

In The Matter Of:

Perez v

Live Nation

November 21, 2019

Rachel C. Simone

Original File 2019-1121 Perez Live Nation.txt

Min-U-Script® with Word Index

Page 968

1 SUPREME COURT OF THE STATE OF NEW YORK
 2 COUNTY OF NEW YORK : PART 56
 3 -----X
 4 MARK PEREZ,
 5 Plaintiff,
 6 - against -
 7 LIVE NATION WORLDWIDE, INC.,
 8 Defendant.
 9 -----X
 10 Index No. 158373/2013 November 21, 2019
 11 71 Thomas Street
 12 New York, New York

13
 14 B E F O R E : HONORABLE JOHN J. KELLEY, JSC, and a Jury

15
 16 A P P E A R A N C E S :

17 For Plaintiff:

18 MORELLI LAW FIRM PLLC
 19 777 Third Avenue
 20 New York, New York 10017
 21 BY: BENEDICT MORELLI, ESQ.
 22 DAVID T. SIROTKIN, ESQ.
 23 MICHAEL S. SCHLESINGER, ESQ.
 24 ALEXANDER R. MORELLI, ESQ.

25 (Appearances continued on next page)

Page 969

1 APPEARANCES CONTINUED:
 2
 3 For Defendant:
 4
 5 CONNELL FOLEY LLP
 6 1085 Raymond Boulevard
 7 Newark, New Jersey 07102
 8 BY: JEFFREY L. O'HARA, ESQ.
 9 MATTHEW W. BAUER, ESQ.
 10 - and -
 11 HAWORTH BARBER & GERSTMAN, LLC
 12 505 Main Street
 13 Hackensack, New Jersey 07601
 14 BY: SCOTT HAWORTH, ESQ.

15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Rachel C. Simone
 Laura Ludovico
 SENIOR COURT REPORTERS

Page 970

1 (Off-the-record discussion held)
 2 (Jury enters courtroom)
 3 THE COURT: Who's the next witness?
 4 MR. HAWORTH: It is my witness. Defense calls
 5 Anne Felicia Ambrose.
 6 (Anne Felicia Ambrose, MD takes the
 7 witness stand and is duly sworn/affirmed.)
 8 THE CLERK: State your name and business address
 9 for the record, please.
 10 THE WITNESS: Anne Felicia Ambrose, Department of
 11 Rehabilitation Medicine, Montefiore Medical Center, Bronx,
 12 New York.
 13 THE CLERK: You may be seated.
 14 THE COURT: Dr. Ambrose, I just want to give you a
 15 couple of instructions before we start.
 16 First of all, speak in a loud clear voice for the
 17 jury. Secondly, please make sure you let the attorney
 18 finish his question before you start to answer. If you see
 19 an attorney stand up as if they are going to object or if
 20 you hear an objection, please stop talking so I can rule on
 21 the objection. Please listen carefully of the question
 22 asked of you, and please only answer that question. If you
 23 are called upon to answer a question that can be done with a
 24 yes or no, please limit your answer to yes or no. Don't
 25 give further explanation unless the attorney asks. If you

Page 971

Ambrose - by Defendant - Direct / Haworth

1 don't feel you can answer such a question with a yes or no,
 2 let the attorney know that, and they will decide whether
 3 they want an explanation or ask something different.
 4 Lastly, if you need a break for any reason, please
 5 let me know. And understand that during any breaks you may
 6 not have any discussions with the attorneys concerning your
 7 testimony nor may you interact with any jurors under any
 8 circumstances. Okay?
 9 THE WITNESS: Thank you.
 10 ANNE FELICIA AMBROSE, MD, having been called on behalf
 11 of Defendant, first having been duly sworn, was examined and
 12 testified as follows:
 13 DIRECT EXAMINATION
 14 BY MR. HAWORTH:
 15 Q Good morning and welcome, Dr. Ambrose.
 16 A Good morning.
 17 Q Could you please tell the jury a little bit about your
 18 education and your training?
 19 A I will do so.
 20 I was born and brought up in Malaysia. This is a
 21 small country in South East Asia. We didn't really have many
 22 medical schools, so to further my education as a physician I went
 23 to India to do a medical degree. I was there for five-and-a-half
 24 years, four-and-a-half years training, and then a year of
 25 internship to get licensed. I went back then to Malaysia where I

Ambrose - by Defendant - Direct / Haworth Page 972

1 had to take qualifying exams. Then I worked for the National
2 Medical Service, the government service, for about two years. I
3 then got married and I moved to England with my husband. I
4 stopped working for about five years to raise my family. I then
5 came to the US and took exams again. I then joined Montefiore
6 Medical Center. I did a year of internship in surgery and then
7 three years of physical medicine and rehabilitation. After that
8 I joined Mount Sinai. While at Mount Sinai I did another degree,
9 a master's in clinical research. That was from NYU.

10 Do you want me to talk about the board
11 certification?

12 Q Sure. That was my next question. You read my mind.
13 Are you board certified, doctor?

14 A Yes.

15 Q Can you please explain to the jury in what disciplines
16 you are board certified and what that means?

17 A So, I am board certified in physical medicine and
18 rehabilitation, and also in brain injury medicine. And that's a
19 separate board certification, subspecialty certification.

20 Q I want to talk about your employment history, doctor.
21 Where are you currently employed?

22 A I have returned back to Montefiore. I am working there
23 now.

24 Q What do you do in your practice on a day-to-day basis
25 at Montefiore, doctor?

Ambrose - by Defendant - Direct / Haworth Page 973

1 A So, I was recruited back to Montefiore to help start
2 some new programs. My first task was to start a residency
3 training program. I was program director. I did that for three
4 years. The program is up and running, so now I am helping to
5 develop brain injury medicine both for traumatic brain injury and
6 strokes, acquired brain injury. There is no program to treat
7 patients who have these injuries in the Bronx. This is what I am
8 doing now. I am starting to develop those programs.

9 On a day-to-day basis I am 60 percent clinical,
10 which means I see patients 60 percent of the time, and I am
11 40 percent research.

12 Q Thank you, doctor.

13 Before you were at Montefiore I believe you were
14 at Burke and also Mount Sinai. Can you tell the jury about your
15 work at those two institutions?

16 A At Mount Sinai, I was there for 14 years. I went there
17 directly after my residency. I was hired to work on the brain
18 injury unit. I was there for 14 years. I was a clinician. I
19 was also the medical director of the brain injury program the
20 last four years I was there. This included care of patients --
21 overseeing the care for the patients who are inpatient and
22 outpatient. We had a large research center. I was involved. I
23 was codirector there, too.

24 When I went to Montefiore, and Burke comes under
25 Montefiore, that's where I did the residency training program. I

Ambrose - by Defendant - Direct / Haworth Page 974

1 was focusing more on developing residency but also developing the
2 outpatient brain injury program while I was at Burke.

3 Currently I am in the Bronx campus of the
4 Montefiore health system. There I am focusing on developing the
5 brain injury program for outpatients.

6 Q Early on in this case, doctor, we heard from Dr. Brian
7 Greenwald. Do you know Dr. Greenwald?

8 A Yes.

9 Q How do you know Dr. Greenwald?

10 A He and I worked together at Mount Sinai for about eight
11 or nine years.

12 Q Was that in the brain injury center? I think that's
13 what you said it was called.

14 A Yes.

15 Q He was the immediate head of that center before you
16 became the head of that center, correct?

17 A Yes, he was.

18 Q And you were the head of that center about four years,
19 I think?

20 A Yes.

21 Q Do you also maintain a forensic practice?

22 A Yes.

23 Q Can you tell the ladies and gentlemen of the jury how
24 many forensic patients you see roughly every year?

25 A For the past five years or so I see about two patients

Ambrose - by Defendant - Direct / Haworth Page 975

1 a year.

2 Q So a total of two?

3 A On average, yes.

4 Q Do you generally see plaintiffs in lawsuits or do you
5 get retained on behalf of the defense?

6 A Mostly plaintiffs.

7 Q Did my law firm retain you in connection with the
8 defense of this case, doctor?

9 A Yes.

10 Q Did you examine Mr. Perez at my request?

11 A Yes.

12 Q Did you review all the medical records and reports in
13 this case?

14 A Yes.

15 Q Did you then write a report that you sent to me?

16 A Yes.

17 Q And you billed my law firm, correct, for the work that
18 you did?

19 A Yes.

20 Q Do you have the report you issued to my law firm with
21 you today?

22 A Yes.

23 Q Thank you.

24 By the way, are you being compensated for your
25 time here and in connection with the work that you did in this

Ambrose - by Defendant - Direct / Haworth Page 976

1 case?
2 A Yes.
3 Q You mentioned medical records. Did you review them?
4 A Yes.
5 Q Did you review the scans? By that I mean the CT scans
6 and MRI scans.
7 A I looked at the scans and the reports.
8 MR. MORELLI: Your Honor, I don't want to
9 interrupt Mr. Haworth, but he is leading the witness
10 totally. I am okay up until now.
11 THE COURT: It is foundational, counsel. It is
12 okay.
13 Q Did you review the expert reports issued in this case?
14 A Yes.
15 Q Where and when did you examine Mark Perez?
16 A I examined him on August 29 of this year in my office
17 in the Bronx.
18 Q Was he accompanied by anyone?
19 A Yes. He was accompanied by his brother and an attorney
20 from his team.
21 Q From Mr. Morelli's law firm?
22 A Yes.
23 Q How long did that examination take? How much time did
24 you spend with Mr. Perez?
25 A About an hour and 45 minutes.

Ambrose - by Defendant - Direct / Haworth Page 977

1 Q During that hour-and-45-minute exam, doctor, did you
2 take a history from Mr. Perez?
3 A Yes.
4 Q Did you speak to him about his accident, his surgeries,
5 his current physical and cognitive condition?
6 A Yes.
7 Q Was he able to answer your questions in a way that you
8 were able to understand his answers?
9 A Yes.
10 Q Now, in the course of your exam were you able to
11 objectively test what he was telling you, or at least some of
12 what he was telling you?
13 A Yes, I was able to test some things.
14 MR. MORELLI: Excuse me, I missed the last answer.
15 THE COURT: I didn't hear either the question or
16 the answer.
17 Would you read it back for me, please?
18 (Requested portion was read back)
19 THE COURT: Okay.
20 Q I am now going to ask you about the exam. I would like
21 you to answer all my questions to a reasonable degree of medical
22 certainty. Can you do that, doctor?
23 A Yes.
24 Q Thank you.
25 Did you perform a mental status examination?

Ambrose - by Defendant - Direct / Haworth Page 978

1 A Yes.
2 Q Can you tell the jury what you did to perform a mental
3 status examination on Mark Perez?
4 A I did a test called the Montreal Cognitive Assessment
5 Test, MoCA. It is a quick screen of all the different domains of
6 our thinking processes. It looks at a person's ability to deal
7 with complex information, ability to look at memory, look at
8 orientation, ability to do some simple math, be able to see
9 abstraction, and that is like looking at a big picture, what is
10 the similarity between categories of things.
11 So that was the test that I did on him.
12 Q And how did he do on the test and what were your
13 findings?
14 A He did poorly. He got -- on a scale of thirty, a
15 normal person will get twenty-six. He got eight on my exam.
16 Q And what does that mean, an eight? What does that
17 signify? What types of people would expect to get an eight on
18 the MoCA test?
19 A For instance, patients with dementia will get something
20 very low like this. Someone with very severe brain injury who
21 has difficulty to process information at all will also get a very
22 low score like this.
23 Q Based upon your interactions with Mark Perez during
24 your examination, would you have expected him to get an eight on
25 the MoCA?

