. Weaver will ask another question.

BY MR. WEAVER:

Q. Did you see anything in the records that indicated why there was a three month gap for the surgery?

A. No. It appeared to be the routine process, and Dr. Wiencek's office --

MR. ARNTZ: Objection. This is a backdoor way of answering the question I just objected to.

THE COURT: He's allowed to ask the question. The first one was a speculative question. That one was not. Overruled.

BY MR. WEAVER:

Q. I'm sorry. Go ahead, Dr. Wilson.

A. Well, it appeared to be the progression from discovery to consultation to operation, and I can't tell you why they selected the day in November. But, probably, they gave Mr. Moore some

time to think about the operation, and perhaps Dr. Wiencek.

THE COURT: Well, now, Doctor, you are speculating now.

THE WITNESS: I am.

THE COURT: I have no problem with you expressing whether or not there's something in the records that would indicate and from your knowledge, but now you are speculating. So we'll direct the jurors to disregard the final commentary that was speculative. But go ahead, Mr. Weaver.

MR. WEAVER: Thank you.

BY MR. WEAVER:

Q. You indicated, Dr. Wilson, that based on your review of the records, the diagnosis of a left femoral artery occlusion appeared to have been discovered when Mr. Moore was being worked up for venous issues; is that correct?

A. That's correct.

Q. And what is your basis for that opinion, sir?

A. Well, the medical record indicates that he was undergoing treatment by Dr. Simon for venous disease. He had a radiofrequency ablation of the saphenous vein on the left side, and they were

thinking about doing the right side, and his symptoms had persisted.

So they obtained a Doppler exam, ultrasound exam, and that showed that the way form was dampened so that it suggested obstructive disease in the arteries. They then proceeded to an arteriogram, and at that point, vascular surgery got involved.

Q. Do you have an opinion whether the arteriogram in August 2012 that diagnosed the left femoral occlusion also provided any information about the right femoral artery?

A. Yes.

Q. And what is that opinion, sir?

A. It showed the right femoral had occlusion too.

Q. And so would that indicate that if the right femoral artery appeared to be occluded, based on the arteriogram, that the right artery was occluded at least as of 2012 up through August 28th, 2019?

A. Yes.

Q. Is there anything that you saw in your records from 2012 to the present that would cause you to be critical of Dr. Wiencek for not treating the right femoral artery occlusion even up to this day as an emergency?

A. No.
Q. And are you critical of Dr. Wiencek for not having treated the left femoral artery occlusion as an emergency or even urgent?
A. No.
Q. Dr. Wilson, we'll move forward from the basic jury questions and into a new area.
Did Mr. Moore, in your opinion, have a vascular emergency in his left leg on December 25th, 2016?
A. No.
Q. Do you understand, based on your review of this case, that plaintiff's position is that Mr. Moore did, in fact, have a vascular emergency in his left leg on December 25th, 2016, due to acute limb ischemia?
A. Through reading Dr. Marmureanu's deposition, his opinion was that he had an acute emergency, and I believe that's the support for the plaintiff's position.
Q. And do you -- sometimes I call him "Dr. M" just because I can't pronounce it. So feel free to call him "Dr. M," if you wish.
Do you have an understanding as to the basis for why Dr. Marmureanu thought that Mr. Moore's left

leg was acutely ischemic on December 25th, 2016?

A. Well, I think it boiled down to the fact that he felt the leg was cold and numb and also that the ultrasound showed the graft to be occluded. So putting those two things together, I think Dr. M arrived at the conclusion that it must be an acute emergency.

Q. Have you arrived at a different conclusion?

A. No.

Q. No. I'm asking if your opinion is different than Dr. Marmureanu's on whether it was acutely ischemic on December 25th?

A. My opinion is different, yes.

Q. And what is your opinion as to whether, on December 25th, 2016, Mr. Moore's left leg was acutely ischemic?

A. My opinion is that it was chronically ischemic and that the examination that was done by Dr. Lasry and nurse practitioner did not demonstrate signs and symptoms of acute ischemia.

Q. So we'll get a little bit into that as we go through. Dr. Wilson, do you have an opinion what the general accepted medical definition is of "acute limb ischemia"?

A. Yes.

Q. And what is that, sir?

A. Well, first of all, it would be severe pain in the foot. There would be change in the color of the extremity. It would be pale. If it was elevated, it would turn a dusky purple color if it was lowered. There would be a lack of motion, particularly of the toes. There could be lack of sensation. The temperature of the foot would be cold. If you examined the patient, you would find that the skin would be cold, discolored; and then on a Doppler examination, you would not have a flow signal in the arteries in the foot.

Q. Thank you, Dr. Wilson.

Do you have an opinion as to the generally accepted medical definition of chronic limb ischemia in the left leg?

A. Well, chronic limb ischemia is a condition where the viability of the leg is maintained, but the circulation is not completely normal because there is a block in the artery, and you're depending in chronic ischemia on the collateral blood flow around the block.

In chronic ischemia, the typical symptom in the extremity is claudication, that is, a cramping type of pain when you would walk a certain distance,

which would be relieved with rest in about five to ten minutes. And then if you began walking again, the pain would reappear and perhaps your distance would be a little shorter. That's kind of an overview of what chronic ischemia is in the leg.

Q. Do you understand that doctor -- or do you have an understanding that Dr. Marmureanu, based on your review of the materials in this case, has formed the opinion that on December 25th, 2016, Mr. Moore had claudication?

A. Well, the pain as described is not entirely typical of claudication because it had persisted for a day or a little longer, depending on the note. It seemed to be, to me, in keeping with the visit that he had had approximately three days ago to the pain clinic, where they described "muscle strain and pain," and I think it would fit perhaps under that title. Especially given the fact that in his history, he related that he had walked more than normal, more than his normal walking.

So if it had been claudication on the 25th, I would have expected the pain in the calf to have gone away. The fact that the pain persisted in his calf supports more Dr. Lasry's definition.

Q. Do you have an opinion whether, by

definition, "claudication" means chronically ischemia versus acutely ischemia?

A. Absolutely, yes.

Q. Was that opinion, sir?

A. That claudication is associated with chronic ischemia, meaning that you have enough blood flow to get along and do your -- most of your daily activities. But if you exceed your walking distance, you out strip your blood supply after, say, one or two blocks of walking. The pain comes on in your calf, and then you have to rest to allow the blood supply to catch up.

Q. So even if on December 25th, 2016, Mr. Moore had claudication, is it your opinion that that would be chronic ischemia, not acute ischemia?

A. Yes.

Q. And are you able to tell the jury, Dr. Wilson, based on your experience as a vascular surgeon for a few decades, the commonness or lack of commonness of claudication in men with peripheral vascular disease?

A. Yes. Men over the age of 65, particularly if they have a smoking habit or currently smoke or diabetes, a study, for example, from the Netherlands showed that approximately 10 percent of patients

would have symptoms of claudication, based on occlusion of the superficial femoral artery.

Q. So do you have an opinion, one way or the other, whether it's fairly common for men over the age of 65, who have peripheral vascular disease, to have claudication, that they may not even know that they have an occluded femoral artery?

A. That can be a typical presentation, yes.

Q. And without specifically talking about Mr. Moore, how does smoking or not smoking factor into persons with peripheral vascular disease?

Do you have an opinion on that?

A. Well, yes. Tobacco is an important cause of atherosclerotic vascular disease, and I think the most important part in management is to have the patient abstain from tobacco use.

Q. How does tobacco factor into peripheral vascular disease, if you have an opinion?

A. Well, it's the most important cause of peripheral vascular disease.

Q. Why?

A. Now that's a very good question. But it's probably the effect of nicotine on the endothelium. That's the inner lining of the blood vessel.

Q. Do you have an opinion on whether continued

smoking contributes to the natural progression of peripheral vascular disease in most patients?

A. Yes. It's hard to hold the current situation if the patient continues to smoke. It worsens the disease.

Q. Why? Are you able to tell us pathophysiologically, or whatever the word is that I can't pronounce, what it is about tobacco that furthers the progression of the disease?

Do you have an opinion on that?

A. It's the nicotine that enters the bloodstream, and in some way, has a deleterious effect on the lining, the single-cell lining called the "endothelium" on the inside of your blood vessels, whether it's an inflammatory reaction is not clear. But it accelerates the progression of atherosclerosis, the fatty deposits that you get in the wall of the blood vessels.

Q. Is it fair to say that you, as a vascular surgeon and as a vascular surgeon and a professor of vascular surgery, do you teach residents?

A. I do.

Q. And what are "residents"?

A. Surgeons in training.

Q. So they're already physicians and then

they're specializing in vascular surgery; is that correct?

A. Yes.

Q. And what's a "fellow"?

A. Today, that's just about the same thing. A "fellow" really is a resident. There's some, a fine discrimination based on whether the salary of the resident is supported by Medicare, payments to the hospital, or whether it's supported by other funds. So a fellow generally doesn't have Medicare support for the position. But actually they're used interchangeably.

Q. Fair enough. So do you teach fellows and residents -- we'll just say "residents" since they're interchangeable. Do you teach your residents to teach and encourage their patients to abstain from tobacco if they've got peripheral vascular disease?

A. Absolutely. It's the No. 1 thing you can do.

Q. And if a patient who is a smoker, even for decades, if they abstain from tobacco, is the general medical thinking, if you have an opinion on this, that it increases the chances that their peripheral vascular disease might not progress?

A. Yes.

Q. Okay. And why is that?

A. Well, you've taken away the noxious insult to the artery. It's not the only thing. You then encourage the patient to walk as much as they can. You treat high blood pressure. You treat cholesterol elevation and any kidney disease. So it all -- today, the first-line treatment is medical treatment for a period of time to see if the patient's symptoms will get better so that -- and I don't want to wander here.

But I tell my patients that if they give up smoking, take on an exercise program, manage their blood pressure and their cholesterol that, within three months, their walking distance will double and that within six months, their walking distance will triple. So today that's first-line therapy as conservative -- we call it "conservative management."

Q. Is what you just described to us conservative management, medical management for chronic limb ischemia?

A. Yes.

Q. And do you hold an opinion, one way or another whether, as of December 25th, 2016, that was what Mr. Moore had, in other words, chronic limb

ischemia?

A. He had chronic limb ischemia, yes.

Q. Dr. Wilson, did you see in your review of the materials that on December 25th, 2016, Nurse Practitioner Bartmus and Dr. Lasry diagnosed Mr. Moore with musculoskeletal strain?

A. I saw that.

Q. Do you agree with that?

A. I think so. I did not examine Mr. Moore at the time, and so I'm relying on the medical records, and it would appear to have been a reasonable diagnosis.

Q. Even if they -- even if they got that diagnosis wrong, which has been alleged here, even if it was in fact claudication, the claudication doesn't convert it from other than being chronic limb ischemia; is that fair?

MR. ARNTZ: Objection. Leading.

THE COURT: Overruled. You may answer.

THE WITNESS: Claudication is typically associated with chronic limb ischemia, not with acute limb ischemia.

BY MR. WEAVER:

Q. And that your opinion in this case as well?

A. Yes.

Q. On December 25th, 2016, by ultrasound, by venous ultrasound, was there an occlusion of the left femoral popliteal graft?

A. Yes.

Q. Is there any doubt in your mind about that?

A. No.

Q. Okay. So you don't dispute that the ultrasound of Mr. Moore's left leg showed occlusion of the femoral popliteal graft; correct?

A. Correct.

Q. Does the fact that Mr. Moore's left femoral popliteal graft, by ultrasound, was occluded, does that convert Mr. Moore's chronic limb ischemia, in your opinion, one way or another, to critical limb ischemia or acute limb ischemia?

A. Not necessarily, no.

Q. Why not?

A. Well, he will have built up sufficient collaterals that allow the leg to be maintained, to have viability and not be in a situation of acute ischemia. The graft was probably occluded for some period of time based on the fact that lytic therapy, which it worked in the past, did not work this time, did not dissolve the clot, which means the clot was pretty advanced, had entered what I would call a

"rubbery stage" and just didn't respond.

Often, as time goes by, the graft becomes attached to the wall of the artery, and you get ingrowth of tissue which fixes it. So based on that, and given that they had been successful on two previous occasions, I think on this occasion, the graft -- the clot had to have been present there for weeks to months.

Q. So am I understanding you correctly that even if Mr. Moore had chronic limb ischemia when he came into the emergency department on December 25th, 2016, the fact that he had an occluded left femoral popliteal artery did not convert the chronic limb ischemia to acute limb ischemia?

MR. ARNTZ: Objection. Leading.

THE COURT: Can I have counsel at the bench, please.

(Bench conference.)

THE COURT: All right. That objection is overruled. You need to re-ask the question, but with the understanding, Mr. Weaver, that we have.

BY MR. WEAVER:

Q. Dr. Wilson, have you formed an opinion, one way or another whether, based on Mr. Moore's presentation and the Doppler venous ultrasound on

December 25th, 2016, Mr. Moore had acute versus chronic limb ischemia?

A. I have.

Q. And what is that, sir?

A. I believe the chronic limb ischemia on December 25, 2016.

Q. Dr. Wilson, do you have an opinion whether there is a gold standard way to diagnosis acute limb ischemia?

A. Well, it would be on the patient's history. When did it develop, and did it develop relatively suddenly? It would be on whether or not he's feeling severe pain, whether he's noticed discoloration, lack of movement, particularly of the toes, and that is the extremity cold; and he, Mr. Moore, knew that because he actually had acute ischemia on two prior occasions.

The examination is important in arriving at the diagnosis. You would have a foot that would be ice cold skin that was discolored. If he elevated the foot, it would blanche out. If you dropped it down, it would turn purple. If you listen with a Doppler, there would be no flow signal in the distal arteries. He would not be able to wiggle his toes, and he would not detect a sensation to pinprick or

even to just a cotton swab touching the skin.

Q. Thank you, Dr. Wilson.

Do you have an opinion whether what you've just described to the jury includes what's called a "clinical evaluation and a physical exam and assessment"?

A. Yes. That's a summary of what I was trying to say, yes.

Q. And do you have an opinion whether that's frequently referred to as the Five Ps?

A. Yes, it is.

Q. And I'll represent to you or I'd like for you to assume, Dr. Wilson, that Dr. Marmureanu referred to the Five Ps, and I'm going to quote him exactly as "old medicine practiced by old doctors."

Do you have an opinion whether that's a fair assessment? I'm sure no slight was intended.

A. Well, I sort of feel personal about that. No, it's not. It's the basics of vascular examination, examination by anyone. Your general practitioner, your internist. You know, technology has advanced, but we still use the history and physical examination. It's the most important thing.

Q. Do you have an opinion, one way or another,

whether there is a better substitute for the Five Ps than that being practiced by old doctors practicing old medicine?

A. That hurts.

Q. Well, let me ask it this way.

A. No. That's still the basis of your investigation.

Q. And is that what you teach your residents to use, the Five Ps in the assessment which you've identified includes clinical evaluation, physical exam, and assessment?

A. Yes. Absolutely.

Q. Do you have an opinion whether or not if you didn't do the Five Ps, how you would reach a diagnosis of acute limb ischemia?

A. Well, if you didn't, you wouldn't reach the diagnosis if you didn't examine the skin and so on.

Q. I want you to assume that Dr. Marmureanu has testified that, in 2020, the way to do a diagnosis of acute limb ischemia is through an arteriogram. So I want you to -- well, go ahead.

Do you have an opinion whether you agree with that or not?

A. No, I disagree. And I've written the articles that establish CT as the diagnostic test.

The diagnostic test is done where you need confirmation of your original diagnosis, but most importantly, to see if there's something corrective that you can do, whether it's giving a clot dissolution enzyme or surgical intervention. So a CT is not your first test, no.

Q. So do you have an opinion on whether what you've just identified is talking about how to guide treatment once the diagnosis is made?

A. Yes. That's a very important part of the arteriogram.

Q. If you don't diagnose acute limb ischemia first by physical exam and assessment of the Five Ps, how would you know to do an arteriogram or CT angiogram?

A. Well, you wouldn't know, and if you did it without a good indication, you would be risking complications in the patient from the test.

Q. Well, I would like you to assume that, on that point, Dr. Marmureanu has testified that when it comes to CT angiogram, all you do is, quote-unquote, "squirt a little dye." Are there --

Well, first of all, do you agree it's that simple?

A. No. It's 200 cc of intravenous contrast

that's injected into a central vein. So you have to introduce a catheter to go up towards the central vein. It's injected using a power injector, which is a automatic tool. It injects at 200 cc rapidly, and you have to use advance computer scanning to detect. Since there's less dye, it's venous test, you have to use a special computer, tomographic CT, to magnify the contrast in the blood vessels.

An arteriogram is where you inject the contrast through a incision where you introduce a tube into the femoral artery in the groin, then inject the dye directly into the artery. So they're a little bit different tests. They do show you roughly the same information. A CT is often done as an outpatient. Femoral arteriogram is more often done as an inpatient.

Q. And so do you have an opinion, one way or another whether, in addition to what you've described of doing a CT angiogram and arteriogram, that there are risks to certain patient populations by doing CT angiograms with contrast or with iodine?

A. Yes. There are risks.

Q. And what risks or what patient group would potentially be at risk, particularly if they were repeated CT angiograms to check whether there is

acute limb ischemia if, in fact, according to Dr. Marmureanu, that's the way to go?

A. Well, the major worry is kidney damage because the contrast is known to cause damage to the, you know, tubules that filter the urine; and generally, you would not want to do that in a patient with any sign of kidney problems or anyone with diabetes, you would not do that. You could do it with preparation of a patient, giving intravenous fluids for several hours before, holding a patient to make sure you've got a good liter of fluid into the system to dilute the contrast.

The other second big complication is allergy to the contrast.

Q. Thank you, Dr. Wilson.

I want you to assume that Dr. Marmureanu has also testified that when it comes to the diagnosis and treatment of acute limb ischemia, there is one standard for everybody whether you're an emergency medicine physician, vascular surgeon, inpatient, outpatient. So I want you to hold that assumption for a moment.

Do you have an opinion, one way or another, whether practitioners in the community, as opposed to the emergency department, in order to diagnose acute

limb ischemia by CT angiogram, would then have to send patients, for example, to the emergency department for that test?

MR. ARNTZ: Your Honor, can we approach for just a minute.

THE COURT: Sure.

(Bench conference.)

THE COURT: All right. Thank you for the opportunity to clarify a couple of things.

Mr. Weaver, whenever you're ready.

BY MR. WEAVER:

Q. Dr. Wilson, I want you to assume a hypothetical, and I want you to assume, for purposes of the hypothetical, that Dr. Marmureanu is correct that the standard of care to diagnose acute limb ischemia is CT angiogram or arteriogram.

If, to further the hypothetical, Dr. Marmureanu has testified that it's one standard of care whether it's an inpatient provider in the emergency department or an outpatient provider, for example, in a clinic or an office, do you have an opinion whether that would indicate that outpatient providers would need to send the patient somewhere for the CT angiogram or arteriogram?

A. If they're diagnosed acute ischemia, yes.

Q. Do you have an opinion, one way or another, based on your review of the materials in this case, that Nurse Practitioner Bartmus and Dr. Lasry accepted, during their evaluation of Mr. Moore, that the femoral popliteal artery graft was occluded?

MR. ARNTZ: Object. Lacks foundation.

THE COURT: I'm not sure you laid the foundation for this one, Mr. Weaver.

BY MR. WEAVER:

Q. Sure. Have you reviewed the depositions Nurse Practitioner Bartmus and Dr. Lasry?

A. I have.

Q. And have you reviewed the medical records in this case?

A. I have.

Q. And have you formed an opinion whether Nurse Practitioner Bartmus and Dr. Lasry accepted during the December 25th, 2016, emergency department visit that the graft was occluded based on the ultrasound?

A. Yes.

Q. Do you have an opinion whether the finding of the occlusion on the ultrasound, combined with Mr. Moore's past medical history and his present complaint of seven-out-of-ten calf pain warranted a

CT angiogram and a call to a vascular surgeon for emergency treatment?

A. No. It did not warrant it at that time.

Q. And why not?

A. Because chronic ischemia would be expected in the condition that Mr. Moore had. It would only require vascular surgery consultation if it was an acute event that threatened the life of his extremity such that an intervention on an emergency basis was needed. In that case, you would call for a vascular surgeon. You would obtain imaging tests, and that would be the process for acute ischemia.

Q. Have you formed the opinion, Dr. Wilson, one way or another, whether those circumstances that you just articulated were present on three days later, on December 28th, 2016?

A. Yes. Absolutely. They were present.

Q. I'm sorry?

A. Those circumstances signifying acute ischemia were definitely present on the 28th.

Q. Why is that?

A. The presentation was a typical -- it was very typical. When he left the emergency room on the 25th, he walked out. He said his pain, he felt relieved, I think is the word he used, that his pain

had subsided or was gone and that he felt okay between the 25th and the morning of the 28th, when he awoke and had severe pain and went to see his, I believe it was his neurologist who, very quickly, diagnosed acute ischemia and had him taken over to the emergency room of the hospital. Totally different presentation.

Q. Okay. I want you to tell us whether or not you had reviewed the, as part your review of the materials, whether you've reviewed the ultrasound on December 25th, 2016?

A. Just the report. I've looked at the images, but I'm not an expert. I'm no longer an expert on ultrasound images. But I read the report.

MR. WEAVER: Exhibit 100, which is admitted into evidence, Your Honor, Bates 1411, we would ask be put up for Dr. Wilson's review.

THE COURT: Okay.

BY MR. WEAVER:

Q. Dr. Wilson, is this the ultrasound that you've seen as part of your review of materials in this case?

A. Yes.

Q. Okay. So you have seen this document before; is that fair?

A. I have seen this document before.
Q. And do you see in this document where it says "The femoral popliteal artery graft appears occluded"?
A. Yes.
Q. And you accept that to be correct; true?
A. Yes.
Q. Okay. I want you to assume, Dr. Wilson, that Dr. Marmureanu has testified that this ultrasound finding in Mr. Moore's case, standing alone, was a vascular emergency.
Do you have an opinion, one way or another, whether this ultrasound report, combined with Mr. Moore's history and presentation on that day, constituted a vascular emergency?
A. I don't think so.
Q. And what are all the reasons you don't think so?
A. Well, first of all, the presentation is not that in my reading of the record of acute ischemia. Secondly, you could certainly have an occluded graft, particularly a poly type of fluoroethylene plastic graft without having acute ischemia. It's not uncommon. So this in itself, given the chronicity of vascular disease, the multiple

procedures he had in the past would not suggest to me that he had acute ischemia.

You have to take in the presentation, this information is helpful. But, to me, it just confirms that he's had chronic arterial disease.

Q. I want you to assume that Dr. Marmureanu testified that taking into account the ultrasound, Mr. Moore's past medical history, and his presentation December 25th, 2016, quote: "If you would be in a submarine, you would see a red light and a sound. This cannot be more of an emergency, those six words here represent flags, alarms, red lights all over." Do you agree with that?

A. Well, it certainly is picturesque language, but it's not how one would react to receiving this report.

Q. How would one react with receiving that report?

A. I would go back and examine the patient again and see that my first examination is accurate, and I would suggest that the patient follow-up with a surgeon because the surgeon would likely want to know that the graft was occluded.

Q. So before we get into your credentials, which I know we still haven't, based on these

questions that I've asked you so far, do you believe that you're competent to offer the opinions that you've offered so far?

A. I do.

Q. Do you believe that you are qualified and competent to disagree with my telling you, hypothetically at least, what Dr. Marmureanu has testified to so far that you've disagreed with?

A. I disagree with the conclusions --

MR. ARNTZ: Let me just make an objection.

THE COURT: Hold on, hold on, hold on.

MR. ARNTZ: I didn't understand the question.

THE COURT: I didn't hear the answer. We're going to have to figure out where we're going. But what was the objection?

MR. ARNTZ: It was vague. I didn't even understand the question.

MR. WEAVER: Sure. Fair enough. I'll re-ask it.

THE COURT: The doctor's already answered. But let's just clean up the record and have you re-ask, Mr. Weaver.

MR. WEAVER: Because I missed the answer anyway.

THE COURT: And so did I. Sustain the objection.

And I know so far it's gone well, Dr. Wilson, but just kind of give a little beat. So just in case there's an objection, we can get it heard before you start answering, and then we don't talk over each other. But no worries. We'll get there. Go ahead, Mr. Weaver.

BY MR. WEAVER:

Q. Dr. Wilson, do you feel competent and qualified to disagree with Dr. Marmureanu's opinions?

A. I do.

Q. And why is that?

A. Well, first of all, I'm relying on the medical record, and reading the medical record, it does not describe to me a situation of acute ischemia.

Q. Dr. Wilson, we'll talk some more about the ultrasound in a moment. But based on your review of the materials in this case, do you have an opinion, one way or another, whether it was warranted for Nurse Practitioner Bartmus and Dr. Lasry to be concerned on December 25th about a DVT?

A. Yes. I think that was appropriate.

Q. And why is that, Dr. Wilson?

A. Well, first of all, he had calf pain, which is a classic symptom of deep venous thrombosis. Secondly, he had had treatment for venous disease in the past. So it was reasonable to evaluate him for the presence of deep venous thrombosis.

Q. I want you to assume, Dr. Wilson, hypothetically, that Mr. Moore has testified in his deposition that he was diagnosed one or more times with a blood clot in his lung.

Do you accept that hypothetical?

A. Yes.

Q. In fact, in your review of Mr. Moore's deposition, do you recall that?

A. I believe I do, yes.

Q. And what is a blood clot in the lung?

A. Well, in medical terms, it's a pulmonary embolus, which means that a blood clot has broken off from the vein, traveled up, and lodged into your lungs and prevents blood circulating through the lungs to allow you to get sufficient oxygen.

Q. Do you have an opinion, Dr. Wilson, whether a potential risk of an undiagnosed DVT is that it may become a pulmonary embolism?

A. Yes.

Q. Okay. And what's your opinion in that

regard?

A. Well, it commonly will occur with deep venous thrombosis, yes.

Q. And do you have an opinion, Dr. Wilson, as to whether there is a potential risk of death if that does occur?

A. Yes.

Q. And what is that opinion?

A. Well, there are estimates of between 250 and 500,000 deaths annually due to pulmonary emboli such that it's been a major healthcare concern.

Q. And do you have an opinion whether if a primary reason the venous ultrasound was ordered was to detect whether or not a DVT was present?

A. Yes.

Q. Do you have an opinion, therefore, that it was appropriate in this case?

A. I think so. Given the history of pain in the calf, past history of thrombosis, yes.

Q. Dr. Marmureanu has testified, I want you to assume that even if there wasn't a past history of DVT, that it would have been appropriate to do so in this case. Do you agree with his opinion?

A. That it would have been appropriate to do it even if there wasn't a history, is that the

question.

Q. Yes, sir.

A. Yes.

Q. And have you formed an opinion whether the ultrasound identifies the presence or absence of DVT?

A. It did not show deep venous thrombosis.

Q. Are you able to explain to the jury why a DVT is diagnosed by venous ultrasound, if it is, as opposed to an arterial clot?

A. Well, the difference is the clot is in the veins and obstructs the return of blood flow ultimately to the heart. So the ultrasound will examine blood flow in the veins and see if there's a clot within the veins.

Q. Do you have an opinion as to why a venous ultrasound would be done for a DVT but an arterial ultrasound isn't done to detect a blood clot in the arteries?

A. Well, in this case, I think the suspicion was directed towards a DVT. Now, if the question that you ask is why didn't they also do an arterial ultrasound, I don't know is the answer.

Q. Can a DVT be identified by physical exam?

A. Sometimes, yes.

Q. Is the gold standard to do an ultrasound for

it?

A. Yes.

Q. We'll talk a little bit more about that in a little bit. But are there additional findings on the ultrasound besides that there was not a DVT?

A. Yes. He found that there -- the standard part of the test is to compress the calf and see if that changes the velocity of blood in the veins. He did find that there was a normal compressibility of the vein, meaning that there was no clot filling the vein. If there was, you couldn't compress it. That augmentation by squeezing the calf, you could shoot the blood faster up the veins towards the heart, and I think those led him to believe there was no deep venous thrombosis in the left leg.

Q. Does the ultrasound indicate, one way or another, whether there was a sufficiency of blood flow in the veins?

A. Well, he doesn't use those terms, but reading the findings, it suggests there was normal blood flow in the veins.

Q. What is the significance of normal blood flow in the veins, if any, vis-a-vis, arterial blood flow?

A. Well, it suggests that you have to have

adequate arterial inflow in order to get venous outflow. So it's a secondary finding that arterial inflow was, at that point, satisfactory.

Q. Why do you have to have sufficient arterial inflow? Does that mean blood flow through the arteries into the leg? Is that what that term means?

A. Yes.

Q. Why do you have to have sufficient blood flow into the artery in order for there to be sufficient blood flow in the veins out of the leg?

A. Well, the purpose of the veins is to return blood flow from the arteries to the heart. So if you don't have sufficient blood flow, there will be static flow or no flow in the veins, and often that leads to clotting in the veins. So in order to have satisfactory -- I mean, I think it's elementary. In order to have satisfactory outflow, you have to have satisfactory inflow.

Q. Do you have an opinion, one way or another, whether it's easier for blood to flow downhill than uphill?

A. Yes.

Q. And what is that opinion?

A. That it's easier for most fluids to go downhill.

Q. Do you have an opinion, one way or another, whether when the veins are returning the blood to the heart, it has to pump the blood uphill or against gravity?

A. Yes.

Q. Okay. If there was insufficient blood flow going down the arteries to cause the venous flow to return to the heart, did you just say that there is the potential that the venous flow would backup and clot?

A. Yes. That's correct.

Q. And you don't see any evidence of that on this ultrasound; is that correct?

A. No.

Q. And I think you said earlier, maybe where we kicked off, that the ultrasound also shows the femoral popliteal occlusion obviously; is that correct?

A. Yes.

Q. Do you hold an opinion, one way or another, Dr. Wilson, whether anything that Nurse Practitioner Bartmus and Dr. Lasry did or didn't do caused Mr. Moore's left leg to be amputated?

A. My opinion is that what they did did not cause his leg to be amputated.

Q. And do you hold that opinion and all the opinions, so far that you've told the jury, to a reasonable degree of medical probability?

A. Yes.

Q. And why is it that you hold the opinion that there was nothing Ms. Bartmus or Dr. Lasry did or didn't do that caused Mr. Moore's left leg amputation, to a reasonable degree of medical probability?

A. I believe, at the time they saw Mr. Moore, as their medical record states, I believe that he had a chronic condition that had been present for some weeks to months and that when he left the hospital emergency room, he had satisfactory circulation to ensure viability of the leg; and on December 28th, an event occurred which rather suddenly worsened his symptoms and result -- and led to acute ischemia.

Q. We'll get into --

A. That's my summary.

Q. Thank you. Thank you for the summary. We'll get into it in more detail in a little bit.

So it sounds like what you're saying is that on December 28th, Mr. Moore had acute limb ischemia when he presented to the emergency department, but it

wasn't diagnosable to that time.

Do you hold that opinion?

A. Yes.

Q. Do you have an opinion whether on December 25th, 2016, it was predictable, while Mr. Moore was in the emergency department, that three days later, on December 28th, he would have diagnosable acute limb ischemia?

A. I don't think you could predict when that would occur.

Q. Why is that, Dr. Wilson?

A. Well, the acute ischemia developed because the major, I believe, the major collateral blood vessel supplying the blood to his leg, going around the graft was occluded when the arteriogram was done on the 28th. That cut off the only supply of blood, major supply of blood to his leg. The profunda femoris had clots in it, and I think that's why he presented with such a obvious condition on the 28th.

Q. So is what you just said that on December 28th, he acutely or suddenly lost blood flow through his profunda?

A. Yes.

Q. And what is the profunda artery?

A. There are two major arteries that supply

the leg, beginning at the level of the groin. Their the superficial femoral artery and then the deeper femoral artery which runs in the muscles.

Q. I'm sorry. I missed that. That runs in the what?

A. In the muscles. It's mostly in the muscle. So that when the superficial occludes, the profunda takes off, takes over.

Q. Is the profunda a collateral?

A. Yes.

Q. So that's one of the things that you were referring to earlier when you talked about collaterals?

A. Yes.

Q. In addition to the profunda, were there other collaterals Mr. Moore had as of say December 25th, 2016?

A. Well, his major other collateral had been blocked during the operation of 2012, and that is the collateral that supplies blood flow to the hip, the internal iliac. That had been covered with a graft in repair of an aneurysm. I don't have records of the image of the aneurysm but -- because the records begin in July.

So he had lost a major source of

collaterals. So he was depending on that profunda, and when the clots developed in the funda, in the profunda, that's what precipitated the acute ischemia. That's my analysis of what happened.

Q. Is there anything that you reviewed in the medical records of December 28th or a couple of days after, before Mr. Moore's leg was amputated, that gives you support for your opinion that the profunda artery was occluded on December 28th?

A. He, the arteriographer noted clots in the profunda, and he actually stated that the vascular supply appears much worse than the last time, and I'm assuming he was the one who did the lysis of the clot just over a year ago.

Q. Do you have an opinion, one way or another, whether the occlusion of the profunda identified on the 28th that you said was an acute event leading to acute limb ischemia was caused by the preexisting occlusion of the graft in the femoral artery?

A. No. It wasn't caused by the preexisting occlusion.

Q. Why do you say that?

A. Well, if it had occluded -- if the graft had occluded say six weeks previously or two months, and the profunda had occluded at that time, that's

when he would have had acute ischemia. There may have been other causes that could lead to occlusion of the profunda artery.

Q. Does the graft in the femoral popliteal artery feed blood to the profunda?

A. No.

Q. Where is the location of the profunda above or below the femoral popliteal artery graft?

A. Well, the graft could take off usually at the level of the profunda, but it takes off from the common femoral artery, not the profunda artery. And at the time of the graft, you would attempt to make sure the profunda artery is open.

Q. So the location of the profunda artery is different than where the occlusion of the clot or the occlusion in the femoral popliteal artery is; is that right?

A. Yes.

Q. If Mr. Moore's profunda artery was acutely occluded on December 28th and that's the cause of the acute leg ischemia, why was Dr. Wiencek unable, if he wasn't able to, dissolve the clot in the graft?

A. Okay. The radiologist, I believe, did the attempt at lytic therapy. And the reason he couldn't occlude it and the usual reason is that the

clot is old, is attached now to the inside of the artery, has -- the clot, we call it "matured," has a rubbery consistency, that it just doesn't respond to TPA.

Q. Do you have an opinion whether, on December 28th or the day or two after that, there was an attempt to dissolve the clot in the occluded femoral popliteal artery?

A. Yes.

Q. And tell us, again, if you would, why it is you think that that attempt wasn't successful?

A. Well, the radiologist said it wasn't successful.

Q. Okay. And why, again, wasn't it successful?

A. I think it wasn't successful because the clot had been present to such an extent that it wasn't possible for lysis to be successful.

If I could back that up, the major study that looked into whether you should do surgery or clot lysis actually included clots up to the period of three weeks duration, and the results were the same whether you did lytic therapy or surgery. So I take that to mean that, beyond older than three weeks, it would be just about impossible to dissolve a clot.

Q. And is it your opinion this clot was older than three weeks for the reasons that you've given us, including based on the description?

A. Yes.

Q. Do you hold the opinion then, it sounds like, that three days wasn't going to make a difference in this case, from the 25th to the 28th, as to whether or not, to a reasonable degree of medical probability, the clot in the femoral popliteal graft could be dissolved?

A. No. I don't think that was the major operative factor.

Q. So do you hold an opinion, one way or another, whether had there been an attempt to dissolve the clot through thrombolytics on December 25th, hypothetically, whether it would have been successful?

A. I don't think the result would have been any different.

Q. And is that based on the reasons that you've told us from what happened on the 28th, when it was attempted?

A. Yes.

Q. So three days wasn't going to make a difference?

A. I don't think it did.
Q. Okay. So do you hold the opinion then, based on what you've told us so far, that it wasn't the occlusion of the graft in the femoral popliteal artery that caused the acute limb ischemia on the 28th, but rather it was the acute occlusion of the profunda artery in the collaterals?
A. Yes.
Q. And tell us, again, if you would, please, the basis for that opinion.
A. Well, I think that Mr. Moore was in reasonable shape when he left the emergency room on the 25th, based on his deposition. That the pain had been relieved. He was ambulatory when he left. He states that his foot, both foot -- feet, sorry -- felt pretty much the same, that numbness came and went away frequently, and he didn't really think that was completely different. And then the events that occurred on the 28th were quite different, much more painful, much more severe and were recognized by a neurologist at that time.
So I think he had a viable extremity when he left the emergency room on the 25th, and then on the 28th, I think he had occlusion of the collaterals that was keeping that leg alive that was

unpredictable, except in a very long sense that, given enough time, Mr. Moore was destined to have serious trouble with his left leg.

Q. If I just corrected you for a moment that on the morning of the 28th, he didn't see his neurologist with the acute changes, he just went to the emergency department, does that change your opinion any?

A. No.

Q. Okay. So if there was a process or a natural progression between the 25th and the 28th that made it predictable that on the 28th, he was going to have acute limb ischemia, what would you expect Mr. Moore's symptoms to be, in the meantime, that you told us weren't present?

What would you expect to see during that time?

A. I don't think it would have been any different on the 26th and 27th.

Q. And is that based on your review of the materials in this case?

A. Mostly based on Mr. Moore's deposition.

MR. WEAVER: Your Honor, would this be a good time to take a break?

THE COURT: Yes. We will go ahead and take

a break, as we indicated. We're going to conclude the testimony, at this time, with Dr. Wilson, who will return with us tomorrow, and we'll call another witness when we reconvene this afternoon.

So, Dr. Wilson, you are accused for now. Thank you.

THE WITNESS: Thank you very much, Your Honor.

THE COURT: I'll let you go first, and then I'm going admonish the jurors, reminding them of their admonishment for the break.

MR. WEAVER: Thank you, Your Honor.

THE COURT: Thank you.

We're actually going to break until 4:00. So it's just a little over 15 minutes. Give us some time. We want to check out a couple of things related to the courtroom where we're going to be tomorrow. But as I said, we'll give you some more details on that later.

When we return at 4:00 o'clock, ladies and gentlemen, during this slightly more than 15 minute recess, we're going to remind you that you're admonished not to talk or converse among yourselves or with anyone else on any subject connected with this trial or read, watch, or listen to any report

of commentary on the trial or any person connected with the trial by any medium of information including, without limitation, newspapers, television, radio, or Internet.

No social media communications of any kind or independent investigations including any Internet searches of any kind. And, of course, please do not form or express any opinion on any subject connected with the trial until the case is finally submitted to you. We'll see you back here at 4:00 o'clock.

THE MARSHAL: All rise for the jury.

(Outside the presence of the jury.)

THE COURT: I'd like to make a record of the bench conferences quickly. We had two bench conferences earlier on in the testimony of Dr. Wilson. These focused on objections Mr. Arntz was making that he believed that Mr. Weaver was being leading with his questions. Multiple times, we had debates up here at the bench about how Mr. Weaver is supposed to get at ultimately asking the question of Dr. Wilson's conclusions without supplying that information.

There was a lot of debate about whether leading questions generally can be asked of experts. Mr. Weaver indicated there's clear case law that

yes, that is the case. Mr. Arntz indicated there is not clear case law that that is the case. We have not requested so far, nor am I necessarily inclined to have briefing on this issue, but there has been a difference of opinion about what the clarity of the law is on that subject.

I believe, from the Court's perspective, that leading questions are permitted to allow transition to different topics, and leading questions are permitted to lead into, you know, again certain foundational questions. But at the end of the day, there has to be a foundation laid, and then the question should still be open ended as to what the opinion is.

I believe where Mr. Arntz became concerned and where Mr. Weaver may have crossed that line over into something that was leading is to simply supply the answer in the question seeking a yes-or-no answer. I'm not sure that was Mr. Weaver's, you know, regular practice here. And then, of course, the record will reflects what it reflects. But I think a couple of times that did occur.

For the most part though, where the Court believed the foundation had been laid, it overruled the objection; where it did not, it sustained.

But let me go ahead and have Mr. Arntz add anything to he wants to this topic, and we'll hear from Mr. Weaver.

MR. ARNTZ: I'm not familiar with the case law that he's referring to that says you can lead an expert through their opinions. I think it's appropriate to have leading questions through certain types of foundation. But when you're asking the ultimate question of an opinion, I don't know of any case law or any statutory law that would support the conclusion that you can do that through a leading examination.

THE COURT: Well, I hear you. I think I just want to make sure we're being precise here. As I understood your objection, it was when those ultimate conclusionary statements are being made, that you don't think it's permissible for that to be a leading question: Is it your ultimate, you know, important conclusion on this particular topic X, and then the person says yes. I agreed, in those circumstances, that you can't just go there with the question.

But I disagreed, respectfully, that there couldn't be leading questions to, again, transition to a new topic and lay the foundation for ultimately

inquiring of the questions. And I did multiple times, although I don't think it ever happened, I indicated to Mr. Weaver that, as long as he laid that foundation and he asked the open-ended question, if he did not get the answer to the question or there was confusion, he could then perhaps engage in a more leading question. But I do think that there is leeway for that. But I appreciate your commentary with regard to what you believe the case law says.

Mr. Weaver, what would you like to add?

MR. WEAVER: Your Honor, I certainly don't disagree with the Court's analysis, and it's certainly within the discretion of the Court to decide or to allow or not allow leading questions across the board.

My intent, and if I didn't do it as well as I would have liked to -- I'll do better tomorrow -- was really with regard to what I think Mr. Arntz would have seen as the more trouble some leading questions was just to get summaries or just to yes, in fact, get conclusions of what he's already testified to basically in summary form.

So when I was asking questions that were essentially: "Do I understand that this is what you have already testified to?" That's where I was

getting to lay the foundation for the ultimate conclusion, and I don't think it's inappropriate, and if I didn't do a good enough job, I'll do better tomorrow.

THE COURT: Well, you're saying now you agree with the Court. But you made argument at the bench that there's case law squarely on point with this. I'm not saying anything more than the Court's understanding. But you were the one who specified there's clear case law. And do you have either a more specific reference or a citation or something?

MR. WEAVER: Well, I've got plenty of cases that I'll supply that are out of state cases. But I think the authority in Nevada is that it lies with the discretion of the Court. So I will certainly provide the authority that I alluded to that there is case law that allows it.

THE COURT: I'm just asking for your clarification.

The other bench conference came later in the questioning, and it was Mr. Arntz, I think sort of getting a concern, as the questioning was going on where Dr. Wilson was giving what appeared to be standard of care answers, and having raised the issue at the bench that there was some colloquy

obviously earlier that Dr. Wilson was not here to give standard of care opinions and what was the circumstances.

When questioning, at the bench, Mr. Weaver of the circumstances -- because Mr. Arntz had expressed and the Court too had expressed some, you know, desire to understand what this effort was to get opinions but not be standard of care opinions -- and Mr. Weaver clarified that, you know, there are doctors who are coming in to opine as to standard of care or experts who are coming in to opine as to standard of care, but Dr. Wilson is not one of them; it was disclosed that way, but that he is being asked to address opinions related to the circumstances in a way that is sort of imposed by if this testimony had come from Dr. Marmureanu or, to some degree, early on, you asked questions regarding juror's questions, other things.

So it was a little confusing what was occurring. We didn't really have an objection necessarily. We didn't sustain any or rule any objections. But there was a concern about sort of this line of questioning and are we actually doing standard of care opinions. I think I left -- the final direction with Mr. Weaver, before he returned

to the questioning was, you know, we want to be clear in front of the jurors, you know, if this is not standard of care opinion, that that's not the case and what we're doing. And I think your follow-up questions were more specifically, you know, stated as "hypothetically" or "if you, you know, were told" or other segues like that.

But do you want to speak to, Mr. Arntz, your concern that you expressed at the bench on that one?

MR. ARNTZ: Yeah. I was surprised by the leading question he gave the expert, and I think the expert was as well surprised when he said "You're not here to give standard of care opinions, are you?" And he looked a little stunned, I felt. And I was a little surprised because his report goes into standard of care opinions.

And I think the reason why he did that was because he doesn't want to be duplicative, which he's being. So to say I've got another guy who's going to come in and testify to standard of care when this expert clearly, that's one of his key opinions in his report was the standard of care opinion.

THE COURT: Well, I think the discussion

that we had was not to have any kind of, you know, either muddied record or appellate issue with the fact that there was a witness testifying to standard of care who had not been disclosed to testify in that regard and was being asked questions that were not stated that way. The issue is are they, you know, designed that way and/or being in backdoored that way. But, ultimately, we don't have any -- did not have any motion with regard to the number of experts or potential duplication in that regard. So that's really not something that I think is currently before the Court, and this is the first witness from the defense along these lines.

But, Mr. Weaver.

MR. WEAVER: And just to clarify a little bit further, Your Honor, is Dr. Wilson is a joint witness for Dr. Lasry and Nurse Practitioner Bartmus. Obviously, we could have both had vascular surgeons. We could have duplicated this. We -- for all kinds of reasons, we thought it made sense to have the same person. Dr. Lasry did not identify Dr. Wilson as having any opinions on standard of care in the disclosures.

So, yes, I agree that, theoretically, I could ask Dr. Wilson standard of care opinions. But

we're simply trying to short-circuit this in order to have him only testify to opinions regarding causation in the general vascular surgery issues that Dr. Marmureanu testified to, separate and apart from the standard of care opinions. And our own standard of care experts will testify to the standard of care opinions, just as Dr. Jacobs would be here to testify to those standard of care opinions, but of which he also had causation opinions, were it not for the fact that he's unavailable.

So plaintiffs had Dr. Marmureanu to testify wholly on standard of care and causation, as well as Dr. Jacobs to testify as to standard of care and causation. We are limiting Dr. Wilson to testify to causation and vascular surgery issues and our standard of care witnesses to testify to standard of care. So it's not like this is, in my opinion, out of the blue or unreasonable or unexpected.

THE COURT: We've completed the records. I think we still want to take a break. I do want to let the I.T. people -- I don't know if that's ultimately you, Mr. Hymanson, on one side, or our I.T. person here on the other. But the courtroom is empty right now if you all wanted to go take a look

and see what the plug-ins look like and see if you're good to go.

If you want to wait and come early to do that tomorrow, that's an option too. We just obviously need to make sure that that's done before we resume at 1:30. So I'll leave that up to you.

MR. P. HYMANSON: Your Honor, one last thing, point of order. Can we get some indication on how long the next witness will be? Because I don't want to have it be ten to 5:00 and this is a gentleman who has to leave and now it's our opportunity to cross-examine him. If we get to a certain point, I don't want to have to be the one to have to fight in open court that we're going to have to hold him over.

MR. McBRIDE: 15 to 20 minutes, Your Honor.

THE COURT: I'm assuming they wouldn't have proposed starting at 4:00 and thinking we could finish if they were planning to question him all the way to 5:00. But it's good to get clarification.

MR. P. HYMANSON: 15 to 20 minutes I could even understand that.

THE COURT: We'll see how we do. I would like to finish at 5:00. So we'll plan to do so. Thank you.

(Pause in the proceedings.)

THE COURT: Since I said it once before or twice, I'll say it again: The break was until 4:00, not 4:20. We have an expert to finish. Please take a seat so we can get started.

Please, for the jurors.

(Jury enters the courtroom.)

THE COURT: While the jurors are taking their seats, I'll invite everyone else to have a seat. We ran into some technical difficulties that we've now resolved. But for that reason, we may have to go a little bit longer today than 5:00 o'clock in order to complete a witness.

But let's go ahead and get the witness called, Mr. McBride.

MR. McBRIDE: Thank you, Your Honor. Defense would call Dr. John Janzen to the stand.

THE COURT: Dr. Janzen, please.

Dr. Janzen, as you reach the seat, if you could just come in front of it for the clerk to swear you in, we'd appreciate it. She's here.

(Witness sworn.)

THE WITNESS: I do.

THE CLERK: Thank you. Please take a seat.

MR. McBRIDE: Good afternoon, Dr. Janzen.

THE WITNESS: Hi.
THE COURT: She hasn't finished.
MR. McBRIDE: Oh, sorry. I'm sorry.
THE CLERK: Could you please state and spell your first and last name, for the record.
THE WITNESS: John Janzen, J-A-N-Z-E-N.
THE COURT: All right.
MR. McBRIDE: Thank you, Your Honor.
THE COURT: Whenever you're ready, Mr. McBride.

Thereupon --

JOHN JANZEN, M.D.,

having been first duly sworn to testify to the truth, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. McBRIDE:

Q. Dr. Janzen, could you briefly tell the jury what is your profession, sir.

A. Yeah, I'm a rehabilitation specialist in the field of vocational and psychological rehabilitation and Life Care planning.

Q. Okay. And can you just explain what that job entails. What does that mean that you just

told --

A. That involves assessing the physical, mental, and emotional effects of a person's injury and determining what their capability, what their capabilities are insofar as their ability to work or their Life Care needs, and that is done by reviewing the medical history of the individual, reviewing any other information on their functional capacities, and then looking at what type of services are necessary to meet their needs.

Q. And, Dr. Janzen, where are you located?

A. I live in Boise, Idaho.

Q. Okay. And I know that your schedule is pretty tight today and you're not able to come back. So we're going to try to get through your testimony as quickly as possible. So we might short-circuit things a little bit.

But in an effort to do that, could you just briefly tell the jury a little bit about your educational background and training as a vocational rehab specialist.

A. I have a Doctorate degree in counseling and psychology from the University of San Francisco; a Master's degree in rehabilitation and counseling from Oklahoma State University; and I have a

Bachelor's degree in social work from Tabor College in Hillsborough, Kansas.

In addition to that, I have many continuing education credits for my certification as a rehabilitation counselor, and those go back all the way to 1975, and that's in the field of medical aspects of disability, testing, psychological aspects in evaluating the functional consequences of a person's injury.

Q. Okay. And, Doctor, so roughly how long have you worked as a vocational rehab specialist?

A. I have been practicing since 1975, and I've had my own practice since 1982 -- or since 1979. Excuse me.

Q. And, Doctor, are you a member of various professional affiliations as well?

A. I am. I'm a member of the American Congress of Physical Medicine and Rehabilitation, the National Rehabilitation Counseling Association, National Rehabilitation Association, International Academy of Life Care Planners, and there's probably a few others. But those are the main ones.

Q. All right. And, Doctor, have you served as an expert before and testified in trial before?

A. Yes.

Q. And here in the State of Nevada as well?
A. Yes.
Q. On how many occasions, in total, have you testified in trial?
A. I've been in this courthouse -- here in Nevada?
Q. Right.
A. Yeah, at least five or six times.
Q. Okay. Have you been recognized as an expert in the field of vocational rehabilitation in Nevada?
A. Yes.
Q. In this particular case -- have you served as an expert on behalf of the plaintiff before?
A. Yes, I have. And I'm currently serving in that capacity as well.
Q. Okay. And as part of your work on behalf of the plaintiff, do you also prepare life care plans?
A. I do.
Q. In this particular case, what was your understanding of your role as expert on behalf of the defense?
A. I was asked to assess the life care needs of Mr. Moore and also respond to life care plans that would be prepared by other individuals. I was not asked to prepare a Life Care Plan on him.

Q. And in this particular case, in fact, you did not interview or speak directly with Mr. Moore or Mrs. Moore; is that right?

A. That's correct.

Q. Okay. In this particular case, were you provided with medical records and other materials that you reviewed in formulation of your opinions?

A. I was.

Q. Okay. And among those, were you provided with medical records from St. Rose Hospital?

A. Yes.

Q. And also other subsequent records of Mr. Moore and his care and treatment that he's received up to this date?

A. Yes.

Q. All right. And did you also review depositions in this case?

A. I did.

Q. Did you review the deposition of Dr. Fish, plaintiff's vocational rehab expert?

A. I did.

Q. And did you also, after reviewing all those materials, did you prepare written reports of your opinions that you had formulated?

A. I did.

Q. Okay. And, Doctor, what I have in front of you, if it helps you, we can kind of go through it real quickly. But beginning at page 7 of that document, the first portion is your C.V. But if you can look at page 7, I think we start with your first report. And what was the date of your first report?

A. September 3, 2019.

Q. Okay. And at that time --

THE COURT: And just for the record, this is not a binder of admitted exhibits; is that correct, Mr. McBride?

MR. McBRIDE: Right.

THE COURT: This is just a binder of documents to assist the witness.

BY MR. McBRIDE:

Q. Correct. These have not been admitted into evidence. It's just to assist you, Doctor, in viewing your prior reports. Do you understand that?

A. Yes.

THE COURT: We will advise the jury that the expert reports do not come in. Their testimony is what comes into evidence at the trial.

Go ahead.

MR. McBRIDE: Thank you.

/ / /

BY MR. McBRIDE:

Q. Doctor, in addition to performing medical-legal work, have you also, as part of your practice, evaluated patients as part of your clinical practice?

A. Yes. And that's been by far, for the last 40 years, the major part of my work has been clinical rehabilitation in terms of developing and implementing rehabilitation plans for individuals with injuries and disabilities.

Q. And have you worked with individuals in assisting them who have had above-the-knee amputations?

A. Yes, I have.

Q. And as well as below-the-knee amputations?

A. Yes.

Q. What other sorts of disabilities have you helped patients with?

A. Well, in addition to amputations, I have an extensive number of individuals that have traumatic brain injury, injuries. I also have people that have various degenerative conditions. Whether that's neck or back issues. I have individuals that have vascular problems or circulatory problems that I've worked with. Essentially, all kinds of

conditions I've been involved in.

Q. Okay. And so in other words, you've both worked, assisted directly patients such as individuals such as Mr. Moore suffering from vascular insufficiency as well as above-the-knee amputation?

A. Yes.

Q. Okay. Now, Doctor, I want to refer you to actually the third paragraph of your -- to short-circuit things a little bit, third paragraph of your report of September 3, 2009. Can you tell the jury, just briefly summarize, the opinion you had formulated after you reviewed all of the materials up to this point, on September 3rd?

A. With an above-the-knee amputation, Mr. Moore should be able to -- should be able to walk without a cane or crutches in his house and use of a cane for stability outside the house. That is provided that he has an appropriate fitting prosthesis. Without a prosthesis, he could effectively use a walker or crutches for mobility, and for longer distance, a manual wheelchair or an electric scooter would be appropriate.

I should mention electric scooter tends to be a little bit easier to get in and out of than a manual electric wheelchair is.

Q. Dr. Janzen, let me interrupt you.

As you sit here today, do you understand why Mr. Moore has not used his prosthesis?

A. As I understand, it was a choice. It did not fit well or there was some issue that it was not functional for him.

Q. Okay. And do you know of any other attempts that Mr. Moore has made in an effort to get refit for his prosthesis?

A. No. I didn't see any in the records that I reviewed.

Q. Okay. Would it be your recommendation, as part of your review, that he be refit for a prosthesis?

A. It is. That's an important recommendation. And I've had clients where I made that recommendation, and that's important.

Q. And why is that? Explain to the jury why.

A. Well, if you have a poor fitting prosthesis, one, you get problems with the skin. You get pain that occurs as a result of a poor fitting prosthesis. And, also, it takes more energy to actually walk with a prosthesis because your gait is different. And so it's really important that the prosthesis that the person wears fits right, and a

prosthetist can ensure that that happens, that the person can actually get a good fitting prosthesis.