Ambrose - by Defendant - Direct / Haworth Page 979

1 A It is much lower than what expected to find.
2 Q In the course of reviewing the medical records and
3 reports, did you review the reports of Dr. Barry Jordan?
4 A Yes.
5 Q Did you review Dr. Jordan's findings regarding the MoCA
6 test?
7 A Yes.
8 Q What conclusions, if any, can you make from the review
9 of Dr. Jordan's reports?
10 MR. MORELLI: Objection, your Honor.
11 THE COURT: Sustained.
12 Q Did that information tell you anything further that you
13 considered to be important?
14 MR. MORELLI: Objection, your Honor.
15 THE COURT: Sustained.
16 Q Can you explain the difference, if any, in the other
17 MoCA scores in the records that you reviewed, between those and
18 yours?
19 MR. MORELLI: Objection, your Honor.
20 THE COURT: Overruled.
21 A Dr. Jordan also did a MoCA exam, I think, in 2015.
22 Then he did it again this year. If I remember correctly, in the
23 first one he got something like thirteen, and then when he did it
24 again this year it was a very low score. I believe it was three,
25 so there is a wide difference between how he is performing on

Ambrose - by Defendant - Direct / Haworth Page 980

1 these three different occasions.
2 Q Is that something that in your practice you would
3 expect?
4 MR. MORELLI: Objection, your Honor. Leading the
5 witness.
6 THE COURT: Overruled.
7 MR. MORELLI: It is not foundational.
8 THE COURT: Overruled.
9 Q You can answer.
10 A Typically I do a MoCA exam on my patients who have
11 brain injury. I do it at most visits, so I am usually doing it
12 every three to six months on my patients. They tend to remain
13 stable. They don't change so dramatically.
14 Q Do you know the difference between "objective" and
15 "subjective," doctor?
16 A Yes.
17 Q Is the MoCA test an objective test or a subjective
18 test?
19 A It is both because we are trying to measure different
20 domains but it requires the patient's full cooperation, so there
21 is a subjective piece to it, too.
22 Q Did you administer any other tests in connection with
23 that portion of the exam focusing on Mr. Perez's mental status?
24 A So, Mr. Perez had complained of having difficulty
25 communicating. He said that he can't always say what is in his

Ambrose - by Defendant - Direct / Haworth Page 981

1 mind. So I did an aphasia screening test, the Mississippi
2 Aphasia Screening Test. This is a descriptive test, but I did
3 that just to see how he was handling language. If I may refer to
4 my notes?
5 Q Please. Continue, yes.
6 A I looked at different categories. For instance, I gave
7 him five objects and asked him to name them to see how
8 spontaneously he was able to name these things. He did very
9 well. He got ten out of ten. You get two points if you can
10 answer spontaneously, clearly as well.
11 Then I gave him automatic speech. This is things
12 like counting one to ten, or tell me the days of the week. Each
13 question -- the five questions, each question is progressively
14 harder. He got four out of ten, so he got two right.
15 Similarly, in repetition -- repeat after me words,
16 phrases, and sentences -- he got four out of ten again.
17 Yes/no accuracy is just asking him questions about
18 himself. Is your name Mark? Is your name Thomas? So it is
19 giving him a simple choices. He got more of that right. He got
20 sixteen out of twenty.
21 Objective recognition is where I give him objects
22 to look at, and I say, "Point to the watch," "Point to the
23 ceiling." He got ten out of ten there.
24 Following verbal instructions is where I am giving
25 him simple and then progressively more difficult instructions.

Ambrose - by Defendant - Direct / Haworth Page 982

1 Like a one-step example is "Point to your nose." A two-step is
2 "Point to your nose and open your mouth." Then a three-step, you
3 know, is different. And I will change them up. "Point to the
4 ceiling," "Clap your hands," something like that. There he was
5 seven out of ten.
6 Reading instructions. Same thing but he has to
7 read it and follow. He got six out of ten.
8 Then I asked him to write what -- I asked him to
9 write what I am saying. Here he got four out of ten.
10 So my interpretation of this is that he
11 understands basic and fairly complex information. He has some
12 problems -- he doesn't have problems naming anything.
13 Spontaneous speech is impacted. He is a little hesitant at
14 times, but he is functional. He is able to say what he wants to
15 say. It may take him a bit longer to do so, though.
16 Q Are the results on the MoCA consistent or inconsistent
17 with the results on this Mississippi testing you told us about?
18 A There is really no literature comparing both together
19 so I can't comment on it based on that. But in my experience,
20 the MoCA was lower than what I expected. The Mississippi Aphasia
21 Test is, more or less, what I expect.
22 Q Were there any other tests that you administered to
23 Mr. Perez in the course of your mental status examination?
24 A I looked at his inhibition control. And the test I do
25 is called the Go/No Go test.

Ambrose - by Defendant - Direct / Haworth Page 983

1 The way I do this test, I ask him to follow some
2 instructions. One, for instance, is if I tap once, he has to tap
3 once. So he does exactly what I am doing. The second part of it
4 is I will ask them to do something opposite. So if I tap, you
5 don't; or if I tap twice, you tap once. So it is a little more
6 complex.
7 So he really couldn't do it. He couldn't control
8 his inhibitions. That's typical of somebody who has had brain
9 injury.
10 Q Did you perform a motor examination with respect to
11 Mr. Perez?
12 A Yes.
13 Q Could you explain to the jury everything that you did
14 in that motor examination and what, if any, opinion you have
15 regarding your findings of that motor examination?
16 A The first part is I look at all his muscles. If he has
17 had long-standing weakness -- and his injury was six years ago --
18 very often we see muscle atrophy where different groups of
19 muscles look shrunken. He didn't have that.
20 The next part of it is I look at his strength in
21 his upper and lower extremities. On the right side he was
22 normal. He is a young man in his 30s, so I expected a certain
23 amount of strength. He looked normal. On his left side he was
24 actually giving me -- I could feel normal strength on his left
25 arm and left leg. However, there was some kind of shakiness

Ambrose - by Defendant - Direct / Haworth Page 984

1 there, like give way. It felt -- I was encouraging him to give
2 full effort, but it still felt a bit shaky.
3 So that's what I noticed.
4 Q What does that tell you, if anything, regarding
5 Mr. Perez's effort in that part of your exam?
6 A So what we usually see is when someone is not really
7 giving full and sustained effort you start seeing this shakiness.
8 And he did not have tremors. That's another time when you can
9 have this kind of cogwheeling. He didn't have tremors. That
10 would cause a shaky finding like that, the tremors. He didn't
11 have tremors.
12 Q Did you find any physical reason for the shakiness that
13 you describe?
14 A No.
15 Q If you could, continue with the balance of the motor
16 exam, please.
17 A I also wanted to check his strength, his grip strength
18 objectively, so I used it a little gadget called a dynamometer.
19 I looked at how much strength he was putting.
20 Now, when I did a manual testing on the right side
21 he had normal strength. When I gave him this gadget to squeeze
22 as hard as he can, he only could do 6.8 pounds. A normal young
23 man in his age group should do about at least 35 to 55 pounds.
24 It was much, much less than I expected. On the left side where
25 he was having the cogwheeling, he was even lower. He was

Ambrose - by Defendant - Direct / Haworth Page 985

1 2.9 pounds.
2 Q Did you find any medical reason for the results that
3 Mr. Perez yielded on the dynamometer test, the strength test you
4 just described.
5 A No.
6 Q What else did you do in the motor exam, doctor?
7 A I looked at his reflexes with the knee hammer. They
8 were symmetrical and equal on both sides. Then I looked at the
9 tone to see if there is any spasticity. He didn't have any.
10 Then I, of course, looked for all the abnormal movements.
11 I also did a functional reach test. This is a
12 test where I ask somebody to stand forward with hand out and lean
13 forward to see how far they can comfortably go. An average
14 person is around 16 to 18 inches. He was only two inches.
15 That's as far as he was comfortable. I tried to get him to lean
16 a bit more, but he said he couldn't do it.
17 Q Doctor, did you find any medical reason for that test
18 result?
19 A No.
20 Q Did you do anything else in the motor exam?
21 A Then I did a 9-hole peg test. It is a little wooden
22 box with nine holes. I give him some pegs and ask him to put the
23 pegs into the holes and take them out and I time this. It is a
24 test to look at dexterity. A normal young man in his age group
25 takes about 17 to 18.8 seconds. He took 40 seconds. This was

Ambrose - by Defendant - Direct / Haworth Page 986

1 with his right hand. I didn't test his left hand.
2 Q Did you identify any medical reason for that result,
3 doctor?
4 A No.
5 Q To a reasonable degree of medical certainty, doctor,
6 can you offer an opinion as to whether Mark Perez was giving his
7 all, giving his best, giving full effort during the motor exam?
8 A It appeared that he was not giving his full effort.
9 Q Did you also do a sensory exam?
10 A Yes.
11 Q Please explain to the jury what you did and what your
12 findings are.
13 A So I did sensory exam in all four limbs, both sides,
14 hands and legs. I did a light touch just with my finger. Then I
15 did a pain where I used a gadget with some sharp points on it and
16 just rolled it to see how it feels. And then I used a tuning
17 fork just to see if he can feel vibrations.
18 So on the right side there were no abnormalities.
19 On the left side in his left arm below the elbow crease he said
20 he didn't feel the light touch, the pain, or the tuning fork
21 vibration.
22 Q What if any conclusion can you draw from that
23 examination, specifically with respect to the lower part of the
24 left arm?
25 A It doesn't follow any anatomical pattern in the body.

Ambrose - by Defendant - Direct / Haworth Page 987

1 Q So you are saying the human body doesn't work that way?
2 A Yes.
3 Q Did you do an examination and evaluation of Mr. Perez's
4 gait, that is how he walks?
5 A Yes.
6 Q Can you tell us what you did and what your conclusions
7 are, doctor?
8 A When he walked into my office and I escorted him from
9 the lobby to my office he had an unusual gait, and when I
10 examined him formally he had the same gait. He walked with his
11 right leg normally, and then with the left leg he brought it
12 halfway through. This is not very commonly seen. And if you
13 have a gait like this, it suggests that he has weakness in the
14 hip muscles, and that's why he can't bring his leg through the
15 whole gait cycle. A person who has that kind of weakness often
16 has trouble getting up from a sitting position. He didn't have
17 any problem with getting up from the sitting position. He did
18 that normally, so it is discrepant.
19 I did an exam on him which included walking on his
20 toes, walking on his heels, and then walking in tandem as if you
21 are walking on a tightrope. He was not able to do the toe
22 walking, the heel walking, and the tandem walking with his left
23 side so I did not do any higher level gait assessments.
24 Q Did you review in the medical records the results of
25 any other gait examinations or gait observations?

Ambrose - by Defendant - Direct / Haworth Page 988

1 A Yes.

2 Q How do your findings compare to those?

3 A He has been seen in the last six years by multiple

4 physicians, including neurologists and, I think, his

5 neurosurgeons. In almost all of these sessions his gait was

6 always described as normal.

7 Neurologists and neurosurgeons, rehab doctors, we

8 are all trained to assess gait. I find that unusual that they

9 would all find it normal.

10 And he was seen by Dr. Huang, a neurosurgeon,

11 earlier this year. She too described his gait as normal.

12 Q That was this year?

13 A Yes.

14 Q Thank you. Please continue?

15 A He was seen by Dr. Greenwald where he said that he was

16 dragging his foot. Dragging the foot usually refers to weakness

17 in the ankle muscles. That is very different from what I saw.

18 Q Could you explain a little bit more the difference

19 between what you saw in Dr. Greenwald's report and what you

20 observed in your exam?

21 A With regard to the gait?

22 Q Yes.

23 A So, Dr. Greenwald talked about his gait as being

24 dragging his foot. This suggests that he has weakness of the

25 tibialis anterior, and that suggests footdrop. This can be seen

Ambrose - by Defendant - Direct / Haworth Page 989

1 in patients who have a brain injury, but when I was evaluating

2 him he didn't have that weakness. He seemed to have weakness of

3 the hip flexor muscles, which is a totally different group of

4 muscles.

5 Q Can you identify any physiological reason for these

6 various discrepancies that you just described?

7 A No.

8 Q Did you also evaluate Mark Perez's mood and his

9 behavior?

10 A Yes.

11 Q Is that an objective or subjective evaluation?

12 A It is subjective because it depends on what the patient

13 tells me.

14 Q Can you tell the ladies and gentlemen of the jury --

15 gentleman of the jury -- about that evaluation, what you did and

16 what the results were?

17 A I did the overt behavioral scale. In this scale I ask

18 the patient about his mood in different situations. He endorsed

19 only one.

20 Q Doctor, can I interrupt you for a second? If you could

21 speak louder, that would be great. Do your best.

22 A Okay.

23 Q Please continue.

24 A So he said that when he was frustrated sometimes he

25 would shout but did not -- but he said he did not use any bad

Ambrose - by Defendant - Direct / Haworth Page 990

1 language, did not have any physical aggression toward any objects

2 or people. He didn't have any antisocial behavior. He didn't

3 have any inappropriate sexual behavior. The only thing he said

4 was he would shout when he was frustrated.

5 Q Did you do anything else in your moods and behavior

6 exam?

7 A I did a generalized anxiety disorder scoring. From the

8 symptoms that he told me, he was moderately anxious.

9 I also did a patient health questionnaire which is

10 a screening for depression. According to the symptoms that he

11 said, he was moderately depressed as well.

12 Q During the past few years -- strike that.

13 Did you review the medical records to determine if

14 during the past few years Mr. Perez has been on any psychoactive

15 medication?

16 A He was briefly on Zoloft and, I believe, Buspar.

17 (Continued on next page)

18

19

20

21

22

23

24

25

Dr. Ambrose - by Defendant - Direct/Haworth Page 991

1 BY MR. HAWORTH:

2 Q And when was that?

3 A This was in 2015, 2016. I'm not sure if he actually

4 took the BuSpar, but it was talked about in the records.

5 Q When you saw Mr. Perez, was he on any psychoactive

6 medication?

7 A He was taking Xanax for sleep.

8 Q That was for sleep. Was that for depression or just

9 for sleep?

10 A He said he took it sometimes because he got insomnia.

11 Q Okay. What about 2018, any psychoactive medication

12 then?

13 A Not on my review.

14 Q What about 2017?

15 A No.

16 Q Did you do performance validity testing when you

17 examined Mark Perez?

18 A Yes.

19 Q What is a performance validity test or validation

20 test?

21 A This is a test we do because a lot of what the

22 patient's examination and history that they give us is based on

23 what they say, so we try to make this a little bit more

24 scientific by doing a validation test to see how much of this

25 is reliable.

Dr. Ambrose - by Defendant - Direct/Haworth Page 992

1 Q Okay. And do you do that in your day-to-day practice
2 when you see patients?
3 A I don't do it as a routine, but I do it often.
4 Q Okay. Did you administer a performance validation
5 test in this case?
6 A Yes.
7 Q Can you tell us what you administered and what your
8 findings were?
9 A So I did the Rey 15-Item Test, a test which looks
10 complicated, but it's actually quite simple. I show him a
11 piece of paper, which has got 15 items on it. They are things
12 like A,B, C, capitals, A, B, C, small letters, 1, 2, 3 and then
13 1, 2, 3 numerals and then three shapes; a square, a circle, and
14 a triangle. He gets ten seconds to look at it and then I asked
15 ask him move it and to write down -- I take it away and then
16 ask him to do it.
17 A normal person should get at least 13 right and even
18 in patients with severe brain injury who are walking and
19 conscious and able to communicate, they get at least nine
20 right.
21 Q What was Mr. Perez's score and what, if anything --
22 what was Mr. Perez's score and what, if any, conclusion can you
23 make from that?
24 A He scored six, which is much lower than expected and
25 it suggests that he is not putting in full effort.

Dr. Ambrose - by Defendant - Direct/Haworth Page 993

1 Q Did you -- in the records did you find any other
2 medical care providers that administered the Rey 15-Item Test?
3 A Dr. Gordon, Wayne Gordon, neuropsychologist at Mount
4 Sinai.
5 Q Did Dr. Jordan also administer it?
6 A Yes.
7 Q And do you recall Dr. Jordan's findings?
8 MR. MORELLI: Objection, Your Honor.
9 THE COURT: To that question, overruled.
10 MR. MORELLI: Sorry, I didn't hear you.
11 THE COURT: Overruled to that question.
12 A I don't recall off the top of my head what
13 Dr. Gordon -- Dr. Gordon was nine on both.
14 THE COURT: He just ask if you recalled, that's
15 all. Yes or no?
16 BY MR. HAWORTH:
17 Q Dr. Jordan.
18 A Dr. Jordan, no, I don't remember the number.
19 Q Okay. Thank you.
20 Did you also do something called the Waddell signs?
21 A Yes.
22 Q Can you explain to the jury what the Waddell signs
23 are?
24 A So the Waddell signs is another validation test, more
25 physical and here we are looking for any abnormalities, any

Dr. Ambrose - by Defendant - Direct/Haworth Page 994

1 discrepancies in our physical findings. So one of the things
2 we look for is there any abnormal or unexpected pain sensation?
3 Like we press places in the body that don't -- shouldn't hurt
4 and the person says it hurts. That is positive sign. He
5 didn't have that.
6 The second one is a stimulation test, so I take
7 something, so I press the top of his head very lightly and say
8 does this hurt or I will stretch his leg out, you know, and ask
9 him does it hurt. And he was fine, he didn't give any negative
10 any findings there.
11 I looked at what he's doing on a -- physically with
12 his range of motion and his gait pattern, it was consistent
13 throughout my exam and what I observed casually, but it doesn't
14 match what's in the records of how other physicians found him.
15 So that was and iffy finding.
16 His sensory findings in his arm doesn't follow any
17 neuroanatomy of the body, so that was positive.
18 Then the examination that I did where I was looking at
19 his strength, it was not a good effort. He kept cogwheeling,
20 but typically, we look for at least three out of five to say
21 definitely this is somebody who is malingering, but he was
22 maybe two and a half, so I said that was inconclusive. I
23 wanted to give him the benefit of the doubt.
24 Q Doctor, you just used the word malingering. Can you
25 explain to the jury what malingering is?

Dr. Ambrose - by Defendant - Direct/Haworth Page 995

1 A So we say -- when we say a patient is malingering when
2 we have a case of a situation where the patient is not doing
3 the best they can intentionally, maybe for some secondary gain,
4 we don't know. It may be for that reason and we don't know.
5 We may or may not know what the secondary gain is.
6 Q Based on your examination and the review of records in
7 this case, did you observe any signs of malingering with
8 respect to Mr. Perez?
9 A Mr. Perez had a very serious injury. I wouldn't be
10 surprised if he had some of the complaints he talks about, but
11 in my examination of him, I can't say that these tests are
12 accurate -- the results are accurate because I saw many
13 instances where the effort was not fully applied. So I cannot
14 really judge truthfully how -- the extent of which he has any
15 impairments. So it does look like he is embellishing a little
16 bit his symptoms.
17 Q Now, based on your examination of Mr. Perez, Doctor,
18 can you opine to a reasonable degree of medical certainty
19 whether Mark suffers from cognitive impairment as a result of
20 his June 2013 accident?
21 A I can't give a good answer about the degree of his
22 cognitive impairment because my test results suggest that he
23 has not put in full effort.
24 Q Doctor, did you put together a medical management plan
25 for the future care and plan of Mr. Perez?

Dr. Ambrose - by Defendant - Direct/Haworth Page 996

1 A Yes.
2 Q And for what purpose did you formulate that plan?
3 A Because he needs to have continued medical care and I
4 was asked to give my recommendations of what that should be.
5 Q In your opinion, does Mr. Perez require any surgery?
6 A Yes.
7 Q Can you tell --
8 MR. MORELLI: Excuse me, Your Honor. Could we
9 not have him continue to lead the witness? I mean, it's
10 been going on for the entire time. Can we hear what her
11 testimony is?
12 THE COURT: Okay. Can we approach, please?
13 (WHEREUPON, a discussion was held off the record,
14 at the side bar, in the presence of the Court and
15 counsel and out of the hearing of the jury.)
16 MR. MORELLI: I withdraw my objection.
17 THE COURT: Thank you.
18 BY MR. HAWORTH:
19 Q In your opinion, Doctor, what surgery does Mark Perez
20 require?
21 A He has -- he had a craniectomy initially and a
22 subsequent cranioplasty, which means he -- they put in a piece
23 of mesh in his skull to cover the defect, the original defect.
24 That got infected and it was removed. It has not been replaced
25 and that needs to be -- that surgery needs to be done.

Dr. Ambrose - by Defendant - Direct/Haworth Page 997

1 Q Did you review the records from Johns Hopkins?
2 A Yes.
3 Q And can you tell us what you found to be notable in
4 those records?
5 A This was --
6 Q What, if anything, you found to be notable.
7 A Okay. So he was examined two times this year by
8 Dr. Huang, she's a neurosurgeon at Johns Hopkins. She
9 described his physical findings and I found them to be --
10 MR. MORELLI: Objection, Your Honor.
11 THE COURT: Sustained.
12 BY MR. HAWORTH:
13 Q Is there any medical reason, in your opinion, Doctor,
14 preventing Mark Perez from having already had the cranioplasty?
15 MR. MORELLI: Objection to the form of the
16 question.
17 THE COURT: Overruled.
18 A Can you repeat the question?
19 Q Sure. Is there any reason, in your medical opinion,
20 Doctor, anything preventing Mr. Perez from having had the
21 cranioplasty any time in the past several years?
22 A No.
23 Q Did you find anything in the records or during your
24 examination to justify not having had the surgery by now?
25 A No.

Dr. Ambrose - by Defendant - Direct/Haworth Page 998

1 Q What, if anything, is the impact upon Mr. Perez, in
2 your opinion, in having not had this surgery to date?
3 A It's a safety risk. He has a defect in his skull. He
4 describes having seizures and falling down and that -- you
5 don't need a medical degree to know if you have a hole in the
6 head, falling to the ground is not good. So definitely he
7 needs to have a surgery from a safety point of view.
8 If you have a defect like that, it could cause
9 headaches, which he describes. It can also be contributing
10 somehow to the seizures. You can have cognitive impairments
11 because of the crane -- the lack of the skull there. These are
12 all possibilities and they may improve after having the
13 cranioplasty.
14 Q In your medical management plan for Mark, Doctor, what
15 physicians, if any, do you believe Mark needs to see in
16 connection with the cranioplasty?
17 A Well, he needs to see a neurologist. He has a seizure
18 disorder. It's not been optimized. He has had a number of
19 different drugs tried, but each one of those times he still
20 seems to have seizures. We don't really know if it's because
21 he's forgotten to take his medications or the medicine is not
22 the right drug or the right dosage. So he needs to see a
23 neurologist who specializes in seizure management and
24 epileptology, an epileptologist, to get the seizures under
25 control.