Q. In your opinion, based on all the materials that you reviewed, is there anything based on Mr. Moore's condition that would prevent him from obtaining a proper fitting prosthesis?

A. No. I saw nothing in the records that I reviewed. The medical records, his condition that would prevent that.

Q. Okay. Real quick, talking about the scooter, the use of an electric scooter, are you talking about the ones that you see in the grocery store in some of the casinos around town where they have the handle bars and people sit on those and go around the aisles? Is that kind of what you're talking about?

A. It is. Those are the type of scooters that I'm talking about.

Q. Okay. And what are the typical costs for scooter like that?

A. Those range, and I looked this up, that for a real good scooter, not just one to get by, it's around $2,700.

Q. Okay. And so do you disagree with Dr. Fish's recommendations that Mr. Moore would need

an electric wheelchair?

A. Yes, I do. Based on the fact that a scooter would be much more efficient for him than an electric wheelchair.

Q. In your experience as a vocational rehab specialist, what are the -- typically of the patients that you treat or provide life care plans for, what are electric wheelchairs intended for?

What sort of people? What sort of disabilities?

A. Yeah, those are individuals that have spinal cord injuries, that are paraplegic, quadriplegic. An electric wheelchair is beneficial because it has a reclining seat to where they can take pressure off their body, and those, that reclining is adjustable in several different positions. And so really for a person that has a spinal cord injury, an electric wheelchair would be recommended as opposed to a person with an amputation.

Q. Okay. And then continuing on, I think where you left off, with an A-K amputation, if you look at paragraph 3 there -- well, let me ask you this question: In your opinion, based on all the materials you reviewed, do you believe that Mr. Moore

would be able to independently perform personal care activities?

A. Yes. I think that he could do that. He could take care of himself. He could get dressed. He could perform personal hygiene activities whether he used a prosthesis or not. He can also, with above-the-knee amputation, drive without hand controls. He can use his other leg for the foot -- and for the brake and the accelerator -- and perform most household activities.

The household activity that would be not recommended is if he had to get on a ladder and climb to change a light bulb or let's say there's some problem with the ceiling fan, that wouldn't be good for him.

Q. Now, Doctor, did you also address the ability of Mr. Moore to manage his pain in his stump and the phantom pain?

A. I did. Being very familiar with that type of pain through my work and my own experience, that is a critical aspect to evaluating what a person can or cannot do. And based on the records that I reviewed, he was able to manage or is able to manage his pain, his phantom pain, his stump pain with his medication that he was taking. I saw no significant

interruption of his life as a result of his pain where he had to repeatedly go to see a physician for some type of pain management.

Q. Now, I used your terminology there, the term "stump pain," and there's been some testimony yesterday from Dr. Fish, who he took issue with your use of that term, Doctor. You're aware of that?

A. I am, yeah.

Q. Okay. And how would you respond to that?

A. Well, I've been doing this work for 40 years, and I've seen no less than 75 individuals that have amputations, lower extremity amputations. That's been a major part of the clientele that I have, and they have referred to their remaining leg as a "stump." It's no -- it's not derogatory. It's not disrespectful.

I have -- I certainly wouldn't use it if the implication was that it's disrespectful. Now, I know Dr. Fish thought it was. But in no way would that be a derogatory term based on my experience.

Q. And, Doctor, I think Dr. Fish also said that your reference to that, referring to it as a "stump," showed a lack of insight into patients with amputations. Do you agree with that?

A. Well, talk about insight into amputations,

I have a lot of insight based on my own experience, as well as working with people that have amputations.

I've sat with people to help them overcome the trauma of an amputation. I've developed rehabilitation plans to return people back to work that have amputations and followed them, once they became employed, to make sure that they were successful. And I've also worked with their family, to help the family members understand the affects of an amputation. So I feel very positive about my experience and my understanding of individuals with amputations.

Q. And, Doctor, with regard to the recommendations by Dr. Fish that $100,000 of renovations to Mr. Moore's house would be necessary to accommodate him, do you agree with that?

A. No.

Q. And could you tell the jury why not?

A. Sure. As part of what I've done and what I do with individuals who have amputations, as well as other types of conditions, I look at what type of renovations are necessary to a house to make the house more efficient or accommodate them. And for a person in a wheelchair, it's widened hallways,

widened doors, sometimes lowered counters.

That's provided they're confined to a wheelchair, such as an individual who's quadriplegic or paraplegic, and look at, okay, well, what is necessary to help them function within their house. And what I found is that there's some accommodations that are appropriate such as, in Mr. Moore's case, having railings in the bathroom, having surfaces of the floor that are not slick, particularly in the bathroom having railings and things.

But the national average for making modifications of a person that's confined to the wheelchair is -- it's actually a range. It ranges from 15- to $30,000, and that's in this year, 2020. That's what is considered the national actual range of home renovations to accommodate someone who is in a wheelchair and that requires accessibility accommodations.

Q. Now, with regard to Dr. Fish's recommendation that Mr. Moore would require at least eight hours of attendant care for the next ten years of his life, do you agree with that?

A. No.

Q. And what's your basis for that?

A. I don't have anything in the medical

records that I reviewed or any of the records that he has required that level of care since his amputation. And also, in addition to that, for a person who has an above-the-knee amputation, what they're able to do based on their retained abilities, I cannot imagine what eight hours of attendant care or home care would do for an individual.

Q. Now, and you're talking about an individual with an above-the-knee amputation?

A. Yes.

Q. Okay. In this case, you're aware that Ms. Moore, Charlene Moore, has been providing some assistance to her husband with certain daily activities?

A. Yes.

Q. Okay. And do you believe that eight hours, plus housekeeping care is also required as a result of Mr. Moore's condition?

A. I don't believe that is.

Q. Okay. With regard to the pain medications that he's currently on, are you aware, based on the medical records, that Mr. Moore had been treating with a pain management physician for cervical and lumbar pain in his back?

A. I am aware of that.
Q. Prior to the amputation?
A. Yes.
Q. And is it your understanding that some of the pain that he's currently still on the medications for and he was on previously were for those conditions?
A. Yes.
Q. Based on your review of those records, have you seen any need for an increase in medication from his pain management physician for any pain associated with his amputation?
A. No.
Q. Have you seen any prescription for the medication, Neurontin, for Mr. Moore's phantom pain?
A. No. I haven't seen any prescription for Neurontin.
Q. Are you familiar with the medication, Neurontin?
A. Very much. In fact, that's a common medication prescribed for phantom pain. It will be either Neurontin or Gabapentin.
Q. Okay. And likewise, given your background, training and experience in counseling and psychology, have you seen any need for Mr. Moore to have

additional psychotherapy over the ten years of his life?

A. I haven't. I haven't seen any mental condition or emotional condition that is of such severity that he would require therapy or some type of counseling.

Q. Okay. And, Doctor, have all the opinions you stated here been stated to a reasonable degree of professional probability?

A. They have.

MR. McBRIDE: All right. Thank you. That's all I have.

THE COURT: Thank you, Mr. McBride. Mr. Hymanson.

MR. P. HYMANSON: Thank you, Your Honor.

CROSS-EXAMINATION

BY MR. P. HYMANSON:

Q. Good afternoon, sir.

A. Hi.

Q. My name is Phil Hymanson. I'm counsel for -- one of counsel for Mr. and Moore. And I'll have a few questions for you.

A. Okay.

Q. Sir, what if you're wrong?

A. Pardon me?
Q. What if you're wrong?
A. I don't think -- I haven't entertained that because I don't believe I am wrong.
Q. Fair enough. This is a ten year plan that Dr. Fish spoke of. You said that in 2016, he was examined; he had 80 percent improvement in pain and quality of life, and that he was fine. The next thing you said though was he was still on 40 milligrams a day of OxyContin, and you also went on to say that no one with above-the-knee amputation could be on that medication.
So what is it? Is he great? Good? Or is it becoming an addict?
A. Well, first of all, being great and being on that medication are not different things. He is able to manage his pain with his Oxycodone, and that's why I believe that he is functional, that he is doing well.
Q. All right. And how did you make that analysis? How much time did you spend with Mr. and Mrs. Moore?
A. Well, as I testified earlier, I have not met either of them.
Q. When you do an evaluation such as this,

because this is an evaluation for life, would you agree with me that it's important that perhaps you sat down and with Mr. and Mrs. Moore?

A. If I was doing a Life Care Plan for them, it would be.

Q. Well, aren't you talking about whether or not they're going to get a Life Care Plan?

A. I'm talking about the recommendations and what, based on my experience, is necessary for them.

Q. Base on your experience, wouldn't you, to give these opinions, want to have met with them?

A. If it was different than the information that I had available. If there was a marked difference in the medical records about their history or I had some information that countered some of the records that I had or the information in the records, that may have been helpful.

Q. You've said in your report that Mr. Moore can walk with a cane or crutches; right?

A. As an above-the-knee amputee, yes.

Q. As an above-the-knee amputee, Mr. Moore could use a cane or he could use crutches; right?

A. Yes.

Q. How many times has he fallen?

A. I have no idea.

Q. And if he has fallen, would that be a concern to you about him using a cane or a crutch?

A. It would be a concern with the fitting of the prosthesis. If he has fallen, that would be significant to me, and that's why I recommend an appropriate fitting prosthesis.

Q. Very good. And you said that he had a choice to get it fixed. Is it your findings, your experience that when somebody several years out after losing a limb isn't using their prosthesis, it's because they don't want to or they can't?

A. It's usually based on the choice that they're making not to use that.

Q. What's the situation with Mr. Moore?

A. I don't know. I don't have anything to -- any definitive information as to why he's not using it, why he's not trying it, or why he has not seen a prosthetist to get one that works.

Q. Yet you're prepared to make a determination on the next ten years of his life that all he needs to do is get that prosthesis back on, and then he can use a cane and he can use crutches and he really doesn't need to have any changes made to his home; is that correct?

A. Well, that's not my entire opinion.

Q. No, no. But I mean, is that a certain aspect of your analysis?

A. That's part of my opinion.

Q. Sure. Okay. And does your opinion change if he has experienced several falls and some significant falls?

A. That is insufficient information that would change my opinion.

Q. Right. You'd want to talk to him about that?

A. I would want to have medical information. I would want to have information that he's tried a prosthesis and it did or did not work and he was continuing to fall. So there's additional information I would need.

Q. Sure. And tell me about Mr. Moore's career.

How are his legs overall and how is his skin condition?

A. Actually, that's a medical condition. I would defer to a medical opinion on that.

Q. And good point on that because your findings are not medical; correct? It's "professional certainty." When you make a finding, it's to a professional certainty, not to a medical certainty; correct?

A. Well, actually, it's based -- it's to a reasonable degree of vocational rehabilitation probability as to his function.

Q. Right. But not medical?

A. Right. I am not a physician.

Q. Sure. Okay. And so it's a professional finding and not a medical finding?

A. Well, it's a finding based on what I've indicated it's based on.

Q. Fair enough, fair enough. So he gets this prosthesis and he can use a cane. He can use crutches. He can use an electrical scooter.

The electrical scooter that you described, is that an item that folds up?

A. No. There's different kinds. But the one I'm recommending is not one that folds up. The one -- it's a lot more sturdy for $2,700. There's some that are much less that are like even less than $1,000. But the one that I'm recommending has -- is sturdy, and it's not one that folds up.

Q. And so that's a scooter that he would use when he goes out and does his daily tasks, or is that something he would use in his home?

A. No. That would be something that if he's traveling long distances. It could be to the store.

It's outside of his house. It's not in the home.
Q. Because it doesn't fit in his home. It wouldn't go anywhere in his home; right?
A. Well, I haven't seen his home. But I would -- my recommendation is he would use it outside the house.
Q. What do those weigh?
A. I have seen that, but I don't recall what the actual weight is.
Q. How does Mr. Moore get -- what type of car does Mr. Moore have?
A. I don't know.
Q. How does he get his wheelchair into his car?
A. I don't know how he does that. I haven't seen any indication that he has difficulty doing that or is unable to do it. So I don't know.
Q. How much do those electric little scooters weigh?
A. I don't have that information with me today.
Q. Do they fit in trunks?
A. Actually, there's a frame on the back of a car that they can drive up to it, that it will fit there.
Q. So they have to get a rack?

A. Sure.
Q. Okay. Does that cost money?
A. Sure.
Q. Oh. Did we mention that?
A. I didn't include that.
Q. Okay. So you put the scooter on the rack, and then he drives around and he pulls it out if and when he needs it? Is that your testimony?
A. He lowers -- it's a platform. It's hydraulically controlled. He lowers the platform. He backs it off and he uses it, and then drives it onto the rack when he wants to transport it.
Q. And so when would he use the manual wheelchair that you recommend?
A. He could use the manual wheelchair for shorter distances. There's no reason why he couldn't use a manual wheelchair. I have recommended the scooter for longer distances. But he could certainly use a manual wheelchair outside of the house.
Q. All right. So, again, he can't use that in the house?
A. I don't know why, what -- unless his house is so small that he would use it. But I don't have any reason to suggest that he needs to use a manual

wheelchair in the house.

Q. All right. Even if he's not able to use his prosthesis all the time?

A. Yes. I think there's an alternative for him, such as a walker, and specifically a front-wheel walker. They're a lot easier than one that does not have the front wheels.

Q. All right. So if he's going to have a walker and he's not going to use a wheelchair and he's going to try and get around in his home and he has difficulty getting, even with the walker, into the bathroom, if you were going to repair something in that home, would you do the bathroom first?

A. If there was -- if he was unable to use the bathroom, and I don't have any information that he's unable to access the bathroom, but then I would recommend that the door be widened.

Q. Okay. And if you're going to widen the doorway, would you be widening the halls too?

A. Well, that would take further analysis as to what the walls are. Now, with a wheelchair, it should be noted that you can get a wheelchair that's like 22 inches wide, and it will go through the different walls. But that would require an assessment of whether or not he would fit into that

wheelchair.

Q. All right. So now we're getting a specialty wheelchair for when he's in the house, going through narrow hallways?

A. That's not -- that's not what I'm saying.

Q. All right. And I don't mean to misrepresent what you're saying.

A. Yeah.

Q. So please clarify, for the record, what you meant. You're saying that there are alternatives; there are alternative wheelchairs prior to having to rebuild the house; is that fair to say?

A. Yes.

Q. All right. So would you make a change in the bathroom first, the kitchen first, the study where he sleeps, or the bedroom which he hasn't been in for years?

A. That would take further analysis of his inability to access those rooms. And, again, based on the records that I've reviewed, I have no information that he's unable to access any room in his house.

Q. That's because you haven't reviewed any records about his home. You've reviewed some medical records. And correct me if I'm wrong, but I don't

believe you've reviewed anything else, have you?

A. I reviewed the medical records, reviewed his deposition, and I don't -- I will say that I don't have any information that says that he cannot access the rooms at his house.

Q. All right. And if you're wrong, that's because you didn't have adequate information?

A. Well, I don't know how to respond to that because my opinions are based on what I do know.

Q. That is kind of a question like "Are you still beating your wife?" There's no really good response to that.

MR. McBRIDE: Objection. That's argumentative.

MR. P. HYMANSON: I'll withdraw. I'll stipulate and I'll withdraw.

THE COURT: Good example of why he's allowing it to be withdrawn.

BY MR. P. HYMANSON:

Q. It's a difficult thing, sir, because it's a very serious circumstance. This is a man who's looking at the future of his life, and you're making this analysis based on your experience and your expertise. But would you agree with me you could have benefitted him a lot more if you had done

further analysis in terms of his lifestyle?

A. Yeah, my response is I don't know that I would benefit him more because this is based on my extensive involvement with individuals that have upper or have above-the-knee amputations and what I've seen when I've been in their homes, when I've talked with them and seen how they navigate within their homes.

Q. Well, okay. But as you sit here today, you have no idea how Mr. Moore navigates in his home; correct?

A. The specifics of how he navigates.

Q. Right.

A. Other than he's able to access the rooms, I do not.

Q. Do you know for a fact that he can actually all his rooms?

A. I have no information that he cannot. So I cannot respond any other way.

Q. Do you know what type of help he can give around the house on daily maintenance of the house, cleaning and those type of things?

A. Yeah. I don't have any indication from him of what -- or his wife of actually what kind of help he provides around the house.

Q. Because, one, you've never inquired. You were never given that information?

A. I didn't have that in my review of any of the records.

Q. But you've made professional finding and opinion that, for the next decade, they won't need any help cleaning their home or taking care of Mr. Moore. That was your finding, was it not?

A. Well, what I did say is I don't think he needs eight hours of help to take care of himself or his home.

Q. Fine. How many hours does he need?

A. I have not determined a specific number of hours that is required.

Q. Sure.

A. He would need to -- that information would need to be provided as to what specifically he is or is not doing at home.

Q. So you're not saying he doesn't need it. You're just saying he doesn't need eight hours?

A. I'm saying that, yes, that's correct.

Q. And you have no idea what that would be?

A. I don't know. I mean, that would require an assessment of how motivated he is to help around the house versus what his functional capabilities

are, what his wife has traditionally provided versus he has provided. So there's many factors here that go into that analysis.

Q. And if he has a skin problem or irritation such that he can't wear that prosthesis all the time and that he has balance issues and he's at risk for falling, you're not going to put him on a cane; you're not going to put him on crutches, are you?

MR. McBRIDE: Objection. Lacks foundation.

THE COURT: Overruled.

THE WITNESS: I'm going to recommend that he follow-up with his prosthetist to get that corrected.

BY MR. P. HYMANSON:

Q. You bet. And should have done -- he should have had something done with the people working with the prosthesis for some time; right?

A. Or certainly available for him to do that now.

Q. Sure. And why hasn't that been done?

A. I don't know what his motivation is in terms of followup with a prosthesis. So I don't know.

Q. Has it been done?

A. I don't have any indication that he has

done that.

Q. Fair enough, fair enough.

So you're saying that his major problems will be navigating stairs, climbing stairs, walking on uneven terrain, and carrying objects?

A. Yes.

Q. You've read his deposition; correct?

A. Yes.

Q. Would it be fair to say that you really can't tell us anything or, if you can, it's very limited about the lifestyle and the cares and needs of Mr. and Mrs. Moore; is that fair?

A. I could talk about the needs that he has.

Q. Based on?

A. Based on as I've testified based on my experience with many people that have above-the-knee amputations and what they're able to do as well as what they're unable to do.

Q. And would you agree with me that people, especially those that wind up losing a limb unexpectedly, everyone is a little different, would you agree?

A. I think everyone in the world is different from each other.

Q. Sure. And, in fact, if you found somebody

that had lost a limb unexpectedly and you felt that it would be inappropriate or unprofessional to refer to that individual's residual limb as a "stump," you would never do that; correct?

A. If I had information that that was an offensive term, I would not.

Q. You wouldn't do that, and I'll accept that. If everyone is different and this is where a determination is made for the future of Mr. Moore's life, you're saying that you don't need to spend any more time discussing with Mr. Moore what his needs will be over the next decade?

A. What I said is if I had information that warranted the need for additional information, other than what I recommended, then that would be appropriate.

MR. P. HYMANSON: Sir, thank you for coming today.

MR. MCBRIDE: Just a few followup questions, Doctor.

REDIRECT EXAMINATION

BY MR. MCBRIDE:

Q. Doctor, again, going back to the reason, your role in this case, was it your role to prepare a

Life Care Plan for Mr. Moore?

A. No.

Q. Okay. In fact, was it your role to rebut the opinions or, at least, analyze the opinions of the needs that Dr. Fish had recommended, and based on your background, training and experience of over 40 years as a vocational rehab specialist, to make recommendations that you believe are consistent with the patient's and others that you've treated for these conditions?

A. Yes.

Q. Okay. And based on that, that's how you came up with your opinions; correct?

A. That's correct.

Q. And are you aware --

THE COURT: Hold on a second, hold on a second. What is happening here?

THE MARSHAL: Getting flagged down by one of the jurors.

THE COURT: For a question right now?

JUROR NO. 1: No, no.

THE COURT: Okay. Can you please hand it back to the juror because there might be more questions. We don't call for questions for witnesses.

JUROR NO. 1: This is not a question. I need to make arrangements for my daughter since we're staying after 5:00.

MR. McBRIDE: No. It's going to be like two minutes.

THE COURT: We're not going to be after 5:00 now. Go ahead. Let's go.

BY MR. McBRIDE:

Q. All right. And, Doctor, I'll represent to you that plaintiff, Mr. Moore's son, Christopher, lives with them. You're aware of that?

A. Well, I am now.

Q. Yeah, and I'll represent to you that he testified here the other day, on the stand, that he is unaware of any significant falls that his father has had in the entire time that he's had an amputation. Does that change your opinions in any way?

A. No. But that is significant.

Q. Okay. And, in fact, did you see anything in the medical records that you reviewed to suggest that Mr. Moore had been treated following any of these significant falls for any medical condition or any injuries that he may have suffered?

A. No.

Q. Have you seen any medical records from any source to suggest that there is a skin condition that Mr. Moore suffers from that prevents him from having a prosthesis?

A. No.

MR. McBRIDE: Okay. That's all I have. Thank you, sir.

THE COURT: Mr. Hymanson, any final followup.

MR. P. HYMANSON: Very briefly.

RECROSS-EXAMINATION

BY MR. P. HYMANSON:

Q. Sir, you said you weren't aware of their son, who was here, and you are now because counsel just said it?

A. Yes. Yeah, I wasn't aware that he was here.

Q. All right. So and if you have a young man like that around the house to help the family, would that be of assistance to the Moores?

A. Probably.

Q. And that's something you would factor into your scenario?

A. No. That's not part of my opinions, that

his son was there to help.

Q. Well, he's already moved away. So we take that factor out. That's not something you would consider either way?

A. It's not something that was part of my opinions.

Q. Fair enough. All right. And so other than saying that he's doing fine on the medicals but he's still taking 40 milligrams of OxyContin, you don't have changes or recommendations as to treatment or medical care because that would be beyond your scope; correct?

MR. McBRIDE: Your Honor, it's beyond the scope of my cross or my redirect.

THE COURT: It does appear to be beyond the scope.

MR. P. HYMANSON: I wouldn't disagree with Your Honor. No further questions.

THE COURT: Mr. McBride, anything further?

MR. McBRIDE: Nothing, Your Honor.

THE COURT: Any questions from the jurors for this witness?

All right. Thank you. At this time, Dr. Janzen, you are excused. Thank you.

THE WITNESS: Thank you.

THE COURT: I need to have counsel at the bench for a brief scheduling discussion, please.

(Bench conference.)

THE COURT: I just needed to confer with the counsel because we've had a change in the scheduling now, and we will not be going to the other courtroom tomorrow. We will be doing that on another day, still needed to be determined. So tomorrow you will be back here. You'll be back here at 1:30. This is that odd Thursday where we had some other commitments that we couldn't start trial until the half day. But we'll be back here at 1:30.

During this overnight recess, you are admonished not to talk or converse among yourselves or with anyone else on any subject connected with this trial or read, watch or listen to any report of or commentary on the trial or any person connected with the trial by any medium of information including, without limitation, newspapers, television, radio, or Internet.

Please do not attempt to visit the scene of any of the events mentioned during the trial or undertake any independent investigation, certainly, or any independent research or Internet searches. And please, of course, do not form or express any

opinion on any subject connected with the trial until the case is finally submitted to you. We'll see you tomorrow at 1:30.

(Jury exits the courtroom.)

THE MARSHAL: All rise for the jury.

THE COURT: I really thought she was trying to pass a question for the witness. I'm like what the hell is going on?

But in any event, we will start tomorrow at 1:30. We'll be up here. We'll finish Dr. Wilson. I understand Mrs. Moore, and then we'll go from there.

I'd like to take stock again tomorrow where we are in terms of finishing this trial because I have to tell the jurors tomorrow that we're delayed into next week, and I don't want to say Tuesday and then have it be Wednesday. I don't want to say -- you know what I'm saying? We have to figure that out. So okay. See you all tomorrow.

MR. McBRIDE: Thank you, Your Honor.

MR. H. HYMANSON: Just briefly, Your Honor. I want to apologize for being late. It was misassumption on my part. So I apologize to the Court and counsel and the parties.

THE COURT: You're welcome to apologize.

Here's my problem, not with your apology, with the issue, off the record.

(The proceedings concluded at 5:04 p.m.)

-oOo-

C E R T I F I C A T E

STATE OF NEVADA)
)SS:
COUNTY OF CLARK)

I, Dana J. Tavaglione, RPR, CCR 841, 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, and prepared in daily copy, before the Hon. Kathleen E. Delaney, District Court Judge, presiding.

Dated at Las Vegas, Nevada, this 6th day of February 2020.

/S/Dana J. Tavaglione
_____
Dana J. Tavaglione, RPR, CCR NO. 841
Certified Court Reporter
Las Vegas, Nevada

$

$1,000 [1] - 122:19
$100,000 [1] - 113:15
$2,700 [2] - 109:23, 122:17
$30,000 [1] - 114:14

/

/S/Dana [1] - 140:16

1

1 [6] - 16:13, 37:23, 37:24, 54:18, 133:21, 134:1
10 [2] - 43:2, 51:25
100 [4] - 2:7, 25:22, 38:11, 68:15
113 [4] - 2:15, 26:5, 26:7, 26:8
117 [1] - 2:8
12/25 [1] - 40:12
12/25/16 [1] - 41:4
120 [1] - 25:22
132 [1] - 2:9
135 [1] - 2:10
14 [1] - 2:15
1411 [1] - 68:16
15 [6] - 21:7, 88:15, 88:21, 98:16, 98:21, 114:14
15-minute [1] - 21:9
1975 [2] - 102:6, 102:12
1979 [1] - 102:13
1982 [1] - 102:13
19th [1] - 17:5
1:30 [5] - 98:6, 137:10, 137:12, 138:3, 138:10
1:41 [1] - 3:2

2

2 [4] - 16:14, 37:23, 37:24, 39:4
20 [3] - 42:23, 98:16, 98:21
200 [2] - 62:25, 63:4
2009 [1] - 107:10
2012 [19] - 28:20, 29:8, 34:1, 34:4, 40:24, 41:2, 41:7, 41:13, 41:20, 42:11, 42:14, 42:23, 43:3, 43:10, 43:15, 46:9, 46:19, 46:22, 81:19
2016 [26] - 27:11, 27:21, 27:22, 36:20, 40:10, 40:16, 41:1, 47:10, 47:15, 48:1, 48:15, 50:9, 51:13, 55:24, 56:4, 57:1, 58:12, 59:1, 59:6, 66:18, 67:16, 68:11, 70:9, 80:5, 81:17, 118:6
2019 [8] - 12:14, 17:5, 27:2, 27:14, 27:23, 36:4, 46:19, 105:7
2020 [5] - 1:16, 3:1, 61:19, 114:14, 140:14
22 [1] - 125:23
24 [1] - 2:4
25 [2] - 1:8, 59:6
250 [1] - 74:9
25th [33] - 27:11, 27:20, 27:22, 36:20, 40:10, 40:16, 41:1, 47:9, 47:15, 48:1, 48:12, 48:15, 50:9, 50:21, 51:13, 55:24, 56:4, 57:1, 58:11, 59:1, 66:18, 67:24, 68:2, 68:11, 70:9, 72:23, 80:5, 81:17, 85:7, 85:16, 86:13, 86:23, 87:11
26th [1] - 87:19
27th [1] - 87:19
28th [27] - 27:1, 27:14, 27:23, 36:4, 46:19, 67:16, 67:20, 68:2, 79:16, 79:24, 80:7, 80:16, 80:19, 80:21, 82:6, 82:9, 82:17, 83:20, 84:6, 85:7, 85:21, 86:6, 86:19, 86:24, 87:5, 87:11, 87:12

3

3 [3] - 105:7, 107:10, 110:23
30 [3] - 3:1, 16:6, 16:10
3:45 [3] - 20:20, 21:5, 21:6
3F [1] - 18:20
3rd [1] - 107:13

4

40 [5] - 106:7, 112:11, 118:10, 133:7, 136:9
4:00 [6] - 20:22, 88:14, 88:20, 89:10, 98:18, 99:3
4:20 [1] - 99:4

5

5 [4] - 1:16, 7:15, 7:23, 37:21
500,000 [1] - 74:10
5:00 [6] - 98:10, 98:20, 98:24, 99:13, 134:3, 134:7
5:04 [1] - 139:4

6

6 [2] - 12:14, 37:21
65 [2] - 51:22, 52:5
68-year-old [1] - 29:15
6th [1] - 140:13

7

7 [2] - 105:3, 105:5
75 [1] - 112:11

8

8 [1] - 37:22
80 [1] - 118:7
841 [3] - 1:25, 140:6, 140:17

9

9 [2] - 26:14, 26:16

A

A-17-766426-C [1] - 1:7
abilities [1] - 115:6
ability [2] - 101:5, 111:17
ablation [1] - 45:24
able [26] - 20:23, 21:2, 28:13, 33:11, 33:21, 34:8, 34:14, 34:22, 35:14, 51:17, 53:6, 59:24, 75:7, 83:22, 101:14, 107:15, 111:1, 111:23, 115:5, 118:17, 125:2, 128:14, 131:17
above-the-knee [11] - 106:12, 107:5, 107:14, 111:7, 115:4, 115:10, 118:11, 119:20, 119:21, 128:5, 131:16
absence [2] - 37:8, 75:5
absent [1] - 38:13
absolutely [5] - 9:12, 51:3, 54:18, 61:12, 67:17
abstain [3] - 52:16, 54:16, 54:21
Academy [1] - 102:21
accelerates [1] - 53:16
accelerator [1] - 111:9
accept [3] - 69:6, 73:10, 132:7
accepted [4] - 48:23, 49:15, 66:4, 66:17
access [5] - 125:16, 126:19, 126:21, 127:5, 128:14
accessibility [1] - 114:17
accommodate [4] - 21:24, 113:17, 113:24, 114:16
accommodations [2] - 114:6, 114:18
according [1] - 64:1
account [1] - 70:7
accurate [3] - 41:16, 41:17, 70:20
accused [1] - 88:5
activities [5] - 51:8, 111:2, 111:5, 111:10, 115:15
activity [1] - 111:11
actual [2] - 114:15, 123:9
acute [47] - 16:16, 16:19, 40:4, 40:5, 42:2, 47:15, 47:18, 48:6, 48:20, 48:23, 51:15, 56:22, 57:15, 57:20, 58:14, 59:1, 59:8, 59:16, 61:15, 61:20, 62:12, 64:1, 64:18, 64:25, 65:15, 65:25, 67:8, 67:12, 67:19, 68:5, 69:20, 69:23, 70:2, 72:16, 79:18, 79:24, 80:8, 80:12, 82:3, 82:17, 82:18, 83:1, 83:21, 86:5, 86:6, 87:6, 87:13
acutely [8] - 40:10, 40:14, 48:1, 48:11, 48:15, 51:2, 80:21, 83:19
add [3] - 8:16, 91:1, 92:10
added [1] - 9:6
addict [1] - 118:14
addition [7] - 42:19, 63:18, 81:15, 102:3, 106:2, 106:19, 115:3
additional [11] - 8:17, 8:22, 9:5, 17:15, 31:21, 31:22, 76:4, 117:1, 121:14, 132:14
address [3] - 7:18, 94:14, 111:16
adequate [6] - 33:19, 35:9, 35:11, 36:17, 77:1, 127:7
adjustable [1] - 110:16
administration [2] - 39:7, 39:15
admit [1] - 26:6
ADMITTED [1] - 2:14
admitted [4] - 26:9, 68:15, 105:10, 105:16
admonish [1] - 88:10
admonished [2] - 88:23, 137:14
admonishment [1] - 88:11
advance [1] - 63:5
advanced [2] - 57:25, 60:22
advise [1] - 105:20
affects [1] - 113:10
affiliations [1] - 102:16
afternoon [15] - 3:6, 3:7, 3:8, 3:9, 19:25, 20:8, 20:10, 22:18, 22:21, 23:2, 24:8, 24:9, 88:4, 99:25, 117:19
afternoon's [1] - 18:21
age [2] - 51:22, 52:5
ago [3] - 24:20, 50:15, 82:14
agree [17] - 17:13, 27:13, 27:17, 56:8, 61:22, 62:23, 70:13, 74:23, 93:6, 96:24, 112:24, 113:17, 114:22, 119:2, 127:24, 131:19, 131:22
agreed [1] - 91:20
ahead [13] - 9:10, 11:21, 19:17, 23:5, 44:21, 45:11, 61:21, 72:8, 87:25, 91:1, 99:14, 105:23, 134:7

aisles [1] - 109:15
AK [1] - 110:22
alarms [1] - 70:12
ALISSA [1] - 1:23
alive [1] - 86:25
alleged [1] - 56:14
allergy [1] - 64:14
allow [11] - 10:6, 14:16, 19:8, 37:7, 38:14, 51:11, 57:19, 73:20, 90:8, 92:14
allowed [2] - 8:9, 44:17
allowing [1] - 127:18
allows [2] - 22:13, 93:17
alluded [1] - 93:16
alone [1] - 69:11
alternative [2] - 125:4, 126:11
alternatives [1] - 126:10
ambulatory [1] - 86:14
American [1] - 102:17
amount [1] - 5:1
ample [1] - 18:4
amputated [3] - 78:23, 78:25, 82:7
amputation [17] - 29:17, 29:20, 79:8, 107:5, 107:14, 110:20, 110:22, 111:7, 113:5, 113:11, 115:3, 115:4, 115:10, 116:2, 116:12, 118:11, 134:17
amputations [13] - 106:13, 106:15, 106:19, 112:12, 112:24, 112:25, 113:3, 113:7, 113:13, 113:21, 128:5, 131:17
amputee [2] - 119:20, 119:21
analysis [9] - 82:4, 92:12, 118:21, 121:2, 125:20, 126:18, 127:23, 128:1, 130:3
analyze [1] - 133:4
aneurysm [2] - 81:22, 81:23
angiogram [7] - 62:15, 62:21, 63:19, 65:1, 65:16, 65:24, 67:1
angiograms [2] - 63:21, 63:25
annually [1] - 74:10
answer [11] - 25:4, 31:6, 44:1, 44:5, 56:19, 71:14, 71:24, 75:22, 90:18, 90:19, 92:5
answered [1] - 71:21
answering [2] - 44:16, 72:6
answers [1] - 93:24
anticoagulant [1] - 40:7
anticoagulated [1] - 40:8
anyway [4] - 4:16, 11:25, 27:14, 71:25
apart [1] - 97:4
apologize [5] - 12:16, 13:12, 138:22, 138:23, 138:25
apology [1] - 139:1
appear [3] - 10:6, 56:11, 136:15
APPEARANCES [1] - 1:17
appeared [5] - 44:13, 44:22, 45:16, 46:17, 93:23
appellate [1] - 96:2
appreciate [4] - 15:15, 31:13, 92:8, 99:21
approach [2] - 31:9, 65:4
appropriate [10] - 72:24, 74:17, 74:22, 74:24, 91:7, 107:18, 107:22, 114:7, 120:6, 132:16
APRN [1] - 1:9
area [1] - 47:7
arguably [1] - 11:3
arguing [1] - 11:5
argument [6] - 12:20, 13:12, 16:2, 16:7, 16:10, 93:6
argumentative [1] - 127:14
arguments [1] - 13:11
Arntz [12] - 9:10, 12:5, 13:10, 17:14, 89:16, 90:1, 90:15, 91:1, 92:19, 93:21, 94:5, 95:8
ARNTZ [43] - 1:19, 3:8, 3:13, 4:3, 4:25, 5:17, 6:4, 6:12, 6:25, 7:7, 7:16, 9:11, 10:19, 12:9, 12:12, 12:16, 12:20, 14:4, 14:18, 14:21, 15:2, 15:6, 15:9, 15:15, 15:21, 16:22, 17:4, 27:24, 28:3, 32:3, 32:21, 39:17, 43:23, 44:15, 56:18, 58:15, 65:4, 66:6, 71:10, 71:12, 71:17, 91:4, 95:11
arrange [1] - 19:1
arrangements [1] - 134:2
arrived [2] - 48:6, 48:8
arriving [1] - 59:18
arterial [9] - 42:19, 70:5, 75:9, 75:16, 75:21, 76:23, 77:1, 77:2, 77:4
arteries [11] - 25:17, 38:8, 42:22, 46:6, 49:12, 59:24, 75:18, 77:6, 77:12, 78:7, 80:25
arteriogram [16] - 34:4, 34:5, 42:20, 42:22, 46:6, 46:9, 46:18, 61:20, 62:11, 62:14, 63:9, 63:15, 63:19, 65:16, 65:24, 80:15
arteriographer [1] - 82:10
artery [74] - 25:18, 25:20, 30:1, 30:9, 30:11, 30:14, 30:15, 30:22, 31:19, 32:2, 32:5, 32:18, 33:16, 33:24, 34:6, 34:11, 34:18, 35:3, 35:18, 35:21, 35:23, 36:1, 36:6, 36:21, 36:24, 37:2, 37:19, 37:21, 37:25, 38:5, 38:7, 38:9, 38:16, 41:21, 42:12, 42:25, 43:7, 43:16, 45:16, 46:11, 46:17, 46:18, 46:24, 47:3, 49:20, 52:2, 52:7, 55:3, 58:3, 58:13, 63:11, 63:12, 66:5, 69:3, 77:9, 80:24, 81:2, 81:3, 82:9, 82:19, 83:3, 83:5, 83:8, 83:11, 83:13, 83:14, 83:16, 83:19, 84:2, 84:8, 86:5, 86:7
articles [1] - 61:25
articulated [2] - 16:1, 67:15
aspect [2] - 111:21, 121:2
aspects [2] - 102:7, 102:8
assess [1] - 103:22
assessing [1] - 101:2
assessment [7] - 60:6, 60:17, 61:9, 61:11, 62:13, 125:25, 129:24
Assessment/Plan [1] - 29:11
assignment [1] - 19:24
assist [3] - 6:11, 105:14, 105:17
assistance [2] - 115:14, 135:21
assisted [1] - 107:3
assisting [1] - 106:12
associated [3] - 51:5, 56:21, 116:11
Association [2] - 102:19, 102:20
assume [12] - 41:12, 41:19, 60:13, 61:18, 62:19, 64:16, 65:12, 65:13, 69:8, 70:6, 73:6, 74:21
assuming [2] - 82:13, 98:17
assumption [1] - 64:22
atherosclerosis [1] - 53:17
atherosclerotic [1] - 52:14
attached [2] - 58:3, 84:1
attempt [6] - 83:12, 83:24, 84:7, 84:11, 85:14, 137:21
attempted [1] - 85:22
attempts [1] - 108:7
attendant [2] - 114:21, 115:7
augmentation [1] - 76:12
August [13] - 17:5, 27:1, 27:14, 27:23, 34:1, 34:4, 36:4, 42:11, 42:23, 43:15, 46:9, 46:19
authority [2] - 93:14, 93:16
automatic [1] - 63:4
available [3] - 18:4, 119:13, 130:18
average [1] - 114:11
avoid [1] - 31:8
aware [9] - 36:7, 112:7, 115:12, 115:22, 116:1, 133:15, 134:11, 135:14, 135:17
awoke [1] - 68:3

B

Bachelor's [1] - 102:1
backdoor [1] - 44:15
backdoored [1] - 96:7
background [3] - 101:20, 116:23, 133:6
backs [1] - 124:11
backup [2] - 40:22, 78:9
balance [1] - 130:6
bars [1] - 109:14
Bartmus [9] - 5:10, 56:5, 66:3, 66:11, 66:17, 72:22, 78:22, 79:6, 96:18
BARTMUS [1] - 1:9
base [1] - 119:10
based [55] - 4:12, 27:13, 27:18, 33:7, 33:21, 34:8, 34:15, 35:10, 36:9, 42:9, 42:24, 45:14, 46:17, 47:12, 50:7, 51:18, 52:1, 54:7, 57:22, 58:4, 58:24, 66:2, 66:19, 70:25, 72:19, 85:3, 85:20, 86:3, 86:13, 87:20, 87:22, 109:3, 109:4, 110:2, 110:24, 111:22, 112:20, 113:1, 115:5, 115:22, 116:9, 119:9, 120:12, 122:1, 122:8, 122:9, 126:19, 127:9, 127:23, 128:3, 131:14, 131:15, 133:5, 133:12
bases [7] - 8:17, 8:23, 9:2, 9:20, 13:1, 13:4, 17:7
basic [1] - 47:7
basics [1] - 60:19
basis [13] - 8:4, 8:12, 13:16, 15:7, 18:8, 33:11, 34:2, 45:20, 47:24, 61:6, 67:10, 86:10, 114:24
Bates [2] - 26:11, 68:16
bathroom [7] - 114:8, 114:10, 125:12,

125:13, 125:15, 125:16, 126:15
beat [1] - 72:4
beating [1] - 127:11
became [2] - 90:15, 113:8
become [1] - 73:23
becomes [1] - 58:2
becoming [1] - 118:14
bedroom [1] - 126:16
BEFORE [1] - 1:15
began [1] - 50:2
begin [1] - 81:24
beginning [2] - 81:1, 105:3
behalf [3] - 103:13, 103:16, 103:20
below [6] - 29:10, 38:8, 38:9, 42:5, 83:8, 106:15
below-knee [1] - 42:5
below-the-knee [1] - 106:15
Bench [4] - 31:12, 58:18, 65:7, 137:3
bench [12] - 33:1, 33:2, 58:17, 89:14, 89:19, 93:7, 93:20, 93:25, 94:4, 95:9, 137:2
beneficial [1] - 110:13
benefit [1] - 128:3
benefitted [1] - 127:25
BESTICK [1] - 1:23
bet [1] - 130:15
better [5] - 15:22, 55:9, 61:1, 92:17, 93:3
between [5] - 27:22, 43:15, 68:2, 74:9, 87:11
beyond [4] - 84:23, 136:11, 136:13, 136:15
big [1] - 64:13
bilateral [1] - 42:15
binder [2] - 105:10, 105:13
bit [14] - 27:5, 28:6, 30:4, 48:21, 63:13, 76:3, 76:4, 79:22, 96:16, 99:12, 101:17, 101:19, 107:9, 107:24
blanche [1] - 59:21
block [8] - 32:6, 32:8, 33:15, 33:18, 35:23, 38:9, 49:20, 49:22
blocked [6] - 31:1, 31:20, 34:7, 34:10, 35:19, 81:19
blocks [1] - 51:10
blood [51] - 25:9, 25:15, 25:19, 25:22, 32:15, 32:20, 35:22, 38:2, 38:4, 38:15, 41:22, 42:1, 49:21, 51:6, 51:9, 51:12, 52:24, 53:14, 53:18, 55:5, 55:13, 63:8, 73:9, 73:15, 73:17, 73:19, 75:11, 75:13, 75:17, 76:8, 76:13, 76:17, 76:21, 76:22, 76:23, 77:5, 77:8, 77:10, 77:12, 77:13, 77:20, 78:2, 78:3, 78:6, 80:13, 80:14, 80:16, 80:17, 80:21, 81:20, 83:5
bloodstream [1] - 53:12
blue [1] - 97:19
board [3] - 24:12, 24:14, 92:15
body [1] - 110:15
boiled [1] - 48:2
Boise [1] - 101:12
brain [1] - 106:21
brake [1] - 111:9
brand [1] - 6:18
break [15] - 19:18, 20:4, 20:20, 21:5, 21:7, 21:9, 22:5, 30:3, 87:24, 88:1, 88:11, 88:14, 97:21, 99:3
BREEN [1] - 1:19
brief [1] - 137:2
briefing [1] - 90:4
briefly [7] - 3:13, 6:4, 100:19, 101:19, 107:11, 135:10, 138:21
bring [4] - 3:18, 5:6, 10:25, 21:11
broadens [1] - 17:11
broken [1] - 73:17
brought [4] - 6:5, 6:12, 6:16, 11:17
build [1] - 25:16
built [1] - 57:18
bulb [1] - 111:13
bunch [2] - 9:16, 9:21
BY [27] - 1:25, 24:7, 26:15, 28:1, 28:12, 31:17, 32:9, 33:5, 39:23, 44:9, 44:20, 45:13, 56:23, 58:22, 65:11, 66:9, 68:19, 72:9, 100:18, 105:15, 106:1, 117:18, 127:19, 130:14, 132:23, 134:8, 135:13
bypass [9] - 37:2, 37:4, 40:24, 41:2, 41:21, 42:3, 42:8, 42:25, 43:10

C

C.V [1] - 105:4
calf [8] - 50:22, 50:24, 51:11, 66:25, 73:1, 74:19, 76:7, 76:12
cane [8] - 107:16, 107:17, 119:19, 119:22, 120:2, 120:22, 122:11, 130:7
cannot [7] - 44:5, 70:11, 111:22, 115:6, 127:4, 128:18, 128:19
capabilities [2] - 101:5, 129:25
capability [1] - 101:4
capable [1] - 22:11
capacities [1] - 101:8
capacity [1] - 103:15
car [3] - 123:10, 123:13, 123:23
cardiovascular [1] - 26:24
care [45] - 38:22, 39:2, 39:6, 39:10, 39:14, 39:19, 65:15, 65:19, 93:24, 94:2, 94:8, 94:11, 94:12, 94:24, 95:3, 95:14, 95:17, 95:21, 95:23, 96:4, 96:23, 96:25, 97:5, 97:6, 97:7, 97:8, 97:13, 97:14, 97:17, 97:18, 103:17, 103:22, 103:23, 104:13, 110:7, 111:1, 111:4, 114:21, 115:2, 115:7, 115:18, 129:7, 129:10, 136:11
Care [7] - 100:23, 101:6, 102:21, 103:25, 119:4, 119:7, 133:1
career [1] - 121:16
cares [1] - 131:11
carrying [1] - 131:5
case [44] - 20:8, 21:22, 21:24, 25:1, 27:12, 27:21, 33:22, 37:1, 47:13, 50:8, 56:24, 66:2, 66:14, 67:10, 68:22, 69:10, 72:5, 72:20, 74:17, 74:23, 75:19, 85:7, 87:21, 89:9, 89:25, 90:1, 90:2, 91:4, 91:10, 92:9, 93:7, 93:10, 93:17, 95:4, 103:12, 103:19, 104:1, 104:5, 104:17, 114:7, 115:12, 132:25, 138:2
CASE [1] - 1:6
cases [2] - 93:12, 93:13
casinos [1] - 109:13
catch [1] - 51:12
catheter [1] - 63:2
causation [6] - 11:24, 97:3, 97:9, 97:13, 97:15, 97:16
caused [5] - 78:22, 79:7, 82:18, 82:20, 86:5
causes [1] - 83:2
cc [3] - 38:11, 62:25, 63:4
CCR [3] - 1:25, 140:6, 140:17
ceiling [1] - 111:14
cell [1] - 53:13
center [1] - 23:3
central [2] - 63:1, 63:2
certain [8] - 22:19, 49:25, 63:20, 90:11, 91:8, 98:13, 115:14, 121:1
certainly [9] - 69:21, 70:14, 92:11, 92:13, 93:15, 112:17, 124:19, 130:18, 137:23
certainty [3] - 121:23, 121:24
certification [1] - 102:4
Certified [1] - 140:18
certified [2] - 24:12, 24:14
certify [1] - 140:7
cervical [1] - 115:24
chair [2] - 23:6, 23:9
chance [1] - 3:25
chances [1] - 54:23
change [8] - 49:3, 87:7, 111:13, 121:4, 121:8, 126:14, 134:17, 137:5
changes [4] - 76:8, 87:6, 120:23, 136:10
Charlene [1] - 115:13
CHARLENE [1] - 1:3
chase [1] - 24:23
check [6] - 3:24, 5:21, 19:22, 20:7, 63:25, 88:16
checking [1] - 6:7
chief [2] - 21:22, 21:24
Chief [2] - 28:22, 28:23
choice [4] - 9:13, 108:4, 120:8, 120:12
cholesterol [2] - 55:5, 55:13
choose [2] - 8:15, 8:18
chose [1] - 13:8
Christopher [1] - 134:10
chronic [27] - 16:17, 16:19, 17:6, 25:14, 27:16, 35:6, 40:3, 49:15, 49:17, 49:21, 49:23, 50:5, 51:6, 51:15, 55:21, 55:25, 56:2, 56:16, 56:21, 57:13, 58:10, 58:13, 59:2, 59:5, 67:5, 70:5, 79:12
Chronic [1] - 27:6
chronically [4] - 40:17, 40:18, 48:17, 51:1
chronicity [1] - 69:25
circuit [3] - 97:1, 101:16, 107:9
circulating [1] - 73:19
circulation [8] - 32:6, 32:12, 32:14, 33:20, 35:9, 35:11, 49:19, 79:15
circulatory [1] - 106:24
circumstance [1] - 127:21
circumstances [7] - 10:22, 67:14, 67:19, 91:21, 94:3, 94:5, 94:15
citation [1] - 93:11
clarification [2] - 93:19, 98:20
clarified [1] - 94:9
clarify [4] - 31:14, 65:9, 96:15, 126:9
clarity [1] - 90:5

CLARK [2] - 1:2, 140:4
classic [1] - 73:2
claudication [13] - 49:24, 50:10, 50:12, 50:21, 51:1, 51:5, 51:14, 51:20, 52:1, 52:6, 56:15, 56:20
clean [1] - 71:22
cleaning [2] - 128:22, 129:7
clear [6] - 8:23, 53:16, 89:25, 90:2, 93:10, 95:2
clearly [1] - 95:22
clerk [5] - 6:8, 6:19, 23:7, 99:20
CLERK [4] - 23:13, 23:15, 99:24, 100:4
clientele [1] - 112:13
clients [1] - 108:16
climb [1] - 111:13
climbing [1] - 131:4
clinic [2] - 50:16, 65:21
clinical [4] - 60:5, 61:10, 106:4, 106:8
clot [25] - 57:24, 58:7, 62:4, 73:9, 73:15, 73:17, 75:9, 75:10, 75:14, 75:17, 76:10, 78:10, 82:14, 83:15, 83:22, 84:1, 84:2, 84:7, 84:16, 84:20, 84:25, 85:1, 85:9, 85:15
clots [4] - 80:18, 82:2, 82:10, 84:20
clotted [2] - 41:3, 41:4
clotting [2] - 40:4, 77:15
cognizant [1] - 22:14
cold [5] - 48:3, 49:9, 49:10, 59:15, 59:20
collateral [8] - 32:6, 33:17, 36:16, 49:21, 80:13, 81:9, 81:18, 81:20
collaterals [18] - 25:10, 25:16, 26:1, 29:25, 32:18, 34:11, 35:12, 35:16, 35:18, 35:20, 37:7, 38:14, 57:19, 81:13, 81:16, 82:1, 86:7, 86:25
College [1] - 102:1
colloquy [1] - 93:25
color [2] - 49:3, 49:5
combined [2] - 66:23, 69:13
coming [6] - 16:17, 16:20, 35:20, 94:10, 94:11, 132:17
comment [1] - 39:10
commentary [4] - 45:10, 89:1, 92:8, 137:17
commitments [1] - 137:11
common [3] - 52:4, 83:11, 116:20
commonly [1] - 74:2
commonness [2] - 51:19, 51:20
communicate [1] - 20:6
communications [1] - 89:5
community [1] - 64:24
competent [3] - 71:2, 71:6, 72:10
Complaint [2] - 28:22, 28:24
complaint [1] - 66:25
complete [4] - 7:21, 20:10, 22:8, 99:13
completed [1] - 97:20
completely [3] - 31:20, 49:19, 86:18
complication [1] - 64:13
complications [1] - 62:18
component [1] - 19:8
compress [2] - 76:7, 76:11
compressibility [1] - 76:9
computer [2] - 63:5, 63:7
concern [6] - 74:11, 93:22, 94:22, 95:9, 120:2, 120:3
concerned [2] - 72:23, 90:15
conclude [2] - 22:17, 88:1
concluded [1] - 139:4
conclusion [6] - 17:8, 48:6, 48:8, 91:11, 91:19, 93:2
conclusionary [1] - 91:16
conclusions [3] - 71:9, 89:21, 92:21
condition [15] - 16:15, 18:6, 49:17, 67:6, 79:12, 80:19, 109:5, 109:8, 115:19, 117:4, 121:18, 121:19, 134:23, 135:2
conditions [5] - 106:22, 107:1, 113:22, 116:7, 133:10
conduit [1] - 31:20
confer [1] - 137:4
conference [6] - 31:12, 33:2, 58:18, 65:7, 93:20, 137:3
conferences [2] - 89:14, 89:15
confine [2] - 13:19, 13:20
confined [13] - 5:3, 5:7, 7:9, 9:19, 10:6, 14:9, 14:15, 14:24, 15:11, 15:16, 18:13, 114:2, 114:12
confirmation [1] - 62:2
confirms [1] - 70:5
confusing [1] - 94:19
confusion [2] - 17:20, 92:6
Congress [1] - 102:18
connected [6] - 88:24, 89:1, 89:8, 137:15, 137:17, 138:1
connecting [2] - 13:10, 13:11
connection [1] - 7:3
connections [1] - 19:10
consequences [1] - 102:8
conservative [3] - 55:17, 55:20
consider [1] - 136:4
considered [1] - 114:15
consistency [1] - 84:3
consistent [1] - 133:8
constituted [1] - 69:15
constitutes [1] - 36:11
consultation [3] - 28:25, 44:23, 67:7
consulting [1] - 29:2
contained [4] - 4:21, 7:25, 13:2, 14:5
contents [2] - 17:24, 18:14
context [3] - 16:17, 16:20, 39:21
continuation [1] - 18:22
continue [1] - 37:7
continued [1] - 52:25
continues [1] - 53:4
continuing [4] - 21:21, 102:3, 110:21, 121:14
contrast [7] - 62:25, 63:8, 63:10, 63:21, 64:4, 64:12, 64:14
contributes [1] - 53:1
contributing [1] - 6:14
controlled [1] - 124:10
controls [1] - 111:8
converse [2] - 88:23, 137:14
convert [3] - 56:16, 57:13, 58:13
coordinated [1] - 20:19
copy [1] - 140:11
cord [2] - 110:12, 110:18
corner [3] - 23:4, 26:19, 26:20
corners [2] - 12:22, 13:7
CORPORATIONS [1] - 1:10
correct [33] - 24:19, 30:6, 30:23, 38:22, 39:2, 39:13, 43:7, 43:8, 45:18, 45:19, 54:2, 57:9, 57:10, 65:14, 69:6, 78:11, 78:13, 78:18, 104:4, 105:11, 105:16, 120:24, 121:22, 121:25, 126:25, 128:11, 129:21, 131:7, 132:4, 133:13, 133:14, 136:12, 140:8
corrected [2] - 87:4, 130:13
corrective [1] - 62:3
correctly [3] - 14:1, 17:11, 58:9
cost [1] - 124:2
costs [1] - 109:19
cotton [1] - 60:1
counsel [9] - 7:22, 33:1, 58:16, 117:21, 117:22, 135:15, 137:1, 137:5, 138:24
counseling [4] - 101:22, 101:24, 116:24, 117:6
Counseling [1] - 102:19
counselor [1] - 102:5
countered [1] - 119:15
counters [1] - 114:1
COUNTY [2] - 1:2, 140:4
couple [5] - 24:23, 65:9, 82:6, 88:16, 90:22
course [6] - 7:20, 8:25, 18:13, 89:7, 90:20, 137:25
COURT [105] - 1:1, 3:6, 3:10, 3:24, 4:7, 5:8, 5:20, 6:7, 6:20, 7:5, 7:11, 7:20, 9:10, 9:23, 10:21, 11:18, 11:21, 12:3, 12:11, 12:15, 12:18, 13:9, 14:12, 14:19, 14:22, 15:3, 15:7, 15:10, 15:16, 15:23, 16:25, 17:9, 17:18, 18:16, 19:15, 19:20, 20:25, 21:3, 21:8, 21:13, 21:15, 23:1, 23:19, 26:6, 26:10, 28:4, 31:3, 31:11, 31:13, 32:23, 32:25, 33:3, 43:24, 44:1, 44:4, 44:7, 44:17, 45:3, 45:6, 56:19, 58:16, 58:19, 65:6, 65:8, 66:7, 68:18, 71:11, 71:14, 71:21, 72:1, 87:25, 88:9, 88:13, 89:13, 91:13, 93:5, 93:18, 95:25, 97:20, 98:17, 98:23, 99:2, 99:8, 99:18, 100:2, 100:7, 100:9, 105:9, 105:13, 105:20, 117:13, 127:17, 130:10, 133:16, 133:20, 133:22, 134:6, 135:8, 136:15, 136:19, 136:21, 137:1, 137:4, 138:6, 138:25
court [5] - 19:1, 19:2, 19:3, 19:4, 98:14
Court [12] - 15:25, 17:22, 17:23, 90:23, 92:13, 93:6, 93:15, 94:6, 96:12, 138:24, 140:12, 140:18
Court's [3] - 90:7, 92:12, 93:8
courthouse [1] - 103:5
Courtroom [1] - 18:20
courtroom [9] - 18:23, 18:24, 21:14, 22:20, 88:17, 97:24, 99:7, 137:7, 138:4
covered [2] - 6:8,