Dr. Ambrose - by Defendant - Direct/Haworth Page 999

1 He -- should I continue?
2 Q Sure.
3 A He should see a brain injury physician, someone like
4 myself --
5 Q You know what, before we move on to that, I want to
6 talk about the surgery because that was my question actually.
7 A Okay.
8 Q Can you tell me what doctors, if any, Mark needs to
9 see in connection with the surgery that you described?
10 A He should see a neurosurgeon to start planning for the
11 cranioplasty. He should also see an infection disease
12 specialist in conjunction with the neurosurgeon because he had
13 an infection the last time. So they need to preemptively start
14 working up to make sure there's no infection this time and
15 during the surgery and after the surgery to make sure that he
16 really is in the clear.
17 He should also have a plastic surgeon because this
18 might -- this is probably a very complex repair of his skull
19 and dura, and the plastic surgeon, this is their area of
20 expertise.
21 Q Doctor, have you formed an opinion as to how many
22 visits with the neurosurgeon and for how long Mark requires?
23 A So typically, a neurosurgeon, after the surgery is
24 over, will see the patient maybe two times to remove the
25 sutures and then once more at six weeks to make sure the skin

Dr. Ambrose - by Defendant - Direct/Haworth Page 1000

1 is well healed, but because he has had such a complicated path
2 of history of surgery, I think it would be very prudent to
3 have - and here I am trying to give him the benefit of the
4 doubt, so like the maximum that I think he will need, so weekly
5 visits for the six weeks, then at least every -- twice a month
6 for six months and then for another -- monthly for another one
7 and a half years. I mean, at the two-year mark, I think we can
8 be all comfortable that he's fine.

9 Q What about the plastic surgeon, do you have an opinion
10 as to how many times Mark will need to see a plastic surgeon
11 and for how long?

12 A So he should see the plastic surgeon for the suture
13 removal. Now, most of the plastic surgeons now don't[sic] use
14 absorbable sutures, so there is no suture removal, but maybe
15 there might be. And then they should see him at least one more
16 time at six weeks to make sure he's at good health, but he's
17 also going to be seen by the neurosurgeon, so they can work in
18 tandem.

19 Q And with respect to the infectious disease specialist,
20 how many times, in your opinion, will Mark Perez need to see
21 this doctor and for how long?

22 A So this is based on the recommendation that's given by
23 the neurosurgeon at Johns Hopkins, Dr. Huang. She suggested
24 there's two options for him; one is to have a two-stage
25 procedure and the other is to have, if the risk of infection is

Dr. Ambrose - by Defendant - Direct/Haworth Page 1001

1 considered low, then maybe one-stage procedure, but overall, I
2 think that he needs to have at least two preoperative visits to
3 make sure there's no infection. They have to collect the blood
4 samples, they inspect the spot, they might take some swabs and
5 then a follow-up to make sure all of those results are fine.

6 Then during the surgery he may have to have
7 antibiotics based on what the opinion is. Typically, this kind
8 of antibiotics is usually an IV antibiotic given by a PICC
9 line. It's usually about six weeks. This is a typical
10 duration for any kind of infection just to be sure that there
11 is no infection and then he -- this usually can be done at
12 home, but home care agencies have to come in and make sure that
13 the PICC line is clean and he's getting the medications
14 correctly.

15 I think he should be seen by the infectious disease
16 doctor for at least eight weeks, so another two weeks after the
17 antibiotics is completed. I think then they should see him
18 every one to two months for at least six months.

19 Q Before you mentioned an epileptologist, which I think
20 is a type of neurologist. In your medical opinion, Doctor, for
21 how long and at what interval should Mark be seeing this
22 neurologist or epileptologist?

23 A Well, if there is seizures associated with the brain
24 injury, it usually happens in the first five years, so even if
25 you consider this new surgery that he's going to have, the zero

Dr. Ambrose - by Defendant - Direct/Haworth Page 1002

1 point, then for the next five years he should be followed more
2 closely, so at least every -- four times a year he should be
3 seen by a specialist and then he should still continue seeing
4 the specialist, but at least maybe then every six months.

5 Q In your medical management plan, Doctor, do you
6 include any therapies for Mark Perez?

7 A Yes.

8 Q Can you take us through those, please, one by one?

9 A So although the gait impairment that I noticed was not
10 consistent with other physician findings, he may have
11 something. He has a lot of damage in his brain. So I
12 recommended that he has two times a week for three months for
13 two years just to kind of pick up any kind of abnormalities
14 that he may have developed or gait patterns that he may have.

15 Even though I didn't see it, I just want to give him a
16 little -- I'd rather over treat that under treat. I also --

17 Q You said you'd rather over treat that under treat?

18 A Yes.

19 Q Can you tell me what you mean by that?

20 A So, you know, there is -- I have some reservations
21 about what his exact strength and weaknesses are, but given the
22 fact that his CAT shows considerable damage in the right side
23 of his brain, which translates to the left side of the body, I
24 just want to give him every chance for a full recovery.

25 Q What other therapies do you believe would benefit Mark

Dr. Ambrose - by Defendant - Direct/Haworth Page 1003

1 Perez?

2 A Occupational therapy. He does have an AC joint
3 separation Grade III. This is usually managed by physical
4 therapy, so I think that another occupational therapist can
5 work on that and then his use of his hands functionally as
6 well.

7 Q By the way, is there any medical reason why Mark Perez
8 has not been having physical therapy all this time?

9 A Not that I can see.

10 Q Is there any medical rationale justifying him not
11 having had occupational therapy all of this time?

12 A No.

13 Q I think earlier I just want to get back to so we don't
14 forget. I believe earlier you mentioned seeing a brain injury
15 specialist.

16 A Yes.

17 Q Can you tell us about that, please?

18 A So a brain injury specialist is somebody who is a
19 trained specially to look at impairment that a patient has
20 after having had any kind of brain injury, either trauma or
21 stroke. They are sort of like, you know, a person -- the
22 physician who puts everything together.

23 Mark Perez has seen a lot of different doctors, but
24 most of them have only looked in their area of expertise, they
25 have not really put all of the pieces together, and I think

Dr. Ambrose - by Defendant - Direct/Haworth Page 1004

1 having a brain injury physician like Dr. Greenwald or myself,
2 we look at the whole person and the whole function.
3 Q With what degree of frequency and for how long do you
4 recommend Mark Perez see a brain injury specialist?
5 A So typically, we would see someone like this patient
6 three times -- every three months, so that's four times a year.
7 We see them -- most recovery occurs in the first two years, so
8 during that period we will see them four times a year. We see
9 them then annually just looking for long-term complications.
10 Q Going back to the therapies for a moment.
11 Is there any medical reason that you are able to
12 discern why he hasn't been seeing -- let me just ask you this
13 actually -- a brain injury specialist all of this time?
14 MR. MORELLI: I object to the form of the
15 question.
16 MR. HAWORTH: That's okay. I'll rephrase.
17 Withdrawn.
18 BY MR. HAWORTH:
19 Q Should he be seeing a neuropsychologist?
20 A Yes.
21 Q Can you explain why and for how long and with what
22 degree of frequency, Doctor?
23 A So he should see a neuropsychologist. He's undergone
24 a bad injury. It's changed his life. I'm sure that it has
25 impact on his mental well-being and on my testing he was

Dr. Ambrose - by Defendant - Direct/Haworth Page 1005

1 moderate in anxiety and depression. So I think he should see a
2 neuropsychologist for mood and behavior and coping.
3 Q And for how long?
4 A I recommend once a week for probably the rest of his
5 life.
6 Q What about cognition, do you believe, in your opinion,
7 that Mark Perez requires any cognitive rehabilitation for
8 treatment relating to cognition?
9 A Although I was not able to say for sure what the
10 extent of the injuries --
11 MR. MORELLI: Judge, I'm going to -- I know --
12 THE COURT: You're going to come up here and talk
13 to me.
14 (WHEREUPON, a discussion was held off the record,
15 at the side bar, in the presence of the Court and
16 counsel and out of the hearing of the jury.)
17 THE COURT: I just want to remind you to please
18 listen carefully to the question and only answer the
19 question which is being asked. Don't go beyond it unless
20 you're asked, okay?
21 THE WITNESS: Okay.
22 THE COURT: Thank you.
23 BY MR. HAWORTH:
24 Q Thank you, Doctor.
25 With what degree of frequency and for how long, in

Dr. Ambrose - by Defendant - Direct/Haworth Page 1006

1 your opinion, does Mark need to see someone for cognitive
2 rehabilitation?
3 A He should see someone at least two times a week for
4 the first two years and then once a week for the rest of his
5 life.
6 Q Now, you recall you testified earlier regarding effort
7 and malingering and those things, right?
8 A Yes.
9 Q How do you square your prescription for cognitive
10 remediation with those findings?
11 MR. MORELLI: Objection to the form of the
12 question.
13 THE COURT: I'll allow it.
14 A So although I have some doubts about the extent of his
15 injury and performance, I am -- I think we should always over
16 treat rather than under treat.
17 Q Do you have an opinion, Doctor, as to whether Mark
18 Perez requires any home care or any supervision?
19 A Yes.
20 Q What is your opinion, Doctor?
21 A So I think until his seizures are controlled and he
22 has a cranioplasty, he needs to have supervision at all times.
23 Currently he's living with his family and they are providing
24 this. After his surgery when the defect is repaired and his
25 seizures are controlled, he still needs help with medication

Dr. Ambrose - by Defendant - Direct/Haworth Page 1007

1 management, he needs help with -- he can take care of himself,
2 but he needs help with other things like cooking, shopping and
3 community efforts.
4 THE COURT: What was the last thing?
5 THE WITNESS: Community activities I should say.
6 BY MR. HAWORTH:
7 Q Doctor, based upon your education, your training, your
8 examination of Mr. Perez, do you have an opinion as to whether
9 the injury he suffered will affect his life expectancy?
10 A Yes.
11 Q What is your opinion, Doctor?
12 A In the research that's done in patients with similar
13 injuries, we have found that majority of patients have a
14 shorter lifespan, which ranges, depending on the study, from
15 between six years to nine years.
16 Q Now, you mentioned studies. Can you tell the ladies
17 and gentleman of the jury what studies you reviewed in
18 connection with your opinion?
19 A Okay. So the model systems is a group --
20 MR. MORELLI: Your Honor, I'm going to object.
21 THE COURT: Sustained.
22 MR. MORELLI: Thank you.
23 BY MR. HAWORTH:
24 Q Did you review studies for his life expectancy --
25 MR. MORELLI: Objection, Your Honor. She's

Dr. Ambrose - by Defendant - Direct/Haworth Page 1008

1 already said that.
2 THE COURT: Sustained.
3 BY MR. HAWORTH:
4 Q Doctor, were all of your opinions that you've told us
5 about today to a reasonable degree of medical certainty?
6 A Yes.
7 MR. HAWORTH: Thank you very much. I have
8 nothing further.
9 THE COURT: Ladies and gentlemen, I'm going to
10 give you a break, then we'll come back for
11 cross-examination. Thank you.
12 THE COURT OFFICER: All rise, jury exiting.
13 (Jurors exited the courtroom.)
14 THE COURT: You can take a break, too.
15 THE WITNESS: How long is the break?
16 THE COURT: Five, ten minutes.
17 (Witness exits the witness stand.)
18
19
20
21
22
23
24
25

Ambrose - by Defendant - Cross / Morelli Page 1010

1 A No.
2 Q I am going to be asking you a fair amount of questions.
3 If you don't understand any of my questions, just tell me, okay,
4 and I will try to rephrase them so you do understand so that we
5 know that when you give an answer that the answer is accurate to
6 the best of your ability, okay?
7 A Okay.
8 Q Fair enough?
9 A Yes.
10 Q Now, I seem to have gotten the impression that you
11 don't usually do this? In other words, you don't look at a case
12 for a lawyer or a law firm and then come into court and testify,
13 correct?
14 On questions by Mr. Haworth, that was the sense I
15 got, is that true, that you don't usually do this?
16 A It is not a large part of my practice.
17 Q So am I correct?
18 A Yes.
19 Q Okay.
20 As a matter of fact, I think you said that it was
21 the last five years that you are doing this. Was I right about
22 that?
23 A Yes.
24 Q And that over the last five years you have only done it
25 two times a year at most?

Ambrose - by Defendant - Cross / Morelli Page 1009

1 COURT OFFICER: All rise. Jury entering.
2 (Jury enters courtroom)
3 THE COURT: One more question?
4 MR. HAWORTH: Yes, your Honor.
5 DIRECT EXAMINATION (CONTINUED)
6 BY MR. HAWORTH:
7 Q Dr. Ambrose, with respect to your testimony regarding
8 supervision, for how many hours a day, for how many days a week,
9 and by what type of person does Mr. Perez require supervision?
10 A So he requires supervision -- before his cranioplasty
11 is resolved and surgery is done, he should have 24-hour
12 supervision. It can be anyone. It doesn't have to be anybody
13 who is specially trained, but it should be a responsible adult.
14 A family member is fine.
15 After his surgery he should have at least four
16 hours of supervision daily. This is to help him with medical
17 management. He probably will have to take medicines, so a pill
18 box has to be filled. He needs help with household tasks and
19 anything that requires him to go into the community. So he would
20 need four hours a day for every day of the week.
21 Q Thank you very much. I have nothing else, doctor.
22 THE COURT: Cross.
23 CROSS-EXAMINATION
24 BY MR. MORELLI:
25 Q Dr. Ambrose, you and I don't know each other, right?

Ambrose - by Defendant - Cross / Morelli Page 1011

1 A It is the average.
2 Q It is the average?
3 A Yes.
4 Q Okay. So what is the most per year?
5 A Four.
6 Q And so the least would have to be very low like zero or
7 one, correct?
8 A Yes.
9 Q And mostly you do this for plaintiffs; is that true?
10 A Yes.
11 Q So out of the average of two times a year for five
12 years -- if we were to say that you have reviewed a case and
13 testified, have you done that in all ten cases, testified too?
14 A No.
15 Q Okay.
16 So some of the cases you just review, the case
17 gets resolved, and you are not called to testify?
18 A Yes.
19 Q So let's call it ten cases. Out of the ten cases, how
20 many times would you say you have testified in court?
21 A This is the fourth time.
22 Q The fourth time?
23 A Yes.
24 Q So the other three times that you testified, was it for
25 the plaintiff or for the defendant's side?

Ambrose - by Defendant - Cross / Morelli Page 1012

1 A Plaintiffs.
2 Q All three?
3 A Yes.
4 Q So this is actually your first time testifying for a
5 defense firm in a case?
6 A Yes.
7 Q So let me ask you this:
8 There came a time that you learned about this
9 case, true?
10 A Yes.
11 Q And how did you learn about it? Were you called on the
12 telephone? Did someone come and see you in person? Was it
13 through someone you knew? Do you remember?
14 A Vaguely.
15 THE COURT: Can I just ask you to approach for a
16 second?
17 (Off-the-record discussion held)
18 MR. MORELLI: Can you read the last question back?
19 (Requested portion was read back)
20 Q So tell us to the best of your ability what you
21 remember about how you found out about this case.
22 A I was contacted over the phone and asked if I was
23 interested in giving a medical opinion in a case.
24 Q Okay. And when was that?
25 A Earlier this year. I don't remember exactly which

Ambrose - by Defendant - Cross / Morelli Page 1013

1 month.
2 Q Well, you saw Mark Perez with his brother and one of
3 the lawyers from my office, correct?
4 A Yes.
5 Q And you know when that was, correct?
6 A Yes.
7 Q When was that?
8 A That was August 29 of 2019.
9 Q August 29. And that's August 29 of this year?
10 A Yes.
11 Q Right?
12 A Yes.
13 Q September, October; so not that long ago, correct?
14 A Yes.
15 Q How long before August 29 was it that you were
16 contacted by phone about getting involved in this case? Was it a
17 week, was it a month?
18 A It was a few months.
19 Q A few months.
20 So what would you say it was? What is your best
21 recollection of when it was?
22 A Sometime in the summer.
23 Q In the summer?
24 A Yes.
25 Q So was it July?

Ambrose - by Defendant - Cross / Morelli Page 1014

1 A I can't say.
2 Q But it wasn't all the way back in May, right? It was
3 June or July?
4 A To the best of my recollection, yes.
5 Q It wasn't August?
6 A No.
7 Q Okay.
8 So, now, when you got this phone call who called
9 you?
10 A To the best of my recollection, it was Mr. Barber.
11 Q Mr. Barber?
12 A Yes.
13 Q Okay.
14 And that was from Mr. Haworth's law firm?
15 A Yes.
16 Q And did he get you the very first time he called you?
17 A I don't recall.
18 Q Well, did he leave you a message? It was only this
19 past summer, so I am going to ask you to test your memory and
20 tell us did he get you on the telephone the first time he called
21 you?
22 MR. HAWORTH: Objection, your Honor.
23 Argumentative.
24 THE COURT: Overruled on that ground.
25 Q Did he get you the first time he called you? That's my

Ambrose - by Defendant - Cross / Morelli Page 1015

1 question. And I am not arguing with you, okay?
2 A Uh-huh.
3 Q I am just trying to get answers.
4 A I believe so.
5 Q So where did he call you? Did he call you at your
6 office? Did he call you on your cell phone? Did he call you at
7 home?
8 A I don't remember. He didn't call me at home. It is
9 most likely my cell phone.
10 Q And how would Mr. Barber have gotten your cell phone
11 number?
12 MR. HAWORTH: Objection.
13 THE COURT: I am going to give a little latitude,
14 but relevance is prominent in my mind.
15 Q You can answer.
16 A I don't know.
17 Q Well, was Mr. Barber recommended to you by someone you
18 knew or did he just call you out of the blue?
19 MR. HAWORTH: Objection, your Honor.
20 THE COURT: Again, a little latitude.
21 A I don't advertise anywhere, so I imagine somebody
22 recommended me.
23 Q But you don't know?
24 A I don't know.
25 Q Mr. Barber didn't tell you? He called you on your cell

Ambrose - by Defendant - Cross / Morelli Page 1016

1 phone. Did you ask him, How did you get my number?
2 A If I think back, it is most likely one of my colleagues
3 who also does legal work who often sends attorneys my way. That
4 could be it.
5 Q Who is it that who sends attorneys your way?
6 A Dr. Carfi.
7 Q Okay.
8 So now you are on the phone with Mr. Barber. How
9 long did that phone call last?
10 A Probably about ten minutes.
11 Q And what did he tell you about the case? Did he just
12 say, Hey, would you like to get involved in a case for the
13 defense? Did he tell you that? Did he tell you it was for the
14 defense?
15 A He told me that he would like a medical opinion from
16 me.
17 Q Okay.
18 Did you know who he was when he was asking you for
19 this medical opinion? Did you know he was a lawyer?
20 A Yes.
21 Q And did you inquire as to whether or not he was working
22 for the defense or for the plaintiff, which is what you usually
23 do?
24 A I didn't ask that.
25 Q You didn't ask that, okay.

Ambrose - by Defendant - Cross / Morelli Page 1017

1 So after this ten-minute phone call or during the
2 time of the phone call, did you agree to take this case on?
3 A No.
4 Q When did you agree?
5 A They sent me some documents to review. Then I met with
6 them, Mr. Haworth and Mr. Barber.
7 Q When was that?
8 A Shortly after, in the summer sometime.
9 Q Okay. How long was the meeting?
10 A We spoke for about a little over an hour.
11 Q Did they show you medical records at that time?
12 A Just the documents that I initially got.
13 Q What documents did you initially get?
14 A I got the CT scan, then I had the medical report of
15 Dr. Greenwald's exam, Dr. Gordon's exam, and Barry Jordan's exam.
16 Q Now, at that time when you got all of those, was it at
17 the time you were meeting in person or had they sent it to you
18 after the first ten-minute phone call?
19 A They sent it to me.
20 Q And you knew from reading the medical reports which
21 doctor was on what side, plaintiff or defense, that was pretty
22 obvious, right?
23 A Yes. I could guess that.
24 Q You could guess?
25 A (Nod)

Ambrose - by Defendant - Cross / Morelli Page 1018

1 Q And during the time of the phone call with Mr. Barber
2 or the meeting with Mr. Barber and Mr. Haworth, were you told
3 that this case had nothing to do with liability, that the
4 liability in this case was already --
5 MR. HAWORTH: Objection.
6 THE COURT: Sustained.
7 Q Were you told that this case was --
8 MR. MORELLI: (To Mr. Haworth) Are you going to
9 stand all the time that I am talking?
10 MR. HAWORTH: Your Honor, sidebar?
11 THE COURT: Sure.
12 (Off-the-record discussion held)
13 Q So let me ask you this:
14 Were you told either on the telephone or in person
15 that this case did not involve liability; in other words, who was
16 at fault?
17 MR. HAWORTH: Objection.
18 THE COURT: As I said, I am giving him a little
19 bit of latitude. Overruled.
20 Q I am going to ask you one more time.
21 Were you told by any of the lawyers that this case
22 was not involving any liability, that that had already been
23 decided by the Court, and all that was going to be decided in
24 this case was the extent of the damages that the jury was going
25 to award to the plaintiff? Were you told that?

Ambrose - by Defendant - Cross / Morelli Page 1019

1 A No.
2 Q So, now, when you came into court to testify today,
3 what did you think your purpose was, by the way? What was your
4 purpose?
5 A To describe my findings of the patient's examination
6 and my opinion based on my findings and review of the charts.
7 Q Now, you know, doctor, do you not -- and you have done
8 this before ten times, like you said, and is your fourth time
9 testifying -- you know that the reason that you get retained and
10 paid in a case is to effect the outcome for the person or the law
11 firm who is retaining you; is that right?
12 MR. HAWORTH: Objection.
13 THE COURT: Sustained.
14 Q You know, do you not, doctor, that what you testify to,
15 the law firm who retains you, they have a purpose for it; don't
16 you think?
17 MR. HAWORTH: Objection, your Honor.
18 THE COURT: Sustained.
19 Q Did you know that the purpose that you were called in
20 to testify in this case was to effect the outcome to lower the
21 damages in this case? Did you know that?
22 MR. HAWORTH: Objection.
23 THE COURT: Sustained. Mr. Morelli, please move
24 on to something else.
25 Q By the way, doctor, you could refer to your report any

Ambrose - by Defendant - Cross / Morelli Page 1020

1 time you want, okay?
2 A Okay.
3 Q Now, would you agree with me that in especially what
4 you do for a profession, attention to detail is of the utmost
5 importance?
6 A Yes.
7 THE COURT: Excuse me, but you have to keep your
8 voice up. I think everybody heard you that time, but it is
9 getting low. Okay?
10 MR. MORELLI: Are you talking to me, your Honor?
11 THE COURT: No. I will give you the opposite
12 advice, Mr. Morelli. I was speaking to the witness.
13 MR. MORELLI: Oh, because I don't think you want
14 to hear me more than you hear me already.
15 Q So, doctor, you said yes; is that correct?
16 A Yes.
17 Q And are you naturally a detail-oriented person?
18 A Yes.
19 Q Now, I am going to ask you to refer to your report,
20 okay? I am going to refer to the very first page of your report.
21 Could you tell us what is the date of your report?
22 A August 29.
23 Q No, of the report.
24 A I think I have an older copy.
25 MR. HAWORTH: Your Honor, approach?

Ambrose - by Defendant - Cross / Morelli Page 1021

1 THE COURT: Is there something you want to give
2 her?
3 MR. HAWORTH: Yes.
4 MR. MORELLI: Okay. Thank you. I am referring to
5 the latest one.
6 MR. HAWORTH: (Handing)
7 Q What is date of the report?
8 A October 18.
9 Q Of this year?
10 A Yes.
11 Q Now, it states here in the very first paragraph some of
12 the things that you have told us already on direct examination.
13 You saw Mark Perez on August 29 of this year,
14 correct?
15 A Yes.
16 Q For the purposes of performing an independent medical
17 examination, okay?
18 A Yes.
19 Q Correct?
20 A Yes.
21 Q Now, am I correct, doctor, that you -- I mean, I don't
22 want to be too obvious, but you weren't treating this patient and
23 you actually told him that, right, that it wasn't for care and
24 treatment?
25 A Yes.