81:21
cramping [1] - 49:24
credentials [2] - 24:22, 70:24
credits [1] - 102:4
critical [5] - 28:16, 46:23, 47:2, 57:14, 111:21
Cross [1] - 2:8
cross [4] - 12:24, 15:13, 98:12, 136:14
CROSS [1] - 117:17
Cross-Examination [1] - 2:8
CROSS-EXAMINATION [1] - 117:17
cross-examine [2] - 12:24, 98:12
cross-purposes [1] - 15:13
crossed [1] - 90:16
crutch [1] - 120:2
crutches [7] - 107:16, 107:20, 119:19, 119:22, 120:22, 122:12, 130:8
CT [13] - 61:25, 62:6, 62:14, 62:21, 63:7, 63:14, 63:19, 63:21, 63:25, 65:1, 65:16, 65:24, 67:1
current [1] - 53:3
cut [2] - 24:22, 80:16

D

daily [5] - 51:7, 115:14, 122:22, 128:21, 140:10
damage [2] - 64:3, 64:4
dampened [1] - 46:4
Dana [2] - 140:6, 140:17
DANA [1] - 1:25
DARELL [1] - 1:3
date [7] - 27:1, 27:21, 29:3, 34:24, 43:12, 104:14, 105:6
dated [2] - 17:5, 140:13
daughter [1] - 134:2
days [8] - 16:6, 16:10, 50:15, 67:15, 80:7, 82:6, 85:6, 85:24
deadline [1] - 12:12
deal [1] - 14:11
dealing [2] - 6:22, 34:17
death [1] - 74:5
deaths [1] - 74:10
debate [1] - 89:23
debates [1] - 89:19
decade [2] - 129:6, 132:12
decades [2] - 51:19, 54:21
December [37] - 27:11, 27:20, 27:22, 36:20, 40:10, 40:16, 40:24, 41:1, 47:9, 47:15, 48:1, 48:12, 48:15, 50:9, 51:13, 55:24, 56:4, 57:1, 58:11, 59:1, 59:6, 66:18, 67:16, 68:11, 70:9, 72:23, 79:16, 79:24, 80:5, 80:7, 80:21, 81:17, 82:6, 82:9, 83:20, 84:6, 85:16
decide [4] - 11:9, 11:11, 14:10, 92:14
declined [1] - 18:12
deep [9] - 27:6, 27:10, 27:19, 35:21, 73:2, 73:5, 74:2, 75:6, 76:14
deeper [1] - 81:2
defendant [1] - 26:5
Defendant [2] - 5:10, 5:11
Defendants [2] - 1:11, 1:21
defense [5] - 21:24, 22:7, 96:13, 99:17, 103:21
defer [1] - 121:20
definitely [1] - 67:20
definition [4] - 48:23, 49:15, 50:24, 51:1
definitive [1] - 120:16
degenerative [1] - 106:22
degree [9] - 79:3, 79:8, 85:8, 94:17, 101:22, 101:24, 102:1, 117:8, 122:2
Delaney [1] - 140:11
DELANEY [1] - 1:15
delayed [1] - 138:15
deleterious [1] - 53:12
demonstrate [2] - 25:10, 48:19
demonstrated [1] - 42:21
department [8] - 58:11, 64:25, 65:3, 65:20, 66:18, 79:25, 80:6, 87:7
dependent [1] - 25:19
depose [4] - 5:4, 8:16, 8:18, 13:8
deposition [17] - 4:5, 4:22, 7:10, 8:1, 8:16, 8:21, 9:13, 9:18, 10:5, 47:18, 73:8, 73:13, 86:13, 87:22, 104:19, 127:3, 131:7
Deposition [1] - 8:10
depositions [2] - 66:10, 104:17
deposits [1] - 53:17
DEPT [1] - 1:8
derogatory [2] - 112:15, 112:20
describe [1] - 72:16
described [8] - 37:10, 37:12, 50:11, 50:16, 55:19, 60:4, 63:18, 122:13
description [2] - 37:13, 85:3
designated [1] - 10:19
designations [1] - 5:3
designed [1] - 96:7
desire [1] - 94:7
desk [1] - 19:2
destined [1] - 87:2
detail [1] - 79:22
details [1] - 88:19
detect [4] - 59:25, 63:6, 74:14, 75:17
determination [4] - 12:22, 13:23, 120:19, 132:9
determine [1] - 17:23
determined [2] - 129:13, 137:8
determining [1] - 101:4
develop [2] - 59:11
developed [4] - 33:17, 80:12, 82:2, 113:5
developing [1] - 106:8
development [1] - 25:25
diabetes [2] - 51:24, 64:8
diagnosable [2] - 80:1, 80:8
diagnose [3] - 62:12, 64:25, 65:15
diagnosed [7] - 42:13, 46:9, 56:5, 65:25, 68:5, 73:8, 75:8
diagnosis [12] - 43:6, 45:15, 56:12, 56:14, 59:8, 59:19, 61:15, 61:17, 61:19, 62:2, 62:9, 64:18
diagnostic [2] - 61:25, 62:1
dialogue [1] - 10:21
difference [5] - 75:10, 85:7, 85:25, 90:5, 119:14
different [28] - 8:4, 9:5, 11:10, 13:10, 13:13, 19:14, 22:6, 22:20, 48:8, 48:10, 48:13, 63:13, 68:7, 83:15, 85:19, 86:18, 86:19, 87:19, 90:9, 108:24, 110:16, 118:16, 119:12, 122:15, 125:24, 131:21, 131:23, 132:8
difficult [2] - 28:18, 127:20
difficulties [1] - 99:10
difficulty [2] - 123:15, 125:11
dilute [1] - 64:12
direct [1] - 45:9
DIRECT [2] - 24:6, 100:17
Direct [2] - 2:4, 2:7
directed [1] - 75:20
direction [1] - 94:25
directly [3] - 63:12, 104:2, 107:3
disabilities [3] - 106:10, 106:17, 110:10
disability [1] - 102:7
disadvantage [2] - 8:15, 8:20
disagree [7] - 61:24, 71:6, 71:9, 72:11, 92:12, 109:24, 136:17
disagreed [2] - 71:8, 91:23
disclosed [2] - 94:13, 96:4
disclosures [1] - 96:23
discoloration [1] - 59:14
discolored [2] - 49:10, 59:20
discovered [1] - 45:17
discovery [1] - 44:23
discretion [2] - 92:13, 93:15
discrimination [1] - 54:7
discuss [1] - 14:8
discussed [2] - 4:4, 12:3
discussing [1] - 132:11
discussion [5] - 6:19, 12:23, 18:4, 95:25, 137:2
discussions [1] - 3:17
disease [23] - 28:20, 28:25, 29:7, 29:16, 38:7, 42:5, 45:24, 46:5, 51:21, 52:5, 52:11, 52:14, 52:18, 52:20, 53:2, 53:5, 53:9, 54:17, 54:24, 55:6, 69:25, 70:5, 73:3
dispute [1] - 57:7
disregard [1] - 45:10
disrespectful [2] - 112:16, 112:18
dissolution [1] - 62:5
dissolve [5] - 57:24, 83:22, 84:7, 84:24, 85:15
dissolved [1] - 85:10
dissolves [1] - 25:6
distal [1] - 59:23
distance [6] - 49:25, 50:3, 51:9, 55:14, 55:15, 107:21
distances [3] - 122:25, 124:16, 124:18
DISTRICT [1] - 1:1
District [1] - 140:12
doctor [3] - 22:7, 50:6, 106:2
Doctor [16] - 44:5, 45:3, 102:10, 102:15, 102:23, 105:1, 105:17, 107:7, 111:16, 112:7, 112:21, 113:14, 117:7, 132:20, 132:24, 134:9
doctor's [1] - 71:21
Doctorate [1] - 101:22
doctors [3] - 60:15, 61:2, 94:10
document [9] - 26:3, 27:14, 27:19, 28:14, 30:21, 68:24, 69:1, 69:2, 105:4
documenting [1] - 28:17
documents [1] - 105:14

DOES [1] - 1:9
done [21] - 21:4, 34:4, 42:22, 43:2, 43:3, 48:18, 62:1, 63:14, 63:16, 75:16, 75:17, 80:15, 98:5, 101:6, 113:20, 127:25, 130:15, 130:16, 130:20, 130:24, 131:1
door [2] - 9:21, 125:17
doors [1] - 114:1
doorway [1] - 125:19
Doppler [6] - 41:23, 42:1, 46:3, 49:11, 58:25, 59:23
double [2] - 5:21, 55:14
double-check [1] - 5:21
doubt [3] - 14:23, 41:17, 57:5
down [10] - 19:12, 19:17, 20:5, 27:4, 30:3, 48:2, 59:22, 78:7, 119:3, 133:18
downhill [2] - 77:20, 77:25
Dr [148] - 2:15, 3:14, 5:3, 8:11, 8:21, 9:5, 9:7, 9:9, 11:17, 20:16, 20:17, 20:21, 20:24, 22:4, 22:8, 23:1, 23:2, 24:8, 24:21, 24:24, 26:2, 26:3, 26:16, 26:19, 26:21, 26:23, 27:9, 27:15, 27:23, 28:13, 28:16, 29:3, 29:4, 29:23, 30:13, 31:25, 33:6, 34:14, 34:16, 34:23, 35:1, 36:9, 36:19, 37:12, 38:18, 38:20, 38:25, 41:12, 41:13, 41:19, 43:21, 44:14, 44:21, 45:2, 45:14, 45:23, 46:23, 47:2, 47:6, 47:17, 47:21, 47:23, 47:25, 48:5, 48:11, 48:19, 48:22, 49:13, 50:7, 50:24, 51:18, 56:3, 56:5, 58:23, 59:7, 60:2, 60:13, 61:18, 62:20, 64:2, 64:15, 64:16, 65:12, 65:14, 65:18, 66:3, 66:11, 66:17, 67:13, 68:17, 68:20, 69:8, 69:9, 70:6, 71:7, 72:4, 72:10, 72:11, 72:18, 72:22, 72:25, 73:6, 73:21, 74:4, 74:20, 78:21, 78:22, 79:6, 80:11, 83:21, 88:2, 88:5, 89:16, 89:21, 93:23, 94:1, 94:12, 94:16, 96:16, 96:17, 96:21, 96:22, 96:25, 97:4, 97:7, 97:12, 97:14, 97:15, 99:17, 99:18, 99:19, 99:25, 100:19, 101:11, 104:19, 108:1, 109:25, 112:6, 112:19, 112:21, 113:15, 114:19, 118:6, 133:5, 136:24, 138:10
dressed [1] - 111:4
drive [2] - 111:7, 123:23
drives [2] - 124:7, 124:11
dropped [1] - 59:21
due [2] - 47:15, 74:10
duly [2] - 24:3, 100:14
duplicated [1] - 96:19
duplication [1] - 96:10
duplicative [1] - 95:19
duration [1] - 84:21
during [7] - 66:4, 66:18, 81:19, 87:16, 88:21, 137:13, 137:22
dusky [1] - 49:5
DVT [13] - 27:15, 28:14, 28:17, 72:23, 73:22, 74:14, 74:22, 75:5, 75:8, 75:16, 75:20, 75:23, 76:5
DVTs [1] - 28:17
dye [3] - 62:22, 63:6, 63:12

E

early [2] - 94:17, 98:3
easier [4] - 77:20, 77:24, 107:24, 125:6
education [1] - 102:4
educational [1] - 101:20
effect [2] - 52:23, 53:13
effectively [2] - 18:1, 107:20
effects [1] - 101:3
efficient [2] - 110:3, 113:24
effort [3] - 94:7, 101:18, 108:8
eight [5] - 114:21, 115:6, 115:17, 129:10, 129:20
EIGHTH [1] - 1:1
either [9] - 8:19, 11:11, 19:20, 27:15, 93:10, 96:2, 116:22, 118:24, 136:4
elective [2] - 43:11, 43:13
electric [10] - 107:22, 107:23, 107:25, 109:11, 110:1, 110:4, 110:8, 110:13, 110:18, 123:17
electrical [2] - 122:12, 122:13
elementary [1] - 77:16
elevated [2] - 49:5, 59:20
elevation [1] - 55:6
emboli [1] - 74:10
embolism [1] - 73:23
embolus [1] - 73:17
emergency [27] - 33:9, 36:11, 46:25, 47:4, 47:9, 47:14, 47:19, 48:7, 58:11, 64:20, 64:25, 65:2, 65:20, 66:18, 67:2, 67:9, 67:23, 68:6, 69:11, 69:15, 70:11, 79:14, 79:25, 80:6, 86:12, 86:23, 87:7
EMERGENCY [1] - 1:8
emergent [1] - 43:18
emotional [2] - 101:3, 117:4
employed [1] - 113:8
empty [1] - 97:25
encourage [2] - 54:16, 55:4
end [2] - 22:1, 90:12
ended [4] - 21:10, 28:10, 90:13, 92:4
endothelium [2] - 52:23, 53:14
energy [1] - 108:22
engage [1] - 92:6
enlarge [2] - 25:17, 33:18
ensure [2] - 79:15, 109:1
entails [1] - 100:25
entered [1] - 57:25
enters [3] - 21:14, 53:11, 99:7
entertained [1] - 118:3
entire [2] - 120:25, 134:16
entirely [1] - 50:11
entitled [2] - 10:17, 14:24
enzyme [1] - 62:5
equipment [1] - 19:9
especially [3] - 9:6, 50:18, 131:20
ESQ [6] - 1:19, 1:20, 1:20, 1:22, 1:23, 1:23
essentially [3] - 12:6, 92:24, 106:25
establish [3] - 28:19, 38:20, 61:25
estimates [1] - 74:9
evaluate [1] - 73:4
evaluated [1] - 106:4
evaluating [2] - 102:8, 111:21
evaluation [5] - 60:5, 61:10, 66:4, 118:25, 119:1
event [5] - 42:2, 67:8, 79:16, 82:17, 138:9
events [2] - 86:18, 137:22
evidence [6] - 26:9, 43:9, 68:16, 78:12, 105:17, 105:22
exactly [1] - 60:15
exam [6] - 46:3, 46:4, 60:5, 61:11, 62:13, 75:23
Examination [5] - 2:4, 2:7, 2:8, 2:9, 2:10
EXAMINATION [5] - 24:6, 100:17, 117:17, 132:22, 135:12
examination [8] - 48:18, 49:11, 59:18, 60:20, 60:23, 70:20, 91:12
examine [6] - 12:24, 56:9, 61:17, 70:19, 75:13, 98:12
examined [4] - 24:4, 49:9, 100:15, 118:7
example [4] - 51:24, 65:2, 65:21, 127:17
exceed [1] - 51:8
except [1] - 87:1
exclude [1] - 13:15
exclusive [1] - 15:18
excuse [1] - 102:14
excused [1] - 136:24
exercise [1] - 55:12
EXHIBIT [1] - 2:14
Exhibit [4] - 26:5, 26:7, 26:8, 68:15
exhibits [1] - 105:10
exits [1] - 138:4
expect [5] - 41:9, 42:3, 42:7, 87:14, 87:16
expected [2] - 50:22, 67:5
experience [13] - 51:18, 110:5, 111:20, 112:20, 113:1, 113:12, 116:24, 119:9, 119:10, 120:9, 127:23, 131:16, 133:6
experienced [1] - 121:5
expert [20] - 4:12, 4:21, 5:4, 7:25, 9:18, 16:19, 24:25, 68:13, 68:14, 91:6, 95:12, 95:13, 95:22, 99:4, 102:24, 103:9, 103:13, 103:20, 104:20, 105:21
expertise [1] - 127:24
experts [8] - 4:4, 4:13, 7:9, 7:24, 89:24, 94:11, 96:10, 97:6
Experts [1] - 4:20
explain [4] - 25:13, 75:7, 100:24, 108:18
express [2] - 89:8, 137:25
expressed [3] - 94:6, 95:9
expressing [1] - 45:7
extensive [2] - 106:20, 128:4
extent [4] - 14:6, 17:19, 25:25, 84:16
extremity [9] - 25:15, 34:21, 36:18, 49:4, 49:24, 59:15, 67:9, 86:22, 112:12

F

fact [26] - 7:7, 9:7, 10:23, 11:16, 15:19, 16:18, 47:14, 48:2, 50:18, 50:23, 56:15, 57:11, 57:22, 58:12, 64:1, 73:12, 92:21, 96:3, 97:10, 104:1, 110:2, 116:20, 128:16, 131:25, 133:3, 134:20

factor [6] - 6:15, 52:10, 52:17, 85:12, 135:23, 136:3
factors [1] - 130:2
facts [1] - 17:15
factual [4] - 8:12, 8:17, 8:22, 9:2
fair [19] - 14:2, 37:13, 37:18, 38:13, 53:19, 54:13, 56:17, 60:16, 68:25, 71:19, 118:5, 122:10, 126:12, 131:2, 131:9, 131:12, 136:7
fairly [1] - 52:4
fairness [1] - 9:11
fall [1] - 121:14
fallen [3] - 119:24, 120:1, 120:4
falling [1] - 130:7
falls [4] - 121:5, 121:6, 134:15, 134:23
familiar [4] - 18:22, 91:4, 111:19, 116:18
family [3] - 113:9, 113:10, 135:20
fan [1] - 111:14
far [9] - 8:5, 71:1, 71:3, 71:8, 72:3, 79:2, 86:3, 90:3, 106:6
faster [1] - 76:13
father [1] - 134:15
fatty [1] - 53:17
fault [2] - 9:22
FEBRUARY [1] - 1:16
February [1] - 140:14
feed [1] - 83:5
feeding [1] - 34:12
feet [1] - 86:15
fellow [3] - 54:4, 54:6, 54:10
fellows [1] - 54:13
felt [6] - 48:3, 67:24, 68:1, 86:16, 95:15, 132:1
femoral [63] - 30:1, 30:11, 30:14, 30:22, 32:2, 32:18, 33:16, 33:24, 34:6, 34:7, 34:11, 34:17, 35:3, 35:18, 35:21, 35:23, 35:25, 36:5, 36:21, 36:24, 37:2, 37:19, 37:20, 38:5, 38:15, 40:24, 41:20, 42:12, 42:22, 42:25, 43:5, 43:7, 43:10, 43:16, 45:16, 46:10, 46:11, 46:14, 46:17, 46:24, 47:3, 52:2, 52:7, 57:3, 57:9, 57:11, 58:12, 63:11, 63:15, 66:5, 69:3, 78:17, 81:2, 81:3, 82:19, 83:4, 83:8, 83:11, 83:16, 84:8, 85:9, 86:4
femoris [2] - 35:21, 80:18
few [5] - 40:19, 51:19, 102:22, 117:23, 132:19
field [3] - 100:22, 102:6, 103:10
Fifth [1] - 7:24
fifth [1] - 4:19
fight [1] - 98:14
figure [2] - 71:15, 138:18
filed [3] - 5:24, 7:8, 12:8
filling [1] - 76:10
filter [1] - 64:5
final [3] - 45:10, 94:25, 135:8
finally [2] - 89:9, 138:2
findings [4] - 76:4, 76:20, 120:8, 121:21
fine [5] - 39:3, 54:6, 118:8, 129:12, 136:8
finish [7] - 20:23, 20:24, 22:7, 98:19, 98:24, 99:4, 138:10
finished [1] - 100:2
finishing [2] - 21:16, 138:14
first [34] - 6:23, 10:14, 12:25, 16:20, 20:18, 23:16, 24:3, 25:3, 26:18, 28:19, 29:13, 42:14, 44:18, 49:2, 55:7, 55:16, 62:6, 62:13, 62:23, 69:19, 70:20, 72:14, 73:1, 88:9, 96:12, 100:5, 100:14, 105:4, 105:5, 105:6, 118:15, 125:13, 126:15
first-line [2] - 55:7, 55:16
fish [7] - 104:19, 112:6, 112:19, 112:21, 113:15, 118:6, 133:5
fish's [2] - 109:25, 114:19
fit [6] - 50:17, 108:5, 123:2, 123:21, 123:23, 125:25
fits [1] - 108:25
fitting [7] - 107:18, 108:19, 108:22, 109:2, 109:6, 120:3, 120:6
Five [6] - 60:10, 60:14, 61:1, 61:9, 61:14, 62:13
five [2] - 50:1, 103:8
fixed [1] - 120:8
fixes [1] - 58:4
flagged [1] - 133:18
flags [1] - 70:12
floor [1] - 114:9
flow [37] - 25:10, 25:15, 32:15, 32:20, 33:17, 35:22, 36:16, 36:17, 37:8, 38:9, 38:10, 38:15, 41:22, 42:1, 49:11, 49:21, 51:7, 59:23, 75:11, 75:13, 76:18, 76:21, 76:23, 76:24, 77:5, 77:9, 77:10, 77:12, 77:13, 77:14, 77:20, 78:6, 78:7, 78:9, 80:21, 81:20
flowing [2] - 38:3, 38:4
fluid [1] - 64:11
fluids [2] - 64:10, 77:24
fluoroethylene [1] - 69:22
flush [1] - 8:18
focused [1] - 89:16
folds [3] - 122:14, 122:16, 122:20
folks [1] - 20:8
follow [4] - 4:8, 70:21, 95:5, 130:12
follow-the-law [1] - 4:8
follow-up [3] - 70:21, 95:5, 130:12
followed [1] - 113:7
following [4] - 22:11, 29:19, 34:17, 134:22
following-up [1] - 29:19
follows [2] - 24:4, 100:15
followup [6] - 9:24, 29:7, 29:17, 130:22, 132:19, 135:9
foot [12] - 25:11, 41:1, 41:8, 41:15, 49:3, 49:8, 49:12, 59:19, 59:21, 86:15, 111:8
foregoing [1] - 140:7
form [5] - 18:9, 46:4, 89:8, 92:22, 137:25
formal [1] - 10:12
formally [2] - 6:22, 6:25
formed [5] - 50:8, 58:23, 66:16, 67:13, 75:4
formerly [1] - 5:24
forms [1] - 17:5
formulated [2] - 104:24, 107:12
formulation [1] - 104:7
forward [1] - 47:6
foundation [9] - 66:6, 66:8, 90:12, 90:24, 91:8, 91:25, 92:4, 93:1, 130:9
foundational [2] - 28:7, 90:11
four [2] - 12:21, 13:7
fourth [1] - 4:18
frame [1] - 123:22
Francisco [1] - 101:23
Frank [1] - 18:21
free [2] - 14:8, 47:22
FREMONT [1] - 1:8
frequently [2] - 60:10, 86:17
front [11] - 5:23, 12:17, 23:6, 23:8, 23:9, 34:9, 95:2, 99:20, 105:1, 125:6, 125:7
front-wheel [1] - 125:6
full [1] - 17:22
function [2] - 114:5, 122:3
functional [5] - 101:8, 102:8, 108:6, 118:18, 129:25
funda [1] - 82:2
funds [1] - 54:9
furthers [1] - 53:9
future [2] - 127:22, 132:9

G

Gabapentin [1] - 116:22
gait [1] - 108:23
game [1] - 14:2
gap [1] - 44:11
general [7] - 9:9, 11:25, 24:12, 48:23, 54:21, 60:20, 97:3
generally [9] - 4:7, 10:25, 30:13, 31:24, 42:3, 49:14, 54:10, 64:6, 89:24
generically [1] - 17:2
gentleman [2] - 29:15, 98:11
gentlemen [2] - 21:18, 88:21
gently [1] - 6:10
gist [1] - 9:4
given [11] - 9:8, 35:8, 41:9, 50:18, 58:5, 69:24, 74:18, 85:2, 87:1, 116:23, 129:2
goal [1] - 38:14
God [3] - 37:12, 37:15, 37:17
gold [2] - 59:8, 75:25
graft [45] - 25:6, 36:20, 36:24, 37:2, 37:4, 37:8, 37:9, 37:10, 37:17, 37:18, 37:22, 37:24, 38:2, 38:4, 38:8, 38:14, 39:7, 39:16, 39:24, 41:9, 43:5, 48:4, 57:3, 57:9, 57:12, 57:21, 58:2, 58:7, 66:5, 66:19, 69:3, 69:22, 69:23, 70:23, 80:15, 81:22, 82:19, 82:23, 83:4, 83:8, 83:9, 83:12, 83:22, 85:10, 86:4
granted [3] - 4:8, 4:12, 4:13
gravamen [1] - 12:20
gravity [1] - 78:4
great [2] - 118:13, 118:15
grocery [1] - 109:12
groin [2] - 63:11, 81:1
group [1] - 63:23
guess [2] - 6:21, 12:8
guide [1] - 62:8
guided [1] - 39:19
guy [1] - 95:20