Ambrose - by Defendant - Cross / Morelli Page 1022

1 Q Right. And you call it an "independent medical exam."
2 Now, this is my question to you: You agree
3 because you already testified to Mr. Haworth that the law firm
4 paid you, okay, to do this?
5 A Yes.
6 Q Right. I don't care what they paid you because it is
7 not relevant to me. But would you agree with me that normally
8 when someone pays someone to do something, the person who is
9 getting paid isn't --
10 MR. HAWORTH: Sidebar, your Honor?
11 THE COURT: Sure.
12 (Off-the-record discussion held)
13 Q So, doctor, would you agree -- and you can disagree --
14 that if someone pays someone to do something, the person who is
15 getting paid isn't necessarily considered somebody independent?
16 Would you agree with that?
17 A No.
18 Q You don't agree with that?
19 A (Head shake)
20 Q So, in other words, I pay all of these lawyers, and you
21 would expect that they are independent with reference to me?
22 MR. HAWORTH: Objection.
23 THE COURT: Sustained.
24 Q Now, you said -- if you would read the second sentence,
25 I am going to read it with you: "He was accompanied by his

Ambrose - by Defendant - Cross / Morelli Page 1023

1 attorney, Perry Farlich, and his brother, Justin Perez."
2 Did I read that right?
3 A Yes.
4 Q And you stated: "I verified all their identities."
5 Did you do that?
6 A Yes.
7 Q You remember doing that, right?
8 A Yes.
9 Q "Using their New York State driver's licenses."
10 Do you remember that?
11 A Yes.
12 Q Okay.
13 Now, what I am asking you is whether or not when
14 you wrote down the names of Justin Perez and Perry Farlich, did
15 you take it right from their driver licenses? Did you look at
16 the licenses and write down the names? Is that how you did it?
17 I mean, you got the names from somewhere?
18 A I got the names from what they told me, and then I
19 verified using the licenses.
20 Q So when you verified it you looked exactly at the
21 driver licenses, right?
22 A Yes.
23 Q You did that?
24 A Yes.
25 Q And then when you looked at the driver licenses you

Ambrose - by Defendant - Cross / Morelli Page 1024

1 wrote down the names, correct?
2 A I believe so.
3 Q Well, do you know? It was only in August. You wrote
4 it here in this report in October. In October you wrote: "He
5 was accompanied by his attorney, Perry Farlich, and brother,
6 Justin Perez. I verified all their identities using their New
7 York State drivers' licenses."
8 You wrote that. Nobody said that you had to write
9 that in your report, did they?
10 A No.
11 Q So you decided to write that, and you did it for a
12 reason. And the reason that you did that is to show how detailed
13 you are and how careful you are with reference to who is at the
14 examination and what their names were, correct?
15 MR. HAWORTH: Objection.
16 THE COURT: Sustained.
17 MR. MORELLI: I don't understand.
18 THE COURT: Sustained. Next question.
19 MR. MORELLI: I am going to mark this for
20 identification.
21 MR. HAWORTH: May I see it, please?
22 MR. MORELLI: After I mark it.
23 (Exhibit marked for identification
24 as Plaintiff's Exhibit 41.)
25

Ambrose - by Defendant - Cross / Morelli Page 1025

1 (Plaintiff's Exhibit 41 for identification
2 shown to Mr. Haworth.)
3 MR. HAWORTH: Your Honor, can we approach?
4 THE COURT: Of course.
5 (Off-the-record discussion held).
6 MR. MORELLI: My I, your Honor?
7 THE COURT: Yes.
8 Q Doctor, I am going to show you Plaintiff's Exhibit 41
9 for identification. I am going to ask you to look at that.
10 Does that coincide with the lawyer's name being
11 Perry Farlich and showing you a New York State driver's license;
12 yes or no?
13 A Can you repeat the question?
14 Q Sure.
15 Exhibit 41 for identification, does that coincide
16 with what you wrote here in your report that it was a Mr. Perry
17 Farlich, F-A-R-L-I-C-H, and that he showed you a New York State
18 driver's license? Is that a New York State driver's license?
19 A No. It is a Connecticut driver's license.
20 Q What is the last name there? Is it Farlich?
21 A F-A-L-L-I-C-K.
22 Q So that's different from what you wrote in your report,
23 correct?
24 A Yes.
25 Q And so that particular day you weren't that accurate,

Ambrose - by Defendant - Cross / Morelli Page 1026

1 were you, in terms of who was there from my office, his name, and
2 whether or not he gave you a New York State driver's license
3 when, in fact, he gave you a Connecticut driver's license;
4 correct?
5 A Correct.
6 Q Now, in the next line you say: "I confirmed with
7 Mr. Perez that he understood the nature of this exam."
8 You did that, right?
9 A Yes.
10 Q And you said that you told him that there was no
11 doctor-patient relationship, and you said: "I would not render
12 any opinions of medical advice to him directly."
13 You told him that, correct?
14 A Yes.
15 Q And the reason that you told him that, doctor -- and if
16 I am wrong please correct me and tell me that I am wrong, okay?
17 The reason that you did that is for ethical reasons, isn't that
18 true?
19 A Yes.
20 (Continued on next page)
21
22
23
24
25

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1027

1 CROSS-EXAMINATION
2 Q I mean, you're telling him, listen, I'm not your
3 treating, Doctor, right? I'm going to be examining you, but I
4 want you to understand in what context, right, I'm examining
5 you? There's no doctor-patient relationship. I'm not going to
6 give you opinions. As a matter of fact, you said:
7 "My findings would be provided to the requesting legal
8 team and thens to other members of the case."
9 You told him that?
10 A Yes.
11 Q Okay. And he understood because you said he
12 understood, correct?
13 A Yes.
14 Q Okay. Now, Doctor, you believe that you did the right
15 thing here, right? If a doctor who is examining for a legal
16 case, right, not you, okay, somebody else, and didn't say this
17 to the patient, the plaintiff, okay, but actually said I'm
18 going to -- I'm going to treat you and talk to you like you're
19 my patient, would that be appropriate?
20 A I don't think so.
21 Q Right. And said as a matter of fact, I would like you
22 to be my patient, would that be appropriate?
23 A Not in this circumstance.
24 Q No. And if that doctor also said I think you're going
25 to need surgery in the future, I'd like to do that surgery,

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1028

1 would that be appropriate?
2 A No.
3 Q No. So there's a doctor who examined Mr. Perez in
4 this case, and Mr. Perez has already testified in this case and
5 he said that that's what that doctor told him. That's not
6 appropriate, is it?
7 MR. HAWORTH: Objection.
8 THE COURT: Sustained.
9 BY MR. MORELLI:
10 Q Okay. Now, Doctor, there was a couple of things that
11 I need to know. In your report at the end of paragraph -- of
12 this first paragraph you say -- you say: "My report consists
13 of A --" you see it?
14 A Yes.
15 Q -- "history, B, my findings on physical and mental
16 exams," correct?
17 A Yes.
18 Q Okay. And then "C, my conclusions and
19 recommendations," correct?
20 A Yes.
21 Q But at the end of the report -- and I'm just trying to
22 understand what it is, I'm not saying it's wrong, I'm only
23 trying to understand, okay -- it says: "My conclusions and
24 recommendations," but you don't use that terminology at the
25 end, so which part of your report are actually the conclusions

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1029

1 and recommendations because you don't use the word conclusion
2 anywhere, so tell me what the conclusion -- where does the
3 conclusion start and where does it end?
4 A It starts with "Assessment of current --" conclusion
5 starts at "Assessment of current health status."
6 Q Okay. So if I wrote down conclusions on there, that's
7 where it would start?
8 MR. HAWORTH: Objection.
9 THE COURT: Sustained.
10 BY MR. MORELLI:
11 Q So that's your conclusion, that's where it starts?
12 MR. HAWORTH: Objection.
13 BY MR. MORELLI:
14 Q Tell me where it ends. Don't look to him.
15 THE COURT: I'll allow it.
16 BY MR. MORELLI:
17 Q Tell me where it ends.
18 A The medical management plan is the recommendations.
19 Q Okay. So the conclusions go until medical management
20 plan?
21 A Yes.
22 Q Up to there.
23 A Yes.
24 Q Okay. And what would we call the medical management
25 Plan; isn't that also a conclusion or no?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1030

1 A That's my recommendation.
2 Q Recommendations, okay.
3 Now, so you did reach a number of conclusions, did you
4 not --
5 A Yes.
6 Q -- in this case?
7 So, Doctor, by the way, were you -- prior to
8 testifying were you given a copy of the neurosurgeon's report,
9 Dr. Theodore Schwartz from Weill Cornell?
10 A I believe so.
11 Q You saw that?
12 A Yes.
13 Q Okay. Maybe I should ask you because I didn't hear
14 you tell us about this. What are all of the items that you
15 reviewed before you testified here? You know, if it's medical
16 records, what medical records, if it's scans, what scans, if
17 it's doctors' reports from the case, can you tell us that?
18 A There was a huge number of reports that I reviewed,
19 but I can't list them out one by one.
20 Q Did you bring a file with you today?
21 A I wasn't asked to.
22 Q Nobody asked you to bring your file so that you could
23 show us all of the things you reviewed?
24 A No.
25 Q Okay. But you've testified before. Did you bring

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1031

1 your file the other three times you testified?
2 A No.
3 Q No? No lawyer asked you to do that?
4 A No.
5 Q Okay. So I guess we'll have to go by your
6 recollection.
7 What do you remember reviewing in this case before you
8 gave this jury all of these conclusions that you gave? So
9 let's hear. What did you review?
10 A So I reviewed the medical -- the initial
11 hospitalization.
12 Q What hospital was that, do you know?
13 (Brief pause in the record.)
14 Q You know or you don't know?
15 A I don't remember.
16 Q Okay. Well, does it matter what hospital it is
17 generally to you?
18 A Yes.
19 Q Okay. But in this case you don't know.
20 What else did you review?
21 A I reviewed his -- he was discharged from there to a
22 rehabilitation hospital, Southside Hospital. I reviewed their
23 notes.
24 Q You reviewed that record, Southside?
25 A Southside.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1032

1 Q Okay.

2 A And then he was discharged. He went to -- he went

3 home and he was seen by a number of physicians, including the

4 neurosurgeon Dr. Insinga. So I reviewed his notes.

5 Q Okay.

6 A And then he was readmitted for the cranioplasty. He

7 had a hospitalization and then I reviewed those notes.

8 Q Right.

9 A And then the follow-up by Dr. Insinga over the next

10 two to three years. He was seen by a number of Dr. Rosanna

11 Sabini from Southside also saw him for a short period.

12 Q And that was all part of the Southside records.

13 MR. HAWORTH: Your Honor, can she finish her

14 answers, please?

15 THE COURT: Overruled.

16 BY MR. MORELLI:

17 Q I'm asking to clarify. I don't want to cut you off,

18 okay, but I just want to know, when you were reviewing those

19 doctors, was that all part of Southside Hospital, if you know?

20 A Some of it was in the inpatient and some of it she saw

21 him afterwards.

22 Q Okay. Sorry. Go ahead,

23 A He was seen by several different neurologists; a

24 Dr. Bruno, a Dr. Xian. There was a doctor from Winter's

25 Neurology. I don't remember his name. I looked at all of

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1033

1 their records.

2 Q Dr. Ambrose, I'm not trying to test your memory on

3 every single doctor, I'm just not. I'm just trying to

4 understand what records you reviewed and reports, okay, really,

5 you don't have to name every single doctor.

6 A Okay.

7 Q You said the first hospital where the surgery was

8 done, Southside, then the rehab and then all the other doctors.

9 Did you review all of those records?

10 A Yes.

11 Q Okay. And what other records did you review, other

12 than the hospitals and all of the doctors that came with it?