H

habit [1] - 51:23
half [1] - 137:12
halls [1] - 125:19
hallways [2] - 113:25, 126:4
hand [4] - 26:19, 26:20, 111:7, 133:22
handle [1] - 109:14
HANK [1] - 1:20
hard [1] - 53:3

health [1] - 11:25
healthcare [1] - 74:11
hear [4] - 13:13, 71:14, 91:2, 91:13
heard [4] - 17:19, 41:22, 42:1, 72:6
hearing [3] - 7:3, 7:17, 18:22
hearsay [1] - 4:13
heart [6] - 11:9, 75:12, 76:13, 77:12, 78:3, 78:8
hell [1] - 138:8
help [11] - 19:11, 113:4, 113:10, 114:5, 128:20, 128:24, 129:7, 129:10, 129:24, 135:20, 136:1
helped [1] - 106:18
helpful [2] - 70:4, 119:17
helps [1] - 105:2
Heparin [5] - 39:7, 39:15, 39:25, 40:5, 40:6
hereby [1] - 140:7
hi [2] - 100:1, 117:20
high [1] - 55:5
highlighted [1] - 33:8
Hillsborough [1] - 102:2
himself [2] - 111:4, 129:10
hip [1] - 81:20
History [1] - 27:6
history [16] - 18:5, 27:10, 27:16, 50:19, 59:10, 60:22, 66:24, 69:14, 70:8, 74:18, 74:19, 74:21, 74:25, 101:7, 119:15
Hoffman's [1] - 5:18
hold [18] - 14:22, 32:25, 53:3, 55:23, 64:21, 71:11, 78:20, 79:1, 79:5, 80:2, 85:5, 85:13, 86:2, 98:15, 133:16
holding [1] - 64:10
Holthus [2] - 19:23, 19:24
home [15] - 114:16, 115:7, 120:23, 122:23, 123:1, 123:2, 123:3, 123:4, 125:10, 125:13, 126:24, 128:10, 129:7, 129:11, 129:18
homes [2] - 128:6, 128:8
Hon [1] - 140:11
Honor [32] - 3:7, 3:9, 3:14, 11:15, 11:20, 18:15, 20:14, 22:24, 23:21, 26:4, 26:13, 31:10, 31:16, 32:22, 39:17, 65:4, 68:16, 87:23, 88:8, 88:12, 92:11, 96:16, 98:7, 98:16, 99:16, 100:8, 117:15, 136:13, 136:18, 136:20, 138:20, 138:21
HONORABLE [1] - 1:15
hospital [3] - 54:9, 68:6, 79:14
Hospital [1] - 104:10
hours [8] - 64:10, 114:21, 115:6, 115:17, 129:10, 129:12, 129:14, 129:20
house [21] - 107:16, 107:17, 113:16, 113:23, 113:24, 114:5, 123:1, 123:6, 124:20, 124:22, 124:23, 125:1, 126:3, 126:12, 126:22, 127:5, 128:21, 128:25, 129:25, 135:20
household [2] - 111:10, 111:11
housekeeping [3] - 3:10, 18:17, 115:18
hurts [1] - 61:4
husband [2] - 1:4, 115:14
hydraulically [1] - 124:10
hygiene [1] - 111:5
Hymanson [7] - 2:8, 2:10, 19:21, 97:23, 117:14, 117:21, 135:8
HYMANSON [14] - 1:20, 1:20, 98:7, 98:21, 117:15, 117:18, 127:15, 127:19, 130:14, 132:17, 135:10, 135:13, 136:17, 138:21
hypothetical [4] - 65:13, 65:14, 65:17, 73:10
hypothetically [4] - 71:7, 73:7, 85:16, 95:6

I

I.T [5] - 18:19, 19:7, 19:22, 97:22, 97:24
ice [1] - 59:20
Idaho [1] - 101:12
idea [3] - 119:25, 128:10, 129:22
identified [7] - 11:15, 18:20, 19:6, 61:10, 62:8, 75:23, 82:16
identifies [1] - 75:5
identify [3] - 17:4, 28:13, 96:21
iliac [1] - 81:21
image [1] - 81:23
images [2] - 68:13, 68:14
imagine [1] - 115:6
imaging [1] - 67:11
impacts [3] - 18:6, 20:15
implementing [1] - 106:9
implication [1] - 112:18
important [11] - 52:13, 52:15, 52:19, 59:18, 60:23, 62:10, 91:19, 108:15, 108:17, 108:24, 119:2
importantly [2] - 8:10, 62:3
imposed [1] - 94:15
impossible [3] - 40:25, 41:14, 84:24
improper [3] - 13:24, 15:5, 15:19
improvement [1] - 118:7
IN [1] - 1:1
inability [1] - 126:19
inappropriate [2] - 93:2, 132:2
inches [1] - 125:23
incident [1] - 27:21
incision [1] - 63:10
inclined [1] - 90:3
include [2] - 17:11, 124:5
included [1] - 84:20
includes [2] - 60:4, 61:10
including [5] - 16:1, 85:3, 89:2, 89:6, 137:19
inclusive [2] - 1:9, 1:10
increase [1] - 116:10
increases [1] - 54:23
independent [3] - 89:6, 137:23, 137:24
independently [2] - 6:24, 111:1
indicate [9] - 27:18, 29:1, 29:18, 32:17, 36:4, 45:8, 46:16, 65:22, 76:16
indicated [8] - 43:15, 44:11, 45:14, 88:1, 89:25, 90:1, 92:2, 122:9
indicates [2] - 29:4, 45:22
indicating [1] - 10:8
indication [5] - 62:17, 98:8, 123:15, 128:23, 130:25
individual [4] - 101:7, 114:3, 115:8, 115:9
individual's [1] - 132:3
individually [2] - 1:4, 1:8
individuals [11] - 103:24, 106:9, 106:11, 106:20, 106:23, 107:4, 110:11, 112:11, 113:12, 113:21, 128:4
inflammatory [1] - 53:15
inflow [4] - 77:1, 77:3, 77:5, 77:18
inform [1] - 22:17
information [30] - 22:21, 31:7, 33:7, 34:9, 46:10, 63:14, 70:4, 89:2, 89:22, 101:8, 119:12, 119:15, 119:16, 120:16, 121:7, 121:11, 121:12, 121:15, 123:19, 125:15, 126:21, 127:4, 127:7, 128:18, 129:2, 129:16, 132:5, 132:13, 132:14, 137:18
ingrowth [1] - 58:4
initial [10] - 3:16, 3:19, 14:1, 16:5, 16:24, 17:1, 17:5, 17:24, 18:14
inject [2] - 63:9, 63:12
injected [2] - 63:1, 63:3
injector [1] - 63:3
injects [1] - 63:4
injuries [4] - 106:10, 106:21, 110:12, 134:24
injury [4] - 101:3, 102:9, 106:21, 110:18
inner [1] - 52:24
inpatient [3] - 63:16, 64:21, 65:19
inquire [1] - 18:12
inquired [2] - 10:7, 129:1
inquiring [1] - 92:1
inquiry [1] - 14:3
inside [2] - 53:14, 84:1
insight [3] - 112:23, 112:25, 113:1
insofar [1] - 101:5
instances [1] - 25:5
instead [1] - 21:21
insufficiency [1] - 107:5
insufficient [2] - 78:6, 121:7
insult [1] - 55:2
intended [2] - 60:17, 110:8
intent [1] - 92:16
interchangeable [1] - 54:15
interchangeably [3] - 30:17, 30:19, 54:12
internal [1] - 81:21
International [1] - 102:20
Internet [4] - 89:4, 89:6, 137:20, 137:24
internist [1] - 60:21
interrupt [1] - 108:1
interruption [1] - 112:1
intervening [1] - 36:17
intervention [6] - 32:8, 34:23, 34:25, 35:2, 62:5, 67:9
interview [1] - 104:2
intravenous [2] - 62:25, 64:9
introduce [2] - 63:2, 63:10
investigation [2] - 61:7, 137:23
investigations [1] - 89:6
invite [2] - 21:16, 99:9

involved [2] - 46:7, 107:1
involvement [1] - 128:4
involves [1] - 101:2
iodine [1] - 63:21
irritation [1] - 130:4
ischemia [57] - 25:14, 47:16, 48:20, 48:24, 49:15, 49:17, 49:21, 49:23, 50:5, 51:1, 51:2, 51:6, 51:15, 55:21, 56:1, 56:2, 56:17, 56:21, 56:22, 57:13, 57:15, 57:21, 58:10, 58:14, 59:2, 59:5, 59:9, 59:17, 61:15, 61:20, 62:12, 64:1, 64:18, 65:1, 65:16, 65:25, 67:5, 67:12, 67:20, 68:5, 69:20, 69:23, 70:2, 72:17, 79:18, 79:24, 80:8, 80:12, 82:4, 82:18, 83:1, 83:21, 86:5, 87:13
ischemic [9] - 40:11, 40:14, 40:17, 40:18, 42:2, 48:1, 48:12, 48:16, 48:18
issue [20] - 4:9, 9:8, 11:15, 11:18, 12:1, 15:3, 16:14, 17:16, 17:17, 17:22, 20:15, 27:12, 90:4, 93:25, 96:2, 96:6, 108:5, 112:6, 139:2
issued [2] - 11:4, 17:9
issues [8] - 18:25, 38:25, 39:1, 45:18, 97:3, 97:16, 106:23, 130:6
item [1] - 122:14
itself [1] - 69:24

J

J-A-N-Z-E-N [1] - 100:6
Jacobs [3] - 9:7, 97:7, 97:14
JANUARY [1] - 3:1
Janzen [12] - 20:16, 20:21, 21:2, 99:17, 99:18, 99:19, 99:25, 100:6, 100:19, 101:11, 108:1, 136:24
JANZEN [2] - 2:6, 100:13
JASON [1] - 1:7
Jason [1] - 5:11
JAVS [1] - 3:25
JEA [1] - 20:7
job [2] - 93:3, 100:25
John [2] - 99:17, 100:6
JOHN [2] - 2:6, 100:13
joinder [2] - 7:8, 7:12
joined [1] - 38:8
joint [1] - 96:16
JOINT [1] - 2:14
Joint [1] - 26:8
Joshua [1] - 19:11
Judge [3] - 19:23, 19:24, 140:12
JUDICIAL [1] - 1:1
juggle [1] - 22:14
July [2] - 42:14, 81:24
juror [5] - 38:19, 39:5, 39:22, 40:20, 133:23
JUROR [2] - 133:21, 134:1
juror's [1] - 94:18
jurors [10] - 21:15, 24:24, 45:10, 88:10, 95:2, 99:6, 99:8, 133:19, 136:21, 138:15
JURY [1] - 1:13
Jury [3] - 21:14, 99:7, 138:4
jury [16] - 3:5, 26:18, 47:7, 51:17, 60:4, 75:7, 79:2, 89:11, 89:12, 100:19, 101:19, 105:20, 107:11, 108:18, 113:19, 138:5

K

Kansas [1] - 102:2
KATHLEEN [1] - 1:15
Kathleen [1] - 140:11
keep [2] - 5:7, 15:10
keeping [5] - 12:21, 13:25, 22:12, 50:14, 86:25
KEITH [1] - 1:23
kept [4] - 4:4, 5:23, 5:25, 13:6
key [1] - 95:22
kicked [1] - 78:16
kidney [3] - 55:6, 64:3, 64:7
kind [9] - 50:4, 72:4, 89:5, 89:7, 96:1, 105:2, 109:15, 127:10, 128:24
kinds [3] - 96:20, 106:25, 122:15
kitchen [1] - 126:15
knee [13] - 42:5, 106:12, 106:15, 107:5, 107:14, 111:7, 115:4, 115:10, 118:11, 119:20, 119:21, 128:5, 131:16
knowledge [1] - 45:8
known [2] - 18:3, 64:4

L

lack [6] - 17:20, 49:6, 49:7, 51:19, 59:14, 112:23
lacks [2] - 66:6, 130:9
ladder [1] - 111:12
ladies [2] - 21:18, 88:20
laid [4] - 66:7, 90:12, 90:24, 92:3
language [2] - 31:22, 70:14
large [1] - 25:25
larger [3] - 37:20, 37:23, 37:24
Las [4] - 24:10, 24:17, 140:13, 140:18
LAS [1] - 3:1
Lasry [11] - 38:25, 48:19, 56:5, 66:3, 66:11, 66:17, 72:22, 78:22, 79:6, 96:17, 96:21
LASRY [1] - 1:7
Lasry's [2] - 5:11, 50:24
last [7] - 6:9, 23:16, 24:16, 82:12, 98:7, 100:5, 106:6
late [1] - 138:22
law [12] - 4:8, 8:9, 89:25, 90:2, 90:6, 91:5, 91:10, 92:9, 93:7, 93:10, 93:17
lay [2] - 91:25, 93:1
lead [3] - 83:2, 90:10, 91:5
leading [22] - 27:24, 28:3, 28:5, 31:8, 32:3, 32:21, 56:18, 58:15, 82:17, 89:18, 89:24, 90:8, 90:9, 90:17, 91:7, 91:12, 91:18, 91:24, 92:7, 92:14, 92:20, 95:12
leads [1] - 77:15
least [12] - 19:9, 27:11, 29:8, 29:19, 34:13, 38:4, 38:10, 46:19, 71:7, 103:8, 114:20, 133:4
leave [5] - 19:21, 21:4, 39:14, 98:6, 98:11
led [3] - 18:7, 76:14, 79:17
leeway [1] - 92:8
left [38] - 29:17, 29:20, 32:19, 36:21, 36:24, 38:19, 40:10, 40:16, 41:8, 41:14, 42:12, 42:17, 43:7, 43:15, 45:15, 45:25, 46:9, 47:3, 47:9, 47:15, 47:25, 48:15, 49:16, 57:2, 57:8, 57:11, 58:12, 67:23, 76:15, 78:23, 79:7, 79:13, 86:12, 86:14, 86:23, 87:3, 94:24, 110:22
left-sided [2] - 29:17, 29:20
leg [42] - 29:24, 30:5, 30:9, 30:22, 32:7, 32:19, 33:9, 33:20, 34:25, 35:7, 35:18, 36:15, 37:6, 40:10, 40:16, 42:15, 47:9, 47:15, 48:1, 48:3, 48:15, 49:16, 49:18, 50:5, 57:8, 57:19, 76:15, 77:6, 77:10, 78:23, 78:25, 79:7, 79:15, 80:14, 80:17, 81:1, 82:7, 83:21, 86:25, 87:3, 111:8, 112:14
leg's [1] - 33:19
legal [1] - 106:3
legitimate [2] - 11:12, 11:13
legs [1] - 121:17
less [6] - 25:23, 38:12, 63:6, 112:11, 122:18
level [4] - 37:21, 81:1, 83:10, 115:2
lies [1] - 93:14
Life [7] - 100:23, 101:6, 102:21, 103:25, 119:4, 119:7, 133:1
life [13] - 67:8, 103:17, 103:22, 103:23, 110:7, 112:1, 114:22, 117:2, 118:8, 119:1, 120:20, 127:22, 132:10
lifestyle [2] - 128:1, 131:11
light [4] - 9:6, 40:23, 70:10, 111:13
lights [1] - 70:13
likely [3] - 33:23, 42:2, 70:22
likewise [1] - 116:23
limb [35] - 47:16, 48:23, 49:15, 49:17, 55:21, 55:25, 56:2, 56:16, 56:21, 56:22, 57:13, 57:14, 57:15, 58:10, 58:13, 58:14, 59:2, 59:5, 59:8, 61:15, 61:20, 62:12, 64:1, 64:18, 65:1, 65:15, 79:24, 80:8, 82:18, 86:5, 87:13, 120:10, 131:20, 132:1, 132:3
Limine [8] - 4:10, 4:18, 5:12, 7:13, 7:15, 7:23, 10:4, 10:12
limine [2] - 5:9, 7:4
limitation [2] - 89:3, 137:19
limited [1] - 131:11
limiting [1] - 97:15
line [4] - 55:7, 55:16, 90:16, 94:23
lines [2] - 31:5, 96:13
lining [3] - 52:24, 53:13
List/Past [1] - 27:5
listen [3] - 59:22, 88:25, 137:16
listing [1] - 27:15
liter [1] - 64:11
live [1] - 101:12
lives [1] - 134:11
located [1] - 101:11
location [7] - 18:20, 18:21, 19:24, 20:13, 36:24, 83:7, 83:14
lodged [1] - 73:18
log [1] - 5:21
look [9] - 26:18, 27:4, 28:22, 97:25, 98:1, 105:5, 110:22, 113:22, 114:4
looked [4] - 68:12, 84:19, 95:15, 109:21
looking [6] - 4:9, 4:14, 7:5, 10:14, 101:9, 127:22
losing [3] - 14:12, 120:10, 131:20

lost [3] - 80:21, 81:25, 132:1
lower [1] - 112:12
lowered [2] - 49:6, 114:1
lowers [2] - 124:9, 124:10
LTD [1] - 1:8
lumbar [1] - 115:25
lung [2] - 73:9, 73:15
lungs [2] - 73:19, 73:20
lysis [3] - 82:13, 84:17, 84:20
lytic [3] - 57:22, 83:24, 84:22

M

M.D [5] - 1:7, 2:3, 2:6, 24:2, 100:13
machine [1] - 140:9
magnify [1] - 63:8
main [1] - 102:22
maintained [2] - 49:18, 57:19
maintenance [1] - 128:21
major [14] - 25:18, 64:3, 74:11, 80:13, 80:17, 80:25, 81:18, 81:25, 84:18, 85:11, 106:7, 112:13, 131:3
man [2] - 127:21, 135:19
manage [5] - 55:12, 111:17, 111:23, 118:17
management [7] - 52:15, 55:18, 55:20, 112:3, 115:24, 116:11
mandate [1] - 39:6
mandates [1] - 13:23
MANDAVIA [1] - 1:8
manual [7] - 107:21, 107:25, 124:13, 124:15, 124:17, 124:19, 124:25
MARKED [1] - 2:14
marked [1] - 119:13
Marmureanu [24] - 8:11, 8:21, 9:5, 24:24, 37:12, 38:20, 41:13, 41:19, 47:25, 50:7, 60:13, 61:18, 62:20, 64:2, 64:16, 65:14, 65:18, 69:9, 70:6, 71:7, 74:20, 94:16, 97:4, 97:12
Marmureanu's [4] - 9:9, 47:17, 48:11, 72:11
marshal [1] - 19:6
MARSHAL [5] - 19:13, 19:16, 89:11, 133:18, 138:5
Master's [1] - 101:24
materials [12] - 50:8, 56:4, 66:2, 68:10, 68:21, 72:20, 87:21, 104:6, 104:23, 107:12, 109:3, 110:25
matter [1] - 17:19
matured [1] - 84:2
McBride [34] - 1:22, 2:9, 3:7, 12:14, 12:18, 20:14, 21:1, 21:6, 21:12, 98:16, 99:15, 99:16, 99:25, 100:3, 100:8, 100:10, 100:18, 105:11, 105:15, 105:24, 106:1, 117:11, 117:13, 127:13, 130:9, 132:19, 132:23, 134:4, 134:8, 135:6, 136:13, 136:19, 136:20, 138:20
mcBride [2] - 2:7, 105:12
mean [17] - 5:8, 9:24, 10:16, 28:8, 30:15, 31:3, 31:18, 32:11, 36:23, 37:4, 77:5, 77:16, 84:23, 100:25, 121:1, 126:6, 129:23
meaning [3] - 32:19, 51:6, 76:10
means [8] - 31:19, 31:22, 37:1, 37:6, 51:1, 57:24, 73:17, 77:6
meant [2] - 41:18, 126:10
meantime [1] - 87:14
media [1] - 89:5
medical [44] - 11:25, 12:1, 24:18, 27:15, 45:22, 48:23, 49:15, 54:22, 55:7, 55:20, 56:10, 66:13, 66:24, 70:8, 72:15, 73:16, 79:3, 79:8, 79:11, 82:6, 85:9, 101:7, 102:6, 104:6, 104:10, 106:3, 109:8, 114:25, 115:23, 119:14, 121:11, 121:19, 121:20, 121:22, 121:24, 122:4, 122:7, 126:24, 127:2, 134:21, 134:23, 135:1, 136:11
Medical [1] - 27:5
medical-legal [1] - 106:3
medicals [1] - 136:8
Medicare [2] - 54:8, 54:10
medication [8] - 39:25, 111:25, 116:10, 116:15, 116:18, 116:21, 118:12, 118:16
medications [2] - 115:21, 116:5
medicine [6] - 25:7, 39:7, 39:15, 60:15, 61:3, 64:20
Medicine [1] - 102:18
medium [2] - 89:2, 137:18
meet [2] - 22:4, 101:10
meeting [1] - 22:18
member [2] - 102:15, 102:17
members [1] - 113:10
men [3] - 51:20, 51:22, 52:4
mental [2] - 101:3, 117:3
mention [3] - 12:24, 107:23, 124:4
mentioned [2] - 21:19, 137:22
messed [1] - 14:14
met [2] - 118:24, 119:11
midthigh [2] - 30:2, 33:16
might [6] - 4:16, 20:4, 38:11, 54:24, 101:16, 133:23
milligrams [2] - 118:10, 136:9
millimeters [4] - 37:21, 37:22, 37:23, 37:24
mind [1] - 57:5
minute [4] - 21:7, 38:11, 65:5, 88:21
minutes [7] - 6:10, 17:21, 50:2, 88:15, 98:16, 98:21, 134:5
misassumption [1] - 138:23
misrepresent [1] - 126:6
missed [2] - 71:24, 81:4
missing [2] - 19:8, 19:12
mistake [1] - 9:17
mobility [1] - 107:20
modifications [1] - 114:12
moment [5] - 22:5, 28:21, 64:22, 72:19, 87:4
moments [1] - 40:19
money [1] - 124:2
monitor [2] - 26:17
month [1] - 44:11
months [11] - 34:19, 41:5, 43:4, 43:6, 43:19, 43:22, 55:14, 55:15, 58:8, 79:13, 82:24
Moore [67] - 27:10, 29:2, 29:18, 32:1, 33:8, 33:23, 34:10, 35:25, 36:4, 40:6, 40:25, 41:21, 42:15, 44:25, 45:17, 47:8, 47:14, 50:9, 51:13, 52:10, 55:25, 56:6, 56:9, 58:10, 59:1, 59:16, 66:4, 67:6, 73:7, 79:10, 79:24, 80:6, 81:16, 86:11, 87:2, 103:23, 104:2, 104:3, 104:13, 107:4, 107:15, 108:3, 108:8, 109:25, 110:25, 111:17, 114:20, 115:13, 115:23, 116:25, 117:22, 118:22, 119:3, 119:18, 119:21, 120:14, 123:10, 123:11, 128:10, 129:8, 131:12, 132:11, 133:1, 134:22, 135:3, 138:11
MOORE [2] - 1:3, 1:4
Moore's [37] - 11:25, 16:15, 26:24, 30:5, 32:19, 36:23, 40:10, 40:16, 40:24, 41:8, 41:14, 42:12, 47:25, 48:15, 57:8, 57:11, 57:13, 58:24, 66:24, 69:10, 69:14, 70:8, 73:12, 78:23, 79:7, 82:7, 83:19, 87:14, 87:22, 109:5, 113:16, 114:7, 115:19, 116:15, 121:16, 132:9, 134:10
Moores [1] - 135:21
morning [3] - 20:1, 68:2, 87:5
most [9] - 51:7, 52:15, 52:19, 53:2, 60:23, 62:2, 77:24, 90:23, 111:10
mostly [2] - 81:6, 87:22
motion [4] - 4:2, 4:4, 49:6, 96:9
Motion [6] - 4:10, 5:11, 7:13, 7:15, 10:4, 10:12
motions [2] - 5:9, 7:4
Motions [2] - 4:18, 7:23
motivated [1] - 129:24
motivation [1] - 130:21
move [2] - 21:23, 47:6
moved [2] - 19:3, 136:2
movement [1] - 59:14
MR [122] - 3:7, 3:8, 3:9, 3:13, 4:3, 4:25, 5:17, 6:4, 6:12, 6:25, 7:7, 7:16, 7:18, 8:7, 9:11, 10:19, 11:14, 11:20, 11:22, 12:9, 12:12, 12:14, 12:16, 12:20, 14:4, 14:18, 14:21, 15:2, 15:6, 15:9, 15:15, 15:21, 15:25, 16:22, 17:4, 17:13, 18:15, 20:14, 21:1, 21:6, 21:12, 22:24, 23:21, 24:7, 26:13, 26:15, 27:24, 28:1, 28:3, 28:12, 31:9, 31:16, 31:17, 32:3, 32:9, 32:21, 33:5, 39:17, 39:20, 39:23, 43:23, 44:9, 44:15, 44:20, 45:12, 45:13, 56:18, 56:23, 58:15, 58:22, 65:4, 65:11, 66:6, 66:9, 68:15, 68:19, 71:10, 71:12, 71:17, 71:19, 71:24, 72:9, 87:23, 88:12, 91:4, 92:11,

93:12, 95:11, 96:15, 98:7, 98:16, 98:21, 99:16, 99:25, 100:3, 100:8, 100:18, 105:12, 105:15, 105:24, 106:1, 117:11, 117:15, 117:18, 127:13, 127:15, 127:19, 130:9, 130:14, 132:17, 132:19, 132:23, 134:4, 134:8, 135:6, 135:10, 135:13, 136:13, 136:17, 136:20, 138:20, 138:21
muddied [1] - 96:2
multiple [3] - 69:25, 89:18, 92:1
muscle [2] - 50:16, 81:6
muscles [2] - 81:3, 81:6
musculoskeletal [1] - 56:6
must [2] - 27:22, 48:6

N

name [5] - 22:4, 23:16, 23:17, 100:5, 117:21
narrow [1] - 126:4
National [2] - 102:19, 102:20
national [2] - 114:11, 114:15
native [1] - 38:15
natural [2] - 53:1, 87:11
navigate [1] - 128:7
navigates [2] - 128:10, 128:12
navigating [1] - 131:4
necessarily [4] - 40:1, 57:16, 90:3, 94:21
necessary [6] - 42:4, 101:10, 113:16, 113:23, 114:5, 119:9
neck [1] - 106:23
need [27] - 6:1, 11:3, 19:5, 28:8, 37:6, 39:15, 39:24, 40:4, 58:20, 62:1, 65:23, 98:5, 109:25, 116:10, 116:25, 120:23, 121:15, 129:6, 129:12, 129:16, 129:17, 129:19, 129:20, 132:10, 132:14, 134:2, 137:1
needed [3] - 67:10, 137:4, 137:8
needs [12] - 22:19, 101:6, 101:10, 103:22, 120:20, 124:8, 124:25, 129:10, 131:11, 131:13, 132:11, 133:5
Netherlands [1] - 51:24
neurologist [3] - 68:4, 86:21, 87:6
Neurontin [4] - 116:15, 116:17, 116:19, 116:22
NEVADA [3] - 1:2, 3:1, 140:3
Nevada [6] - 93:14, 103:1, 103:6, 103:10, 140:13, 140:18
never [4] - 12:1, 129:1, 129:2, 132:4
new [16] - 6:15, 6:18, 6:21, 7:2, 8:3, 9:21, 10:25, 11:18, 13:17, 13:24, 14:7, 15:4, 15:18, 41:9, 47:7, 91:25
newspapers [2] - 89:3, 137:19
next [8] - 29:22, 98:9, 114:21, 118:8, 120:20, 129:6, 132:12, 138:16
nicotine [2] - 52:23, 53:11
NO [5] - 1:6, 1:8, 133:21, 134:1, 140:17
normal [8] - 37:20, 38:10, 49:19, 50:20, 76:9, 76:20, 76:22
note [9] - 2:15, 26:21, 27:23, 32:17, 34:9, 34:15, 36:10, 50:13
noted [2] - 82:10, 125:22
notes [2] - 22:12, 140:9
nothing [3] - 79:6, 109:7, 136:20
noticed [1] - 59:13
November [7] - 12:14, 13:15, 42:11, 43:2, 43:10, 43:17, 44:25
nowhere [1] - 17:7
noxious [1] - 55:2
nuance [1] - 22:2
nudged [1] - 6:10
numb [1] - 48:3
number [4] - 26:11, 96:9, 106:20, 129:13
numbness [1] - 86:16
nurse [2] - 38:24, 48:19
Nurse [8] - 5:10, 56:4, 66:3, 66:11, 66:17, 72:22, 78:21, 96:17
nutshell [1] - 32:1

O

o'clock [3] - 88:20, 89:10, 99:13
object [1] - 66:6
objected [1] - 44:16
objection [25] - 3:20, 15:8, 27:24, 28:3, 28:4, 31:8, 32:3, 32:21, 32:25, 33:3, 43:23, 44:2, 44:15, 56:18, 58:15, 58:19, 71:10, 71:16, 72:2, 72:5, 90:25, 91:15, 94:20, 127:13, 130:9
objections [5] - 14:18, 14:21, 31:4, 89:16, 94:22
objects [1] - 131:5
obstructed [4] - 30:1, 30:22, 30:25, 31:18
obstruction [2] - 25:17, 42:21
obstructive [1] - 46:5
obstructs [1] - 75:11
obtain [1] - 67:11
obtained [1] - 46:3
obtaining [1] - 109:6
obvious [1] - 80:19
obviously [6] - 14:8, 28:7, 78:17, 94:1, 96:18, 98:5
occasion [1] - 58:6
occasions [3] - 58:6, 59:17, 103:3
occlude [1] - 83:25
occluded [43] - 31:1, 31:23, 32:2, 32:5, 33:23, 33:25, 34:17, 35:3, 36:1, 36:2, 36:21, 36:22, 36:25, 37:2, 37:3, 37:5, 39:8, 39:16, 39:24, 39:25, 43:7, 43:16, 46:17, 46:18, 48:4, 52:7, 57:12, 57:21, 58:12, 66:5, 66:19, 69:4, 69:21, 70:23, 80:15, 82:9, 82:23, 82:24, 82:25, 83:20, 84:7
occludes [1] - 81:7
occlusion [26] - 17:6, 25:5, 33:15, 36:6, 42:12, 42:21, 45:16, 46:10, 46:14, 46:24, 47:3, 52:2, 57:2, 57:8, 66:23, 78:17, 82:16, 82:19, 82:21, 83:2, 83:15, 83:16, 86:4, 86:6, 86:24
occur [5] - 25:12, 74:2, 74:6, 80:10, 90:22
occurred [6] - 18:7, 28:14, 28:17, 28:19, 79:16, 86:19
occurring [1] - 94:20
occurs [1] - 108:21
odd [1] - 137:10
OF [4] - 1:13, 140:3, 140:4
Off-record [1] - 6:19
offensive [1] - 132:6
offer [3] - 9:15, 27:9, 71:2
offered [2] - 9:16, 71:3
offering [2] - 4:20, 7:24
office [4] - 5:18, 26:20, 44:14, 65:21
Office [1] - 2:15
often [5] - 30:17, 58:2, 63:14, 63:15, 77:14
Oklahoma [1] - 101:25
old [7] - 6:16, 6:17, 60:15, 61:2, 61:3, 84:1
older [2] - 84:23, 85:1
once [4] - 20:9, 62:9, 99:2, 113:7
one [71] - 4:9, 4:23, 5:13, 7:8, 7:11, 7:13, 10:2, 11:10, 13:21, 14:5, 14:9, 15:3, 17:2, 17:7, 18:25, 20:14, 24:16, 32:14, 35:24, 38:7, 39:19, 44:18, 44:19, 51:10, 52:3, 55:23, 57:14, 58:23, 60:25, 63:17, 64:19, 64:23, 65:18, 66:1, 66:8, 67:13, 69:12, 70:15, 70:17, 72:21, 73:8, 76:16, 77:19, 78:1, 78:20, 81:11, 82:13, 82:15, 85:13, 93:9, 94:12, 95:10, 95:22, 97:23, 98:7, 98:13, 108:20, 109:22, 117:22, 118:11, 120:18, 122:15, 122:16, 122:17, 122:19, 122:20, 125:6, 129:1, 133:18
ones [2] - 102:22, 109:12
oOo [1] - 139:5
open [7] - 9:20, 28:10, 42:3, 83:13, 90:13, 92:4, 98:14
open-ended [2] - 28:10, 92:4
opened [1] - 41:3
opening [1] - 31:19
operation [7] - 29:5, 35:8, 43:13, 43:20, 44:23, 45:1, 81:19
operative [1] - 85:12
opine [2] - 94:10, 94:11
opinion [129] - 5:5, 6:14, 6:15, 6:17, 6:18, 6:21, 7:2, 8:4, 12:22, 12:25, 13:1, 13:5, 13:14, 13:17, 13:24, 13:25, 14:7, 14:15, 14:17, 15:5, 15:18, 15:19, 16:18, 17:6, 33:6, 33:12, 34:3, 35:1, 35:10, 35:15, 36:9, 36:20, 39:4, 39:6, 39:19, 40:9, 40:15, 40:21, 40:23, 41:6, 41:15, 43:21, 45:20, 46:8, 46:13, 47:8, 47:18, 48:10, 48:13, 48:14, 48:17, 48:22, 49:14, 50:9, 50:25, 51:4, 51:14, 52:3, 52:12, 52:18, 52:25, 53:10, 54:22, 55:23, 56:24, 57:14, 58:23, 59:7, 60:3, 60:9, 60:16, 60:25, 61:13, 61:22, 62:7, 63:17, 64:23, 65:22, 66:1, 66:16, 66:22, 67:13, 69:12, 72:20, 73:21, 73:25, 74:4, 74:8, 74:12, 74:16, 74:23, 75:4, 75:15, 77:19, 77:23, 78:1, 78:20, 78:24, 79:1, 79:5, 80:2,

80:4, 82:8, 82:15, 84:5, 85:1, 85:5, 85:13, 86:2, 86:10, 87:8, 89:8, 90:5, 90:14, 91:9, 95:3, 95:24, 97:18, 107:11, 109:3, 110:24, 120:25, 121:3, 121:4, 121:8, 121:20, 129:6, 138:1
opinions [49] - 4:5, 4:11, 4:20, 7:25, 8:13, 8:17, 8:22, 8:24, 9:2, 9:4, 9:5, 9:15, 9:19, 9:20, 11:1, 11:23, 13:1, 14:1, 71:2, 72:11, 79:2, 91:6, 94:2, 94:8, 94:14, 94:24, 95:14, 95:17, 95:23, 96:22, 96:25, 97:2, 97:5, 97:7, 97:9, 97:10, 104:7, 104:24, 117:7, 119:11, 127:9, 133:4, 133:13, 134:17, 135:25, 136:6
opportunity [4] - 20:7, 31:13, 65:9, 98:12
opposed [4] - 16:5, 64:24, 75:9, 110:19
option [2] - 20:2, 98:4
order [14] - 5:14, 5:23, 17:21, 20:23, 21:20, 21:24, 64:25, 77:1, 77:9, 77:15, 77:17, 97:1, 98:8, 99:13
Order [2] - 4:17, 7:23
ordered [1] - 74:13
orders [3] - 5:9, 5:11, 5:12
ordinarily [2] - 25:21, 42:7
original [2] - 62:2, 140:9
otherwise [2] - 18:13, 25:6
outflow [2] - 77:2, 77:17
outpatient [4] - 63:15, 64:21, 65:20, 65:22
Outside [2] - 3:5, 89:12
outside [5] - 3:11, 107:17, 123:1, 123:6, 124:19
overall [1] - 121:17
overcome [1] - 113:4
overnight [1] - 137:13
overruled [5] - 44:19, 56:19, 58:20, 90:24, 130:10
overview [1] - 50:5
own [4] - 97:5, 102:13, 111:20, 113:1
Oxycodone [1] - 118:17
OxyContin [2] - 118:10, 136:9
oxygen [1] - 73:20

P

p.m [1] - 139:4
P.M [2] - 1:14, 3:2
page [7] - 5:5, 13:1, 26:12, 26:14, 26:16, 105:3, 105:5
PAGE [1] - 2:2
pages [1] - 3:15
pain [38] - 42:15, 49:2, 49:25, 50:3, 50:11, 50:15, 50:17, 50:22, 50:23, 51:10, 59:13, 66:25, 67:24, 67:25, 68:3, 73:1, 74:18, 86:13, 108:21, 111:17, 111:18, 111:20, 111:24, 112:1, 112:3, 112:5, 115:21, 115:24, 115:25, 116:5, 116:11, 116:15, 116:21, 118:7, 118:17
painful [1] - 86:20
pale [1] - 49:4
palpable [1] - 41:22
palpated [1] - 41:10
palpating [1] - 25:20
palpation [1] - 25:18
paragraph [3] - 107:8, 107:9, 110:23
paraplegic [2] - 110:12, 114:4
pardon [1] - 118:1
part [21] - 8:24, 9:14, 29:19, 39:14, 52:15, 62:10, 68:9, 68:21, 76:7, 90:23, 103:16, 106:3, 106:4, 106:7, 108:13, 112:13, 113:20, 121:3, 135:25, 136:5, 138:23
particular [6] - 26:11, 91:19, 103:12, 103:19, 104:1, 104:5
particularly [6] - 49:7, 51:22, 59:14, 63:24, 69:22, 114:9
parties [1] - 138:24
pass [1] - 138:7
past [8] - 27:15, 57:23, 66:24, 70:1, 70:8, 73:4, 74:19, 74:21
pathophysiologicall y [1] - 53:7
patient [16] - 29:5, 29:15, 49:9, 52:16, 53:4, 54:20, 55:4, 62:18, 63:20, 63:23, 64:7, 64:9, 64:10, 65:23, 70:19, 70:21
patient's [3] - 55:8, 59:10, 133:9
patients [11] - 25:14, 51:25, 53:2, 54:16, 55:11, 65:2, 106:4, 106:18, 107:3, 110:6, 112:23
Pause [1] - 99:1
payments [1] - 54:8
pending [1] - 33:1
people [11] - 37:17, 97:22, 106:21, 109:14, 110:9, 113:2, 113:4, 113:6, 130:16, 131:16, 131:19
per [1] - 38:11
percent [2] - 51:25, 118:7
perfectly [1] - 22:11
perform [3] - 111:1, 111:5, 111:9
performed [1] - 29:5
performing [1] - 106:2
perfused [1] - 36:15
perhaps [7] - 41:5, 42:18, 45:1, 50:3, 50:17, 92:6, 119:2
period [4] - 41:5, 55:8, 57:22, 84:20
peripheral [10] - 28:25, 29:16, 51:20, 52:5, 52:11, 52:17, 52:20, 53:2, 54:17, 54:23
permissible [1] - 91:17
permitted [2] - 90:8, 90:10
persisted [3] - 46:2, 50:12, 50:23
person [16] - 18:19, 19:7, 19:22, 89:1, 91:20, 96:21, 97:24, 108:25, 109:2, 110:17, 110:19, 111:21, 113:25, 114:12, 115:4, 137:17
person's [2] - 101:3, 102:9
personal [4] - 4:11, 60:18, 111:1, 111:5
persons [1] - 52:11
perspective [1] - 90:7
pertains [1] - 30:8
phantom [4] - 111:18, 111:24, 116:15, 116:21
Phil [1] - 117:21
PHILIP [1] - 1:20
physical [6] - 60:5, 60:23, 61:10, 62:13, 75:23, 101:2
Physical [1] - 102:18
physician [5] - 64:20, 112:2, 115:24, 116:11, 122:5
physicians [2] - 42:18, 53:25
picturesque [1] - 70:14
pinprick [1] - 59:25
place [2] - 16:21, 140:10
plaintiff [4] - 26:4, 103:13, 103:17, 134:10
plaintiff's [5] - 21:22, 24:25, 47:13, 47:20, 104:20
Plaintiffs [2] - 1:5, 1:18
plaintiffs [1] - 97:12
plan [3] - 20:16, 98:24, 118:5
Plan [4] - 103:25, 119:4, 119:7, 133:1
Planners [1] - 102:21
planning [3] - 20:17, 98:19, 100:23
plans [5] - 103:17, 103:23, 106:9, 110:7, 113:6
plant [1] - 18:19
plastic [2] - 37:11, 69:23
platform [2] - 124:9, 124:10
plenty [1] - 93:12
plug [1] - 98:1
plug-ins [1] - 98:1
plugging [1] - 19:14
plus [1] - 115:18
podium [1] - 23:4
point [14] - 5:22, 30:4, 35:8, 36:17, 42:17, 42:20, 46:7, 62:20, 77:3, 93:7, 98:8, 98:13, 107:13, 121:21
points [1] - 14:9
poly [1] - 69:22
poor [2] - 108:19, 108:21
popliteal [19] - 30:15, 40:24, 41:20, 42:25, 43:5, 43:10, 57:3, 57:9, 57:12, 58:13, 66:5, 69:3, 78:17, 83:4, 83:8, 83:16, 84:8, 85:10, 86:4
populations [1] - 63:20
port [1] - 19:13
portion [1] - 105:4
position [5] - 16:16, 42:5, 47:13, 47:20, 54:11
positions [1] - 110:17
positive [1] - 113:11
possible [2] - 84:17, 101:16
possibly [2] - 39:8, 39:16
posted [1] - 6:9
potential [5] - 19:7, 73:22, 74:5, 78:9, 96:10
potentially [3] - 15:17, 18:6, 63:24
power [1] - 63:3
practice [5] - 15:1, 90:20, 102:13, 106:4, 106:5
practiced [2] - 60:15, 61:2
practicing [2] - 61:2, 102:12
practitioner [3] - 38:24, 48:19, 60:21
Practitioner [8] - 5:10, 56:5, 66:3, 66:11, 66:17, 72:22, 78:21, 96:17
practitioners [1] - 64:24
precipitated [1] - 82:3
precise [3] - 15:14, 16:25, 91:14
preclude [4] - 10:9, 13:21, 17:24, 18:8
precluded [2] - 4:20, 7:24
preclusion [1] - 17:17

predict [1] - 80:9
predictable [2] - 80:5, 87:12
preexisting [2] - 82:18, 82:20
prejudice [1] - 18:3
prejudiced [1] - 9:12
preparation [1] - 64:9
prepare [4] - 103:17, 103:25, 104:23, 132:25
prepared [4] - 8:13, 103:24, 120:19, 140:10
prescribed [1] - 116:21
prescription [2] - 116:14, 116:16
presence [6] - 3:5, 3:12, 25:25, 73:5, 75:5, 89:12
present [12] - 27:20, 35:7, 46:22, 58:7, 66:24, 67:15, 67:17, 67:20, 74:14, 79:12, 84:16, 87:15
presentation [8] - 52:8, 58:25, 67:22, 68:7, 69:14, 69:19, 70:3, 70:9
presented [2] - 79:25, 80:19
presents [1] - 29:16
presiding [1] - 140:12
pressure [5] - 25:19, 25:22, 55:5, 55:13, 110:15
pretty [3] - 57:25, 86:16, 101:14
prevent [4] - 7:1, 42:6, 109:5, 109:9
prevents [2] - 73:19, 135:3
previous [1] - 58:6
previously [4] - 17:19, 29:6, 82:24, 116:6
primary [1] - 74:13
probability [5] - 79:3, 79:9, 85:9, 117:9, 122:3
Problem [1] - 27:5
problem [8] - 4:25, 11:16, 16:22, 35:6, 45:6, 111:14, 130:4, 139:1
problems [5] - 64:7, 106:24, 108:20, 131:3
procedure [4] - 40:25, 41:7, 41:21, 43:5
procedures [1] - 70:1
proceed [5] - 22:16, 23:20, 26:10, 31:15, 33:4
proceeded [1] - 46:6
PROCEEDINGS [1] - 1:13
proceedings [3] - 99:1, 139:4, 140:8
process [3] - 44:13, 67:12, 87:10
profession [1] - 100:20
professional [6] - 102:16, 117:9, 121:22, 121:24, 122:6, 129:5
professor [2] - 24:17, 53:20
ProForma [1] - 4:8
profunda [22] - 35:21, 80:17, 80:22, 80:24, 81:7, 81:9, 81:15, 82:1, 82:3, 82:8, 82:11, 82:16, 82:25, 83:3, 83:5, 83:7, 83:10, 83:11, 83:13, 83:14, 83:19, 86:7
program [1] - 55:12
progress [1] - 54:24
progression [5] - 44:22, 53:1, 53:9, 53:16, 87:11
pronounce [2] - 47:22, 53:8
proper [1] - 109:6
properly [1] - 13:12
proponent [1] - 4:1
proposed [4] - 5:10, 17:21, 19:16, 98:18
prosthesis [23] - 107:19, 108:3, 108:9, 108:14, 108:20, 108:22, 108:23, 108:25, 109:2, 109:6, 111:6, 120:4, 120:6, 120:10, 120:21, 121:13, 122:11, 125:3, 130:5, 130:17, 130:22, 135:4
prosthetist [3] - 109:1, 120:18, 130:12
provide [3] - 33:19, 93:16, 110:7
provided [9] - 5:14, 46:10, 104:6, 104:9, 107:18, 114:2, 129:17, 130:1, 130:2
provider [2] - 65:19, 65:20
providers [1] - 65:23
provides [2] - 8:9, 128:25
providing [2] - 5:15, 115:13
Ps [6] - 60:10, 60:14, 61:1, 61:9, 61:14, 62:13
psychological [2] - 100:22, 102:7
psychology [2] - 101:23, 116:24
psychotherapy [1] - 117:1
pulls [1] - 124:7
pulmonary [3] - 73:16, 73:23, 74:10
pulse [5] - 25:10, 25:18, 25:21, 25:23, 25:24
pulses [8] - 41:1, 41:7, 41:10, 41:14, 41:22, 42:4, 42:6, 42:8
pump [1] - 78:3
purple [2] - 49:5, 59:22
purpose [2] - 5:5, 77:11
purposes [5] - 15:13, 16:2, 30:18, 34:6, 65:13
put [6] - 5:18, 39:21, 68:17, 124:6, 130:7, 130:8
putting [1] - 48:5

Q

quadriplegic [2] - 110:13, 114:3
qualified [2] - 71:5, 72:11
quality [1] - 118:8
questioning [7] - 9:14, 17:24, 93:21, 93:22, 94:4, 94:23, 95:1
questions [28] - 17:14, 24:23, 26:3, 28:7, 31:5, 47:7, 71:1, 89:18, 89:24, 90:8, 90:10, 90:11, 91:7, 91:24, 92:1, 92:14, 92:20, 92:23, 94:17, 94:18, 95:5, 96:5, 117:23, 132:20, 133:24, 136:18, 136:21
quick [2] - 18:17, 109:10
quickly [4] - 68:4, 89:14, 101:16, 105:3
quite [3] - 38:6, 43:2, 86:19
quote [4] - 25:5, 60:14, 62:21, 70:9
quote-unquote [1] - 62:21

R

rack [3] - 123:25, 124:6, 124:12
radio [2] - 89:3, 137:20
radiofrequency [1] - 45:24
radiologist [2] - 83:23, 84:12
railings [2] - 114:8, 114:10
raised [1] - 93:24
raising [1] - 10:13
ran [1] - 99:10
range [3] - 109:21, 114:13, 114:15
ranges [1] - 114:13
rapidly [1] - 63:4
rare [1] - 16:6
rather [2] - 79:16, 86:6
re [4] - 39:20, 58:20, 71:20, 71:23
re-ask [4] - 39:20, 58:20, 71:20, 71:23
reach [3] - 61:14, 61:16, 99:19
react [2] - 70:15, 70:17
reaction [1] - 53:15
read [11] - 7:12, 7:13, 7:14, 24:23, 28:23, 29:13, 29:22, 68:14, 88:25, 131:7, 137:16
reading [4] - 47:17, 69:20, 72:15, 76:20
ready [6] - 21:11, 22:23, 23:7, 31:14, 65:10, 100:9
real [5] - 3:13, 6:4, 105:3, 109:10, 109:22
reality [1] - 12:25
really [16] - 10:10, 10:11, 12:21, 13:22, 21:9, 54:6, 86:17, 92:18, 94:20, 96:11, 108:24, 110:17, 120:22, 127:11, 131:9, 138:6
reappear [1] - 50:3
reason [12] - 6:5, 6:12, 6:15, 13:8, 74:13, 83:24, 83:25, 95:18, 99:11, 124:16, 124:25, 132:24
reasonable [8] - 56:11, 73:4, 79:3, 79:8, 85:8, 86:12, 117:8, 122:2
reasons [4] - 69:17, 85:2, 85:20, 96:20
rebuild [1] - 126:12
rebut [1] - 133:3
rebuttal [33] - 3:17, 3:23, 5:2, 6:13, 7:2, 8:3, 8:25, 10:10, 10:20, 10:23, 10:24, 11:6, 11:13, 11:19, 12:6, 12:9, 12:12, 13:16, 13:17, 13:22, 14:6, 14:7, 15:4, 15:17, 15:20, 16:2, 16:4, 16:8, 16:11, 16:18, 17:1, 17:25, 18:14
Rebuttal [3] - 17:10, 18:2, 18:10
rebuttals [1] - 5:2
received [2] - 36:5, 104:14
receiving [2] - 70:15, 70:17
recess [2] - 88:22, 137:13
reclining [2] - 110:14, 110:16
recognized [2] - 86:20, 103:9
recommend [6] - 32:7, 35:2, 120:5, 124:14, 125:17, 130:11
recommendation [6] - 34:16, 108:12, 108:15, 108:17, 114:20, 123:5
recommendations [5] - 109:25, 113:15, 119:8, 133:8, 136:10
recommended [6] - 34:23, 110:19, 111:12, 124:18, 132:15, 133:5
recommending [2] - 122:16, 122:19
reconvene [1] - 88:4
record [23] - 6:19, 7:21, 14:13, 15:14, 23:16, 28:9, 28:23, 29:14, 29:23, 45:22,

69:20, 71:22, 72:15, 79:11, 89:13, 90:21, 96:2, 100:5, 105:9, 126:9, 139:2
recorder [1] - 19:4
records [38] - 12:1, 33:22, 36:3, 36:7, 42:10, 42:24, 43:14, 44:10, 45:8, 45:15, 46:22, 56:10, 66:13, 81:23, 81:24, 82:6, 97:20, 104:6, 104:10, 104:12, 108:10, 109:7, 109:8, 111:22, 115:1, 115:23, 116:9, 119:14, 119:16, 119:17, 126:20, 126:24, 126:25, 127:2, 129:4, 134:21, 135:1
Recross [1] - 2:10
RECROSS [1] - 135:12
Recross-Examination [1] - 2:10
RECROSS-EXAMINATION [1] - 135:12
red [2] - 70:10, 70:12
Redirect [1] - 2:9
REDIRECT [1] - 132:22
redirect [1] - 136:14
reevaluate [1] - 34:20
refer [2] - 107:7, 132:2
reference [3] - 6:1, 93:11, 112:22
referred [3] - 60:10, 60:14, 112:14
referring [5] - 30:10, 32:24, 81:12, 91:5, 112:22
refit [2] - 108:8, 108:13
reflected [1] - 140:9
reflecting [1] - 17:21
reflects [2] - 90:21
regard [13] - 10:22, 18:5, 38:23, 38:24, 74:1, 92:9, 92:18, 96:5, 96:9, 96:10, 113:14, 114:19, 115:21
regarding [3] - 4:10, 94:17, 97:2
regardless [1] - 11:6
regular [1] - 90:20
rehab [5] - 101:21, 102:11, 104:20, 110:5, 133:7
Rehabilitation [3] - 102:18, 102:19, 102:20
rehabilitation [9] - 100:21, 100:23, 101:24, 102:5, 103:10, 106:8, 106:9, 113:6, 122:2
related [5] - 4:2, 6:14, 50:19, 88:17, 94:14
relatively [1] - 59:11
relief [1] - 6:8
relieved [3] - 50:1, 67:25, 86:14
relying [2] - 56:10, 72:14
remain [1] - 23:7
remaining [1] - 112:14
remember [1] - 3:21
remind [1] - 88:22
reminding [2] - 21:19, 88:10
renew [1] - 3:19
renovations [3] - 113:16, 113:23, 114:16
repair [2] - 81:22, 125:12
repeated [1] - 63:25
repeatedly [1] - 112:2
Report [1] - 17:10
report [60] - 3:15, 3:16, 5:4, 5:7, 6:13, 8:2, 8:3, 8:24, 8:25, 9:19, 9:20, 10:10, 10:11, 10:17, 10:20, 10:24, 11:6, 11:19, 12:6, 12:7, 12:10, 13:2, 13:5, 13:14, 13:16, 13:18, 13:22, 14:6, 14:14, 14:24, 15:4, 15:17, 15:20, 16:7, 16:23, 16:24, 17:1, 17:2, 17:5, 17:7, 17:15, 17:25, 18:2, 68:12, 68:14, 69:13, 70:16, 70:18, 88:25, 95:16, 95:23, 105:6, 107:10, 119:18, 137:16
reported [1] - 140:7
REPORTED [1] - 1:25
Reporter [1] - 140:18
reporter [2] - 19:2, 19:3
REPORTER'S [1] - 1:13
reporters [1] - 19:1
reports [23] - 3:18, 4:6, 4:21, 7:9, 7:25, 8:8, 8:12, 9:2, 10:4, 13:7, 13:20, 14:6, 14:10, 14:15, 15:3, 15:12, 16:3, 18:12, 18:14, 104:23, 105:18, 105:21
represent [4] - 60:12, 70:12, 134:9, 134:13
request [1] - 6:22
requested [2] - 6:25, 90:3
require [5] - 67:7, 114:20, 117:5, 125:24, 129:23
required [3] - 115:2, 115:18, 129:14
requires [1] - 114:17
research [1] - 137:24
resident [2] - 54:6, 54:8
residents [6] - 53:21, 53:23, 54:14, 54:15, 61:8
residual [1] - 132:3
resolved [1] - 99:11
respectfully [2] - 18:11, 91:23
respond [7] - 25:4, 58:1, 84:3, 103:23, 112:9, 127:8, 128:19
response [2] - 127:12, 128:2
responsive [1] - 42:16
rest [2] - 50:1, 51:11
result [5] - 79:17, 85:18, 108:21, 112:1, 115:18
results [1] - 84:21
resume [3] - 21:18, 22:6, 98:6
retained [1] - 115:5
return [6] - 75:11, 77:11, 78:8, 88:3, 88:20, 113:6
returned [1] - 94:25
returning [1] - 78:2
review [21] - 27:19, 33:22, 34:15, 42:10, 42:24, 45:15, 47:12, 50:8, 56:3, 66:2, 68:9, 68:17, 68:21, 72:19, 73:12, 87:20, 104:16, 104:19, 108:13, 116:9, 129:3
reviewed [20] - 66:10, 66:13, 68:9, 68:10, 82:5, 104:7, 107:12, 108:11, 109:4, 109:8, 110:25, 111:23, 115:1, 126:20, 126:23, 126:24, 127:1, 127:2, 134:21
reviewing [4] - 26:12, 101:6, 101:7, 104:22
revisiting [1] - 17:22
right-hand [2] - 26:19, 26:20
rise [2] - 89:11, 138:5
risk [4] - 63:24, 73:22, 74:5, 130:6
risking [1] - 62:17
risks [3] - 63:20, 63:22, 63:23
RN [1] - 1:9
ROBERT [1] - 1:22
ROE [1] - 1:10
role [4] - 103:20, 132:25, 133:3
room [6] - 67:23, 68:6, 79:14, 86:12, 86:23, 126:21
rooms [4] - 126:19, 127:5, 128:14, 128:17
Rose [1] - 104:10
roughly [3] - 43:6, 63:14, 102:10
routine [1] - 44:13
RPR [3] - 1:25, 140:6, 140:17
rubbery [2] - 58:1, 84:3
rule [3] - 13:3, 13:6, 94:21
rules [1] - 10:15
ruling [2] - 3:21, 8:23
runs [2] - 81:3, 81:4