13 A I don't understand the question.

14 Q I'm sorry. What I'm saying is there were certain

15 reports that you reviewed because I think you said you reviewed

16 Dr. Greenwald's report, okay?

17 A Yes.

18 Q So what other reports, other Dr. Greenwald's report,

19 did you review?

20 A Dr. Barry Jordan, Dr. Lipton, Dr. Judy Huang.

21 Q That was from Hopkins?

22 A That was from Hopkins.

23 Dr. Doyle, a neurosurgeon, Dr. Schwartz.

24 Q So you saw the report of Dr. Theodore Schwartz, the

25 neurosurgeon?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1034

1 A Yes.

2 Q Okay. Is that what you remember?

3 A I saw his transcript from college.

4 Q Okay. Was that important for you to see?

5 A Yes.

6 Q Okay. How did it affect your opinion -- his

7 transcript from college, how did that affect this opinion? Did

8 you use that to decide --

9 MR. HAWORTH: Objection.

10 THE COURT: Sustained. Compound, form.

11 BY MR. MORELLI:

12 Q How did it affect your opinion -- his college

13 transcript, how did it affect your opinion? Simple form.

14 A It shows premorbid functioning.

15 Q It shows premorbid --

16 A Functioning.

17 Q In other words, before he was injured?

18 A Before he was injured.

19 Q Okay. Now, you reviewed the films that Dr. Lipton

20 took?

21 A I reviewed the reports.

22 Q Just the reports?

23 A Yes.

24 Q Okay. Now, you know Dr. Lipton?

25 A I know of him.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1035

1 Q You never met him?

2 A I've met him.

3 Q He works at Montefiore in the Bronx where you work.

4 A I've met him.

5 Q So you've met him?

6 A I've met him.

7 Q Right. He's not your close friend, but you know him?

8 A Yes.

9 Q If you saw him in the hall would you say hello?

10 A Yes.

11 Q And you also know Dr. Greenwald. We learned that

12 earlier, right?

13 A Yes.

14 Q Now, Dr. Greenwald, you stated you worked with him; is

15 that correct?

16 A Yes.

17 Q Actually, you worked for him, he was the boss; is that

18 true?

19 A We were both hired by Dr. Flanagan.

20 Q Okay. Dr. Flanagan hired both of you. Who was

21 senior, you or Dr. Greenwald?

22 A We were on equal terms.

23 Q Right from the beginning?

24 A Yes.

25 Q Okay.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1036

1 THE COURT: I'm just going to ask the witness,
2 please keep your voice up, I'm having a hard time hearing.
3 THE WITNESS: Okay.
4 MR. MORELLI: Me too.
5 BY MR. MORELLI:
6 Q Okay. So now, I think you mentioned earlier that Mark
7 Perez should see a brain injury doctor going forward; is that
8 true?
9 A Yes.
10 Q And you said, you know, basically he should see
11 somebody like Brian Greenwald or you, true?
12 A We are the two brain injury doctors who have seen him,
13 so an example, yes, examples.
14 Q No, no, no, but I'm not saying that it should be you
15 personally, I'm just saying that you're saying that the two
16 people who you think are qualified and competent to see him,
17 for example, would be Dr. Greenwald or you, correct?
18 A Yes.
19 Q That's what you meant?
20 A Yes.
21 Q Right. So when you were reviewing Dr. Greenwald's
22 report did you give a lot of credence to what he said?
23 A Yes.
24 Q He's a good doctor; isn't he?
25 A He's good.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1037

1 Q Yes. And actually, you know him better than you know
2 Dr. Lipton; isn't that true?
3 A Yes.
4 Q I mean, you consider yourself friendly with
5 Dr. Greenwald, do you not?
6 A Yes.
7 Q So now, if we would, I think there was a question, and
8 there's been questions in this case, about this term
9 subjective. So I'd like to talk to you about this term
10 subjective; fair enough?
11 A Yes.
12 Q We have testimony in this case already because we have
13 already heard from six medical doctors before you in this case
14 and what they've testified to is now evidence in the case,
15 okay? And if Dr. Theodore Schwartz, the neurosurgeon, came in
16 and testified that he, in his profession, can diagnose somebody
17 with epilepsy by subjective complaints because that's an
18 accurate way to do it, would you disagree with him?
19 A I'm not a neurosurgeon, so I cannot speak to that.
20 Q Okay. Well, do you put credence in subjective
21 complaints or do you dismiss them?
22 A I do.
23 MR. HAWORTH: Objection, Your Honor, to the
24 theatrics.
25 THE COURT: Sustained. Question, please. Can

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1038

1 you answer the question, please?
2 A Can you repeat the question?
3 Q Well, you answered it.
4 THE COURT: Did she? I didn't hear it.
5 MR. MORELLI: Can we have it read back?
6 (The record is read by the reporter.)
7 MR. HAWORTH: Thank you.
8 BY MR. MORELLI:
9 Q Okay. So actually, Doctor, it is true, is it not,
10 that subjective complaints are very, very important for doctors
11 in all fields who are treating patients to formulate a
12 diagnosis; is that a true statement?
13 A Yes.
14 Q Yes. And actually, they are equally important to
15 formulate a prognosis; isn't that true?
16 A When taken in consideration with everything else.
17 Q Yeah, the whole picture. And one of the pictures is
18 the subjective complaints, they're very important, true?
19 A Yes.
20 Q Yes. And actually, you not only formulated
21 conclusions in this case and conclusions would be a diagnosis?
22 A Not necessarily.
23 Q Not necessarily? Well, what was it in this case when
24 you called it conclusions, what category would we put that in,
25 diagnosis?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1039

1 A No.
2 Q No?
3 A No.
4 Q You didn't reach a diagnosis in this case? Did you
5 find that -- did you find that Mark Perez had a mild traumatic
6 brain injury, did you find that?
7 A No.
8 Q Did you find that Mark Perez had a moderate traumatic
9 brain injury?
10 A No.
11 Q Did you find that Mark Perez had a severe traumatic
12 brain injury?
13 A Yes.
14 Q Yes. Now, you didn't -- did you -- I don't want to
15 say you did, I don't know. Did you review the CAT scans of
16 Mark Perez that were taken June 26, 2013, June 27, 2013 and
17 thereafter?
18 A I reviewed the reports.
19 Q But you didn't look at the scans themselves?
20 A No.
21 Q Okay. Would it be helpful to you in making a
22 determination about this young man and his future to have seen
23 the CAT scans? You're a brain injury doctor, would you like to
24 look at the scans of his brain, yes or no?
25 A The report is what I used to determine the treatment.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1040

1 Q No, I understand that that's it what you did. What
2 I'm asking you now is a different question. I'm asking you
3 whether or not it would be helpful for you to see the CAT scans
4 and MRI's of this young man to see the extent of the injury to
5 his brain before you make a determination that he's a
6 malingerer?
7 MR. HAWORTH: Objection.
8 BY MR. MORELLI:
9 Q Yes or no?
10 THE COURT: Overruled.
11 BY MR. MORELLI:
12 Q Yes or no? If it's no, it's no.
13 A No.
14 Q No. So you don't need that?
15 MR. HAWORTH: Objection.
16 THE COURT: Overruled.
17 BY MR. MORELLI:
18 Q Yes or no? You don't need it?
19 A I used the reports provided by the radiologist.
20 Q Doctor, the judge gave you instructions at the
21 beginning. He said if you can't answer yes or no, you have to
22 say so.
23 A Okay, I can't answer.
24 Q So I'm asking you yes or no?
25 A I can't answer that.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1041

1 Q You can't answer?
2 A No.
3 Q Okay. Now on page two of your report and I'd ask you
4 to turn to it so that we're on the same page, so to speak.
5 Under current issues, the current issue section is what Mark
6 Perez told you; is that correct?
7 A Yes.
8 Q Because the only way to find out what the problems are
9 that he's having, these sequelae, if you will, of the injuries
10 that he sustained, would be to ask him what his problems are,
11 correct?
12 A Yes.
13 Q Subjective complaints?
14 A Yes.
15 Q Those important things, correct?
16 A Yes.
17 Q So what did he tell you? Just give me the categories
18 without explaining anything, we'll go into that after. What
19 did he tell you?
20 A So he told me about headaches.
21 Q Okay. What else?
22 A Pain in the right eye.
23 Q Right.
24 A That he had some memory problems.
25 Q Right.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1042

1 A In addition, I asked him if he had problems in other
2 categories as well.
3 Q Okay.
4 A So he said he had problems with mood.
5 Q With mood?
6 A Yes.
7 Q Okay.
8 A That he was getting seizures.
9 Q Right.
10 A That he had weakness, numbness. He had difficulty
11 with communication, that he occasionally had sensation of
12 choking.
13 Q Right.
14 A These were all direct, I asked the questions, do you
15 have this?
16 Q Sure, I understand.
17 A Right. Fatigue.
18 Q Right.
19 A And then with self care he said he could do most
20 things himself, except that he needed help with some things
21 around the house.
22 Q What things did he say he needed help with because you
23 wrote it?
24 A Yes, he said he couldn't cook, do any shopping.
25 Q Right. Cleaning and laundry, right?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1043

1 A Yes, he said he helped with that.
2 Q He said he helps with that, so he could participate?
3 A Yes.
4 Q Okay. Now, in those items and it's A, B, C, D, E, F,
5 G, H, I, J, K, all of those items that you listed there of the
6 subjective complaints, you don't doubt any of that, do you?
7 A That's what he told me.
8 Q I didn't ask that. I'm going to ask you again. I
9 know that he told you that because it says current issues and
10 you said subjective complaints he told you, right? I'm asking
11 you now directly, do you doubt any of that, yes or no, do you
12 doubt any of it?
13 A Yes.
14 Q Okay. Okay. Do you doubt that he has headaches?
15 A No.
16 Q Okay. Do you doubt that he has pain in his right eye?
17 A No.
18 Q Do you doubt that he has cognitive complaints?
19 A So can I elaborate?
20 Q Do you doubt that he has cognitive complaints?
21 A No.
22 Q Okay. Under cognitive complaints he has a problem
23 with his memory, do you doubt that?
24 A No.
25 Q He reports difficulty with concentration or trying to

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1044

1 plan, do you doubt that?
2 A No.
3 Q He can use the computer, but often forgets passwords
4 and needs help with navigating the internet, do you doubt that?
5 A No.
6 Q And actually, all of those things, Doctor, are
7 consistent with a traumatic brain injury at the level that you
8 said he was, severe, correct?
9 A Correct.
10 Q Now, let's get down to mood. "He feels depressed and
11 cries occasionally," do you doubt that?
12 A No.
13 Q "He's worried about the future," do you doubt that?
14 A No.
15 Q "He gets seizures, mini seizures and full seizures,
16 three to four a year of the full seizures. During these
17 episodes he freezes and falls to the ground unless he is caught
18 and does not respond at all," do you doubt that?
19 (Brief pause in the record.)
20 Q Do you doubt that he has seizures, yes or no? If you
21 do, you do. Do you doubt it?
22 A I'm not sure.
23 Q You're not sure if he has seizures?
24 A We have not seen any concrete evidence of it.
25 Q That's not what I'm asking you, okay? So let's try

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1045

1 again.
2 These are subjective complaints. Now, if someone
3 gives you a subjective complaint, you could either believe
4 them, right, or not believe? And I don't care, which it is. I
5 want to know what it is, okay?
6 So now he says that he has seizures and he told you
7 how many he has and what happens to him. Do you doubt that he
8 is telling you the truth about that, yes or no, do you doubt
9 it?
10 A I have concerns.
11 Q Is that a yes? Do you doubt that he has seizures; is
12 that a yes?
13 MR. HAWORTH: Objection.
14 THE COURT: Let me reinstruct the witness. If
15 you're asked a yes or no question, the answer is either
16 yes, no or you can't answer with a yes or a no. Whatever
17 it is, just let Mr. Morelli know.
18 THE WITNESS: Okay.
19 A I can't answer with a yes or no.
20 Q Now, you read Dr. Schwartz's report, did you?
21 A Yes.
22 Q Does he say he has seizures?
23 A Yes.
24 Q Did you read Dr. Werner Doyle's report?
25 A Yes.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1046