S

salary [1] - 54:7
Samuel [2] - 22:24, 23:17
SAMUEL [3] - 2:3, 23:18, 24:2
San [1] - 101:23
saphenous [2] - 42:17, 45:25
sat [2] - 113:4, 119:3
satisfactory [5] - 77:3, 77:16, 77:17, 77:18, 79:14
saw [5] - 46:21, 56:7, 79:10, 109:7, 111:25
scanning [1] - 63:5
scenario [1] - 135:24
scene [1] - 137:21
schedule [1] - 101:13
scheduled [1] - 43:11
scheduling [6] - 20:15, 21:25, 22:10, 22:19, 137:2, 137:6
school [1] - 24:18
scooter [12] - 107:22, 107:23, 109:11, 109:20, 109:22, 110:3, 122:12, 122:13, 122:21, 124:6, 124:18
scooters [2] - 109:17, 123:17
scope [3] - 136:11, 136:14, 136:16
searches [2] - 89:7, 137:24
seat [7] - 21:17, 23:13, 99:5, 99:10, 99:19, 99:24, 110:14
seats [2] - 21:16, 99:9
second [7] - 4:1, 4:9, 4:10, 25:9, 64:13, 133:16, 133:17
secondary [1] - 77:2
secondly [2] - 69:21, 73:3
see [42] - 3:25, 4:3, 4:25, 5:8, 5:21, 18:2, 20:7, 23:4, 26:18, 26:20, 27:1, 27:6, 28:8, 28:10, 28:23, 29:10, 36:10, 43:9, 43:14, 44:10, 55:8, 56:3, 62:3, 68:3, 69:2, 70:10, 70:20, 75:13, 76:7, 78:12, 87:5, 87:16, 89:10, 98:1, 98:23, 108:10, 109:12, 112:2, 134:20, 138:3, 138:19
seed [1] - 18:19
seeing [1] - 8:5
seeking [1] - 90:18
segues [1] - 95:7
selected [1] - 44:24
send [2] - 65:2, 65:23
sensation [2] - 49:8, 59:25
sense [4] - 28:2, 41:23, 87:1, 96:20
sentence [3] - 29:13, 29:23, 30:5
separate [2] - 17:16, 97:4
September [3] - 105:7, 107:10, 107:13
serious [2] - 87:2,

127:21
served [4] - 12:8, 12:9, 102:23, 103:12
services [1] - 101:9
SERVICES [1] - 1:8
serving [1] - 103:14
session [4] - 19:19, 19:25, 20:1, 20:6
SESSION [1] - 1:14
set [1] - 28:8
setup [1] - 19:6
seven [1] - 66:25
seven-out-of-ten [1] - 66:25
several [4] - 64:10, 110:16, 120:9, 121:5
severe [4] - 49:2, 59:13, 68:3, 86:20
severity [1] - 117:5
SFA [3] - 30:1, 30:10, 30:14
shape [1] - 86:12
shoot [1] - 76:12
short [3] - 97:1, 101:16, 107:9
short-circuit [3] - 97:1, 101:16, 107:9
shorter [2] - 50:4, 124:16
shorthand [1] - 140:9
show [4] - 34:5, 36:8, 63:13, 75:6
showed [7] - 34:7, 46:4, 46:14, 48:4, 51:25, 57:8, 112:23
shows [1] - 78:16
side [7] - 8:19, 21:24, 22:7, 42:17, 45:25, 46:1, 97:23
sided [2] - 29:17, 29:20
sides [2] - 8:25, 42:15
sign [1] - 64:7
signal [2] - 49:12, 59:23
signed [2] - 5:25, 7:22
significance [1] - 76:22
significant [7] - 25:15, 111:25, 120:5, 121:6, 134:15, 134:19, 134:23
signifying [1] - 67:19
signs [1] - 48:20
Simon [1] - 45:23
simple [1] - 62:24
simply [2] - 90:17, 97:1
single [1] - 53:13
single-cell [1] - 53:13
sit [3] - 108:2, 109:14, 128:9
sits [1] - 35:25
situation [7] - 11:11, 40:3, 40:5, 53:4, 57:20, 72:16, 120:14
six [7] - 29:6, 34:13, 34:19, 55:15, 70:12, 82:24, 103:8
skin [8] - 49:10, 59:20, 60:1, 61:17, 108:20, 121:17, 130:4, 135:2
sleeps [1] - 126:16
slick [1] - 114:9
slight [1] - 60:17
slightly [2] - 37:20, 88:21
small [2] - 33:17, 124:24
smaller [2] - 25:16, 37:19
smoke [2] - 51:23, 53:4
smoker [1] - 54:20
smoking [18] - 6:14, 11:16, 11:17, 12:23, 14:10, 14:14, 14:17, 16:14, 16:16, 16:17, 17:8, 17:12, 18:5, 51:23, 52:10, 53:1, 55:12
social [2] - 89:5, 102:1
someone [1] - 114:16
sometimes [3] - 47:21, 75:24, 114:1
somewhere [1] - 65:23
son [3] - 134:10, 135:15, 136:1
sooner [1] - 16:5
sorry [11] - 4:18, 6:7, 14:13, 22:22, 44:3, 44:21, 67:18, 81:4, 86:15, 100:3
sort [8] - 4:8, 10:1, 60:18, 93:21, 94:15, 94:22, 110:9
sorts [1] - 106:17
sound [1] - 70:11
sounding [1] - 15:12
sounds [3] - 21:8, 79:23, 85:5
source [3] - 35:17, 81:25, 135:2
special [1] - 63:7
specialist [5] - 100:21, 101:21, 102:11, 110:6, 133:7
specializing [1] - 54:1
specialty [1] - 126:2
specific [2] - 93:11, 129:13
specifically [8] - 8:9, 8:11, 34:23, 35:14, 52:9, 95:5, 125:5, 129:17
specifics [2] - 11:3, 128:12
specified [1] - 93:9
speculating [2] - 45:4, 45:9
speculation [1] - 43:23
speculative [2] - 44:18, 45:11
spell [2] - 23:16, 100:5
spend [3] - 18:18, 118:21, 132:10
spinal [2] - 110:12, 110:18
squarely [1] - 93:7
squeezing [1] - 76:12
squirt [1] - 62:22
SS [1] - 140:3
St [1] - 104:10
stability [1] - 107:17
stage [1] - 58:1
stairs [2] - 131:4
stand [3] - 23:5, 99:17, 134:14
standard [35] - 15:1, 38:22, 39:2, 39:6, 39:10, 39:14, 39:18, 59:8, 64:19, 65:15, 65:18, 75:25, 76:6, 93:24, 94:2, 94:8, 94:10, 94:12, 94:24, 95:3, 95:14, 95:17, 95:21, 95:23, 96:3, 96:22, 96:25, 97:5, 97:6, 97:7, 97:8, 97:13, 97:14, 97:17
standing [2] - 23:7, 69:10
start [6] - 20:3, 22:3, 72:6, 105:5, 137:11, 138:9
started [2] - 3:17, 99:5
starting [2] - 30:4, 98:18
State [2] - 101:25, 103:1
state [3] - 23:15, 93:13, 100:4
STATE [1] - 140:3
statements [1] - 91:16
states [2] - 79:11, 86:15
static [1] - 77:14
status [1] - 34:20
statutory [1] - 91:10
stay [1] - 20:10
staying [1] - 134:3
step [1] - 23:6
still [17] - 3:24, 4:13, 6:9, 9:24, 25:23, 36:1, 36:2, 60:22, 61:6, 70:25, 90:13, 97:21, 116:5, 118:9, 127:11, 136:9, 137:8
stipulate [1] - 127:16
stipulated [7] - 4:15, 4:17, 5:12, 7:13, 10:3, 14:25, 26:4
Stipulated [2] - 7:14, 7:22
Stipulation [1] - 4:17
stipulation [2] - 7:16, 7:23
stock [1] - 138:13
stop [1] - 17:1
store [2] - 109:13, 122:25
straight [2] - 23:3, 23:5
strain [2] - 50:16, 56:6
strip [1] - 51:9
study [3] - 51:24, 84:18, 126:15
stuff [1] - 9:21
stump [6] - 111:17, 111:24, 112:5, 112:15, 112:22, 132:3
stunned [1] - 95:15
sturdy [2] - 122:17, 122:20
styled [9] - 7:22, 11:7, 11:19, 12:5, 13:16, 14:1, 15:4, 17:10, 18:2
subject [5] - 88:24, 89:8, 90:6, 137:15, 138:1
submarine [1] - 70:10
submitted [2] - 89:9, 138:2
subsequent [1] - 104:12
subsequently [1] - 41:3
subsided [1] - 68:1
substance [1] - 18:9
substitute [1] - 61:1
successful [9] - 42:8, 58:5, 84:11, 84:13, 84:14, 84:15, 84:17, 85:17, 113:9
suddenly [3] - 59:12, 79:17, 80:21
suffered [1] - 134:24
suffering [1] - 107:4
suffers [1] - 135:3
sufficiency [1] - 76:17
sufficient [10] - 25:15, 30:18, 32:5, 33:17, 57:18, 73:20, 77:4, 77:8, 77:10, 77:13
suggest [6] - 13:4, 70:1, 70:21, 124:25, 134:21, 135:2
suggested [1] - 46:5
suggests [2] - 76:20, 76:25
summaries [1] - 92:20
summarize [1] - 107:11
summary [4] - 60:7, 79:20, 79:21, 92:22
superficial [5] - 30:1, 35:23, 52:2, 81:2, 81:7
supplement [1] - 6:17
supplemental [14] - 8:8, 8:24, 10:11, 10:16, 10:24, 11:2, 11:6, 11:12, 12:7, 13:25, 16:3, 16:8, 16:9, 18:1
supplementing [1] - 11:23
supplements [4] - 4:21, 5:1, 8:1, 10:4
supplied [1] - 31:7
supplies [2] - 35:22, 81:20
supply [8] - 51:9, 51:12, 80:16, 80:17, 80:25, 82:12, 90:17, 93:13
supplying [2] - 80:14, 89:22
support [4] - 47:19, 54:10, 82:8, 91:10
supported [2] - 54:8, 54:9
supports [1] - 50:24
supposed [1] - 89:20
surfaces [1] - 114:8
surgeon [12] - 24:12, 24:14, 26:24, 32:11, 51:19, 53:20, 64:20, 67:1, 67:11, 70:22
surgeons [2] - 53:24, 96:19
surgery [16] - 24:18, 25:7, 42:25, 43:1, 43:10, 43:11, 43:16, 44:12, 46:7, 53:21, 54:1, 67:7, 84:19,

84:22, 97:3, 97:16
surgical [1] - 62:5
surprise [1] - 8:19
surprised [3] - 95:11, 95:13, 95:16
suspected [1] - 42:14
suspicion [1] - 75:19
sustain [4] - 28:10, 33:19, 72:1, 94:21
sustained [5] - 33:3, 43:24, 44:2, 44:4, 90:25
swab [1] - 60:1
swear [2] - 23:8, 99:21
sworn [4] - 23:11, 24:3, 99:22, 100:14
symptom [2] - 49:23, 73:2
symptoms [6] - 46:2, 48:20, 52:1, 55:9, 79:17, 87:14
synonymous [1] - 30:13
synonyms [2] - 31:21, 32:13
synthetic [2] - 37:11, 37:18
system [1] - 64:12
systemic [1] - 38:6

T

tables [1] - 23:3
Tabor [1] - 102:1
tasks [1] - 122:22
tat [1] - 10:1
Tavaglione [3] - 140:6, 140:16, 140:17
TAVAGLIONE [1] - 1:25
teach [5] - 53:21, 54:13, 54:15, 54:16, 61:8
technical [1] - 99:10
technology [1] - 60:21
television [2] - 89:3, 137:20
temperature [1] - 49:8
ten [7] - 50:2, 66:25, 98:10, 114:21, 117:1, 118:5, 120:20
tends [1] - 107:23
term [6] - 32:10, 77:6, 112:4, 112:7, 112:20, 132:6
terminology [1] - 112:4
terms [11] - 3:22, 29:2, 32:13, 34:16, 36:12, 73:16, 76:19, 106:8, 128:1, 130:22, 138:14
terrain [1] - 131:5
TERRY [1] - 1:9
test [7] - 61:25, 62:1, 62:6, 62:18, 63:6, 65:3, 76:7
testified [20] - 9:6, 24:4, 61:19, 62:20, 64:17, 65:18, 69:9, 70:7, 71:8, 73:7, 74:20, 92:22, 92:25, 97:4, 100:15, 102:24, 103:4, 118:23, 131:15, 134:14
testify [19] - 3:22, 8:14, 14:25, 20:17, 24:3, 28:9, 38:21, 38:25, 39:2, 95:21, 96:4, 97:2, 97:6, 97:8, 97:12, 97:14, 97:15, 97:17, 100:14
testifying [2] - 3:14, 96:3
testimony [17] - 3:19, 4:12, 4:22, 7:10, 8:1, 9:9, 10:5, 10:9, 20:11, 22:12, 88:2, 89:15, 94:16, 101:15, 105:21, 112:5, 124:8
testing [1] - 102:7
tests [2] - 63:13, 67:11
THE [131] - 1:1, 1:15, 3:6, 3:10, 3:24, 4:7, 5:8, 5:20, 6:7, 6:20, 7:5, 7:11, 7:20, 9:10, 9:23, 10:21, 11:18, 11:21, 12:3, 12:11, 12:15, 12:18, 13:9, 14:12, 14:19, 14:22, 15:3, 15:7, 15:10, 15:16, 15:23, 16:25, 17:9, 17:18, 18:16, 19:13, 19:15, 19:16, 19:20, 20:25, 21:3, 21:8, 21:13, 21:15, 23:1, 23:12, 23:13, 23:14, 23:15, 23:17, 23:19, 26:6, 26:10, 28:4, 31:3, 31:11, 31:13, 32:4, 32:23, 32:24, 32:25, 33:3, 43:24, 43:25, 44:1, 44:3, 44:4, 44:6, 44:7, 44:17, 45:3, 45:5, 45:6, 56:19, 56:20, 58:16, 58:19, 65:6, 65:8, 66:7, 68:18, 71:11, 71:14, 71:21, 72:1, 87:25, 88:7, 88:9, 88:13, 89:11, 89:13, 91:13, 93:5, 93:18, 95:25, 97:20, 98:17, 98:23, 99:2, 99:8, 99:18, 99:23, 99:24, 100:1, 100:2, 100:4, 100:6, 100:7, 100:9, 105:9, 105:13, 105:20, 117:13, 127:17, 130:10, 130:11, 133:16, 133:18, 133:20, 133:22, 134:6, 135:8, 136:15, 136:19, 136:21, 136:25, 137:1, 137:4, 138:5, 138:6, 138:25
theirs [1] - 22:15
theoretically [1] - 96:24
therapy [5] - 55:16, 57:22, 83:24, 84:22, 117:5
therefor [1] - 16:12
therefore [1] - 74:16
thereto [3] - 4:22, 8:23, 10:5
Thereupon [2] - 24:1, 100:12
they've [2] - 5:25, 54:17
thinking [3] - 46:1, 54:22, 98:18
thinner [1] - 37:18
third [3] - 4:19, 107:8, 107:9
threatened [1] - 67:8
three [14] - 43:4, 43:6, 43:19, 43:22, 44:11, 50:15, 55:14, 67:15, 80:6, 84:21, 84:23, 85:2, 85:6, 85:24
thrombolytics [1] - 85:15
thrombosis [9] - 27:7, 27:11, 27:20, 73:2, 73:5, 74:3, 74:19, 75:6, 76:15
THURSDAY [1] - 3:1
Thursday [1] - 137:10
tight [1] - 101:14
tissue [1] - 58:4
tit [1] - 10:1
tit-for-tat [1] - 10:1
title [1] - 50:18
titled [1] - 18:10
tobacco [6] - 52:13, 52:16, 52:17, 53:8, 54:17, 54:21
today [19] - 3:15, 19:23, 20:4, 20:15, 22:16, 22:18, 22:22, 30:18, 35:25, 38:21, 54:5, 55:7, 55:16, 99:12, 101:14, 108:2, 123:20, 128:9, 132:18
toes [3] - 49:7, 59:15, 59:24
together [1] - 48:5
tomographic [1] - 63:7
tomorrow [21] - 18:21, 19:18, 20:1, 20:16, 20:24, 22:9, 22:18, 22:20, 22:22, 88:3, 88:18, 92:18, 93:4, 98:4, 137:7, 137:9, 138:3, 138:9, 138:13, 138:15, 138:19
took [2] - 9:13, 112:6
tool [1] - 63:4
top [1] - 26:19
topic [3] - 91:2, 91:19, 91:25
topics [1] - 90:9
total [1] - 103:3
totally [1] - 68:6
touching [1] - 60:1
towards [3] - 63:2, 75:20, 76:13
town [1] - 109:13
TPA [1] - 84:4
track [1] - 22:13
traditionally [1] - 130:1
training [4] - 53:24, 101:20, 116:24, 133:6
TRANSCRIPT [1] - 1:13
transition [2] - 90:9, 91:24
transport [1] - 124:12
trauma [1] - 113:5
traumatic [1] - 106:20
traveled [1] - 73:18
traveling [1] - 122:25
treat [3] - 55:5, 110:7
treated [4] - 43:17, 47:3, 133:9, 134:22
treating [3] - 26:24, 46:23, 115:23
treatment [12] - 36:5, 36:12, 42:16, 45:23, 55:7, 62:9, 64:18, 67:2, 73:3, 104:13, 136:10
TRIAL [1] - 1:13
trial [22] - 3:17, 8:14, 16:6, 16:11, 18:5, 18:7, 18:22, 20:3, 88:25, 89:1, 89:2, 89:9, 102:24, 103:4, 105:22, 137:11, 137:16, 137:17, 137:18, 137:22, 138:1, 138:14
tried [1] - 121:12
triple [1] - 55:16
trouble [2] - 87:3, 92:19
true [3] - 3:25, 69:6, 140:8
truly [2] - 13:24, 14:7
trunks [1] - 123:21
truth [2] - 24:4, 100:15
try [3] - 24:22, 101:15, 125:10
trying [11] - 6:21, 7:21, 11:8, 13:15, 15:14, 15:23, 31:8, 60:7, 97:1, 120:17, 138:6
tube [3] - 37:11, 63:11
tubules [1] - 64:5
Tuesday [1] - 138:16
turn [2] - 49:5, 59:22
turns [2] - 9:25, 10:3
twice [1] - 99:3
two [20] - 3:15, 5:5, 13:1, 13:9, 13:13, 14:4, 14:9, 14:18, 14:21, 18:14, 18:25, 48:5, 51:10, 58:5, 59:17, 80:25, 82:24, 84:6, 89:14, 134:5
two-page [2] - 5:5, 13:1
type [12] - 4:8, 49:25, 69:22, 101:9, 109:17, 111:19, 112:3, 113:22, 117:5, 123:10, 128:20, 128:22
types [2] - 91:8, 113:22
typical [7] - 38:3, 49:23, 50:12, 52:8, 67:22, 67:23, 109:19
typically [3] - 35:22, 56:20, 110:6

U

ultimate [4] - 91:9,

91:16, 91:18, 93:1
ultimately [6] - 14:2, 75:12, 89:20, 91:25, 96:8, 97:23
ultrasound [28] - 46:3, 48:4, 57:1, 57:2, 57:8, 57:12, 58:25, 66:20, 66:23, 68:10, 68:14, 68:20, 69:10, 69:13, 70:7, 72:19, 74:13, 75:5, 75:8, 75:12, 75:16, 75:17, 75:22, 75:25, 76:5, 76:16, 78:13, 78:16
unable [6] - 83:21, 123:16, 125:14, 125:16, 126:21, 131:18
unavailable [1] - 97:11
unaware [1] - 134:15
uncommon [1] - 69:24
under [5] - 27:4, 27:5, 28:22, 28:23, 50:17
undergoing [1] - 45:23
understood [2] - 17:9, 91:15
undertake [1] - 137:23
undiagnosed [1] - 73:22
uneven [1] - 131:5
unexpected [1] - 97:19
unexpectedly [2] - 131:21, 132:1
University [2] - 101:23, 101:25
unless [2] - 37:16, 124:23
unpredictable [1] - 87:1
unprofessional [1] - 132:2
unquote [1] - 62:21
unreasonable [1] - 97:19
up [49] - 5:6, 6:5, 6:13, 6:16, 10:25, 11:17, 14:14, 16:5, 16:10, 16:14, 16:18, 16:20, 20:24, 21:10, 22:1, 23:6, 25:16, 26:16, 26:17, 28:8, 29:19, 45:17, 46:19, 46:24, 51:12, 55:11, 57:18, 63:2, 68:17, 70:21, 71:22, 73:18, 76:13, 84:18, 84:20, 89:19, 95:5, 98:6, 104:14, 107:12, 109:21, 122:14, 122:16, 122:20, 123:23, 130:12, 131:20, 133:13, 138:10
uphill [2] - 77:21, 78:3
upper [1] - 128:5
upstairs [1] - 19:3
urgency [1] - 36:12
urgent [2] - 43:17, 47:4
urine [1] - 64:5
USB [1] - 19:14
uses [1] - 124:11
usual [1] - 83:25
utilize [1] - 10:17

V

vague [2] - 39:18, 71:17
various [2] - 102:15, 106:22
vascular [40] - 24:14, 24:18, 28:25, 29:7, 29:16, 32:11, 33:8, 38:7, 39:1, 46:7, 47:9, 47:14, 51:18, 51:21, 52:5, 52:11, 52:14, 52:18, 52:20, 53:2, 53:19, 53:20, 53:21, 54:1, 54:17, 54:24, 60:19, 64:20, 67:1, 67:7, 67:11, 69:11, 69:15, 69:25, 82:11, 96:18, 97:3, 97:16, 106:24, 107:4
vascularized [4] - 29:25, 32:10, 32:19, 36:16
VEGAS [1] - 3:1
Vegas [4] - 24:10, 24:17, 140:13, 140:18
vein [10] - 27:6, 27:11, 27:20, 42:17, 45:25, 63:1, 63:3, 73:18, 76:10, 76:11
veins [15] - 42:18, 42:19, 75:11, 75:13, 75:14, 76:8, 76:13, 76:18, 76:21, 76:23, 77:10, 77:11, 77:14, 77:15, 78:2
velocity [1] - 76:8
venous [18] - 28:20, 45:18, 45:23, 57:2, 58:25, 63:6, 73:2, 73:3, 73:5, 74:3, 74:13, 75:6, 75:8, 75:15, 76:15, 77:1, 78:7, 78:9
versus [5] - 16:19, 51:2, 59:1, 129:25, 130:1
vessel [2] - 52:24, 80:14
vessels [4] - 33:18, 53:15, 53:18, 63:8
viability [4] - 33:19, 49:18, 57:20, 79:15
viable [4] - 32:7, 35:7, 37:8, 86:22
viewing [1] - 105:18
vis [2] - 76:23
vis-a-vis [1] - 76:23
visit [6] - 2:15, 26:21, 34:18, 50:14, 66:19, 137:21
visiting [1] - 24:17
vocational [8] - 100:22, 101:20, 102:11, 103:10, 104:20, 110:5, 122:2, 133:7
vs [1] - 1:6

W

W-I-L-S-O-N [1] - 23:18
wait [1] - 98:3
waited [2] - 43:19, 43:22
walk [5] - 49:25, 55:4, 107:16, 108:23, 119:19
walked [2] - 50:19, 67:24
walker [5] - 107:20, 125:5, 125:6, 125:9, 125:11
walking [7] - 50:2, 50:20, 51:8, 51:10, 55:14, 55:15, 131:4
wall [2] - 53:18, 58:3
walls [2] - 125:21, 125:24
wander [1] - 55:10
wants [3] - 17:14, 91:2, 124:12
warrant [1] - 67:3
warranted [3] - 66:25, 72:21, 132:14
watch [2] - 88:25, 137:16
ways [1] - 31:4
wear [1] - 130:5
wears [1] - 108:25
weaver [1] - 8:6
WEAVER [42] - 1:23, 3:9, 7:18, 8:7, 11:14, 11:20, 11:22, 15:25, 17:13, 18:15, 22:24, 23:21, 24:7, 26:13, 26:15, 28:1, 28:12, 31:9, 31:16, 31:17, 32:9, 33:5, 39:20, 39:23, 44:9, 44:20, 45:12, 45:13, 56:23, 58:22, 65:11, 66:9, 68:15, 68:19, 71:19, 71:24, 72:9, 87:23, 88:12, 92:11, 93:12, 96:15
Weaver [28] - 2:4, 6:3, 7:20, 11:5, 15:24, 22:23, 23:20, 28:11, 31:15, 33:4, 44:7, 45:11, 58:21, 65:10, 66:8, 71:23, 72:8, 89:17, 89:20, 89:25, 90:16, 91:3, 92:3, 92:10, 94:4, 94:9, 94:25, 96:14
Weaver's [1] - 90:19
WEDNESDAY [1] - 1:16
Wednesday [1] - 138:17
week [2] - 6:9, 138:16
weeks [7] - 41:5, 58:8, 79:13, 82:24, 84:21, 84:24, 85:2
weigh [2] - 123:7, 123:18
weight [1] - 123:9
welcome [2] - 24:10, 138:25
whatsoever [1] - 43:9
wheel [1] - 125:6
wheelchair [21] - 107:21, 107:25, 110:1, 110:4, 110:13, 110:18, 113:25, 114:3, 114:13, 114:17, 123:13, 124:14, 124:15, 124:17, 124:19, 125:1, 125:9, 125:21, 125:22, 126:1, 126:3
wheelchairs [2] - 110:8, 126:11
wheels [1] - 125:7
whole [5] - 9:16, 9:21, 15:21, 20:10, 21:10
wholly [1] - 97:13
wide [1] - 125:23
widen [1] - 125:18
widened [3] - 113:25, 114:1, 125:17
widening [1] - 125:19
Wiencek [16] - 2:16, 26:21, 26:23, 27:15, 28:16, 29:3, 29:4, 31:25, 34:16, 34:23, 35:1, 43:21, 45:2, 46:23, 47:2, 83:21
Wiencek's [3] - 27:23, 36:9, 44:14
wife [4] - 1:4, 127:11, 128:24, 130:1
wiggle [1] - 59:24
WILSON [2] - 2:3, 24:2
Wilson [63] - 3:14, 5:3, 11:17, 20:17, 20:24, 22:4, 22:8, 22:25, 23:1, 23:2, 23:17, 24:8, 24:21, 26:2, 26:3, 26:16, 26:19, 27:9, 28:13, 29:23, 30:13, 31:25, 33:6, 34:14, 36:19, 38:18, 41:12, 44:21, 45:14, 47:6, 48:22, 49:13, 51:18, 56:3, 58:23, 59:7, 60:2, 60:13, 64:15, 65:12, 67:13, 68:20, 69:8, 72:4, 72:10, 72:18, 72:25, 73:6, 73:21, 74:4, 78:21, 80:11, 88:2, 88:5, 89:16, 93:23, 94:1, 94:12, 96:16, 96:22, 96:25, 97:15, 138:10
Wilson's [2] - 68:17, 89:21
wind [1] - 131:20
wish [1] - 47:23
withdraw [2] - 127:15, 127:16
withdrawn [1] - 127:18
witness [18] - 21:20, 21:23, 22:4, 22:6, 22:8, 22:23, 23:5, 24:25, 88:4, 96:3, 96:13, 96:17, 98:9, 99:13, 99:14, 105:14, 136:22, 138:7
Witness [2] - 23:11, 99:22
WITNESS [16] - 23:12, 23:14, 23:17, 32:4, 32:24, 43:25, 44:3, 44:6, 45:5, 56:20, 88:7, 99:23, 100:1,

100:6, 130:11, 136:25
WITNESSES [1] - 2:2
witnesses [4] - 21:22, 22:13, 97:17, 133:25
word [3] - 30:25, 53:7, 67:25
words [5] - 31:6, 35:17, 55:25, 70:12, 107:2
works [1] - 120:18
world [1] - 131:23
worries [1] - 72:7
worry [1] - 64:3
worse [1] - 82:12
worsened [1] - 79:17
worsens [1] - 53:5
worth [1] - 20:4
written [2] - 61:24, 104:23

X

Xarelto [1] - 40:8

Y

year [4] - 18:24, 82:14, 114:14, 118:5
years [11] - 29:6, 34:13, 35:7, 106:7, 112:11, 114:21, 117:1, 120:9, 120:20, 126:17, 133:7
yellow [1] - 33:8
yes-or-no [1] - 90:18
yesterday [3] - 21:9, 21:19, 112:6
young [1] - 135:19
yourselves [2] - 88:23, 137:14