1 Q Does he say he has seizures?
2 A He says most probably.
3 Q What?
4 A He says most probably.
5 Q You reviewed all of these medical records that you
6 told me from the first hospital that you don't remember the
7 name of, Southside Hospital, but none of the scans. Are you
8 aware that there was a test done, a 24-hour test, in 2014 that
9 showed he had epilepsy or you missed that? Did you miss that?
10 MR. HAWORTH: Objection.
11 THE COURT: Sustained. Form.
12 BY MR. MORELLI:
13 Q Did you review that report of that scan, CAT scan, in
14 2014, yes or no?
15 A Yes.
16 Q Yes. And it actually showed that he had a seizure; is
17 that correct or not correct?
18 MR. HAWORTH: Objection.
19 BY MR. MORELLI:
20 Q Yes or no?
21 THE COURT: Overruled.
22 BY MR. MORELLI:
23 Q Correct, not correct?
24 THE COURT: Can you answer it?
25 A No, it's not correct.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1047

1 Q It's not correct?
2 A CAT scans cannot show seizures.
3 Q Does the CAT scan show that he has epilepsy, yes or
4 no? I'm talking about the EEG, sorry.
5 A EEG, okay.
6 Q Yes, my error.
7 A Okay.
8 Q EEG. Now we're on the same page?
9 A Right.
10 Q Don't tell my wife I made that mistake.
11 MR. HAWORTH: Objection, Your Honor.
12 THE COURT: Sustained. We need to find a spot to
13 break, Mr. Morelli, sometime soon.
14 MR. MORELLI: I'm sorry?
15 THE COURT: We need to find a spot to break
16 sometime soon.
17 MR. MORELLI: We can do it now, right after this
18 question.
19 THE COURT: But I sustained the objection, so
20 this question.
21 BY MR. MORELLI:
22 Q The EEG that you reviewed in 2014, did it show that he
23 had a seizure? Did it show epilepsy?
24 A Yes.
25 Q Okay. We'll pick it up after.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1048

1 THE COURT: Okay. Thank you, ladies and
2 gentleman, please report back downstairs around 2:00.
3 We're going to try again for a 2:15 start, okay?
4 Thank you.
5 THE COURT OFFICER: All rise, jury exiting.
6 (Jurors exited the courtroom.)
7 (Witness exits the witness stand.)
8 THE COURT: Is there anything for the record,
9 gentlemen?
10 MR. SIROTKIN: I don't think so.
11 MR. MORELLI: No.
12 MR. O'HARA: Nothing.
13 MR. SIROTKIN: We'll mark these as 42 and 43 for
14 ID.
15 (WHEREUPON, documents was marked Plaintiff's
16 Exhibits 42 and 43 for identification.)
17 (WHEREUPON, there is a luncheon recess taken and
18 the case adjourned to 2:15 p.m.)
19
20
21
22
23
24
25

Proceedings Page 1049

1 (Jury not present)
2 MR. HAWORTH: At the beginning of the case, Judge,
3 your Honor provided us with rules regarding how this trial
4 will be conducted. The defense has gone out of its way to
5 comply with all those rules. Mr. Morelli at one point said
6 on the record he was not going to abide by those rules, and,
7 indeed, he hasn't abided by those rules.
8 So far we have regularly had grumbling at counsel
9 table during defense questioning, commenting when there are
10 objections within the hearing of the jury, and all sorts of
11 conduct that is completely contrary to the rules. And I
12 know that I have and Mr. O'Hara has repeatedly asked the
13 Court to enforce those rules with respect to Mr. Morelli.
14 Well, here we are today during the
15 cross-examination of an expert witness, and what do we get?
16 Well, there is good conduct, there is bad conduct, and then
17 there is what we've got today. Today we have been treated
18 to pointing, approaching without asking permission, yelling
19 at the witness. It is conduct that is outrageous. He is
20 menacing the witness. He is intimidating the witness. He
21 is violating the rules of decorum that in 42 years of
22 practicing law he has to know is applied in every courtroom
23 everywhere, not just this one.
24 I would ask the Court to admonish Mr. Morelli to
25 behave within the usual typical rules of decorum and abide

Proceedings Page 1050

1 by your Honor's rules because what has been going on here
2 during this cross-examination is really, I have to say,
3 unacceptable.
4 MR. MORELLI: I have nothing to say. Whatever
5 ruling you make, you make. I have nothing to say.
6 THE COURT: I agree to the extent that the
7 gratuitous comments need to stop, Mr. Morelli.
8 MR. MORELLI: Okay.
9 THE COURT: Other than that, I would agree that
10 Mr. Morelli's cross-examination of this witness is very
11 aggressive. I do not believe that he is exceeding the
12 bounds of advocacy, however. He has to have the ability to
13 try his case as he sees fit. You make the objections and I
14 make the rulings. It is as simple as that.
15 I don't see Mr. Morelli as violating any decorum
16 that is obvious to me throughout this process; but, by all
17 means, if you see it, raise an objection and I will deal
18 with it when it happens.
19 Yes, he is aggressive. Is he menacing the
20 witness? No. Is he intimidating the witness? Probably.
21 MR. HAWORTH: That's the thing, Judge.
22 THE COURT: He is asking some very difficult
23 pointed questions. He is doing what I would expect a
24 skilled attorney to be doing, which is keeping tight control
25 over the witness in how the questions are being asked of the

Proceedings Page 1051

1 witness and insisting the witness answer those questions.
2 Now, the witness has the options -- and I have
3 told her a few times -- that she can answer a yes or no
4 question with "yes," she can answer it with "no," she can
5 answer it with "I can't answer it yes or no." But when she
6 vacillates and doesn't give the answer and is evasive with
7 the answers, it is inviting Mr. Morelli to follow up and to
8 be as aggressive as he is being, but I don't see it as being
9 outside the bounds of advocacy. Sorry.
10 MR. HAWORTH: Your Honor, I don't have an issue
11 with controlling the witness, having the witness answer the
12 question that was asked. Where I take issue, respectfully,
13 with your Honor, is your Honor even said that he is
14 intimidating. You are not supposed to get testimony based
15 on intimidation. That's what is going on here with, again,
16 the finger pointing, the yelling.
17 Also, you are supposed to ask before you approach
18 the witness, no?
19 THE COURT: Okay. So maybe that's my doing
20 because I told you both that it is not necessary in the
21 beginning of the case to ask to approach a witness. I told
22 you both that. It is not something that I find to be
23 absolutely necessary. It is a formalistic rule that I don't
24 find to be -- look, I am up here to keep order. I am not up
25 here to artificially impose rules that I think are

<p>Proceedings Page 1052</p> <p>1 unnecessary, and I did tell everybody that. You don't need 2 to necessarily do that. 3 You know, earlier I sustained your objection 4 because he did in a theatrical way point to his ear and lean 5 in towards the witness because she wasn't answering the 6 question. 7 Listen, this is a trial. There is a lot at stake 8 during this trial. I understand what your objection was, I 9 understand what he did. I sustained the objection. He knew 10 what we were talking about. 11 MR. HAWORTH: There were just two issues, Judge. 12 THE COURT: Yes. 13 MR. HAWORTH: Your Honor said we can approach as 14 needed. My understanding of that is if you need to hand a 15 document to the witness -- 16 THE COURT: Well, that's what I thought we were 17 talking about. 18 MR. HAWORTH: No. What I am talking about is 19 moving toward the witness, yelling and pointing with his 20 finger repeatedly. These what I am talking about. 21 I am also talking about when the witness looked at 22 the court reporter, looked at your Honor, and looked at me 23 and he says, Don't you look at him. 24 What is that? 25 THE COURT: I don't remember that.</p>	<p>Ambrose - by Defendant - Cross / Morelli Page 1054</p> <p>1 (Jury enters courtroom) 2 CROSS-EXAMINATION (CONTINUED) 3 BY MR. MORELLI: 4 Q Dr. Ambrose, good afternoon. 5 A Good afternoon. 6 Q When you saw Mr. Perez on August 29 of this year, you 7 then rendered a report; correct? 8 A Yes. 9 Q Now, after you rendered that report did you send a 10 draft of that report to the lawyers who retained you before you 11 finalized it? 12 A Yes. 13 Q And the draft report that you sent to the lawyers 14 before you finalized it -- and I will show you Plaintiff's 15 Exhibit 42 for identification. Is that the draft report that you 16 sent the lawyers before you finalized your report of October 18 17 of this year? 18 A Yes. 19 Q Now, I would just ask you to look at Page 6 of that 20 report. I think it is Page 6. Look under "Assessment of Current 21 Health Status," okay? 22 A Yes. 23 Q Before we talk about that, let me ask you this: 24 You have read, as you stated earlier, a lot of 25 things about this case; correct?</p>
<p>Proceedings Page 1053</p> <p>1 MR. HAWORTH: It is on the record. We can go 2 back. It is absolutely on the record, Judge. 3 THE COURT: I don't remember that, nor have I seen 4 Mr. Morelli go further than, perhaps, halfway where counsel 5 table is towards the witness. 6 MR. HAWORTH: Okay. All right. I made the 7 record. But if his decorum gets out of hand, I will object 8 again. 9 THE COURT: I would expect you to, I would 10 encourage you to. I want you to protect your record. But 11 I'm telling you that your vantage point and my vantage point 12 are different things. I appreciate what you're saying. I 13 probably would do the same thing in your shoes, but it is a 14 tough cross-examination. Yes, he is being aggressive. And 15 when I say "intimidating" it is because he is pressing this 16 witness. He is not physically menacing her even if he 17 points his finger. Okay, he pointed his finger. Shall we 18 tie his hands behind his back? 19 I don't think he has been doing anything that is 20 improper up to this point other than what I have already 21 told him not to do. 22 MR. HAWORTH: Thank you, Judge. 23 THE COURT: Thank you. 24 Let's get the witness and the jury. 25 COURT OFFICER: All rise. Jury entering.</p>	<p>Ambrose - by Defendant - Cross / Morelli Page 1055</p> <p>1 A Yes. 2 Q And one of the things that you read had to do with 3 Dr. Greenwald's report, correct? 4 A Yes. 5 Q And you know that Dr. Greenwald says that Mark Perez is 6 not employable, is not employable, that he cannot work a regular 7 job; you know he says that, right? 8 A Yes. 9 Q Dr. Greenwald? 10 A Yes. 11 Q Now, when you read that and then you did your 12 examination and you did your testing and all of the things that 13 you said you don't doubt, did you also come to the conclusion 14 that he was unemployable? 15 A No. 16 Q You didn't? 17 A No. 18 Q Okay. 19 So you came to what you think is a different 20 conclusion that he is not -- that he can't be employed in the 21 profession that he had before? 22 A Yes. 23 Q That's what you came to? 24 A Yes. 25 Q Now, did you come to that before you sent the draft to</p>

Ambrose - by Defendant - Cross / Morelli Page 1056

1 the lawyers or after you saw the lawyers that you then revised
2 your report to say that? Just tell me which one it was. Did you
3 come to that initially, or did you come to it after you met with
4 the lawyers that he was only unemployable for his previous
5 profession, not totally? When did you come to that?
6 MR. HAWORTH: Objection.
7 THE COURT: Sustained.
8 Q Did you come to that before or after you met with the
9 lawyers?
10 MR. HAWORTH: Objection. Assumes facts not in
11 evidence, Judge.
12 THE COURT: Can you approach, counsel?
13 (Off-the-record discussion held)
14 Q Dr. Ambrose, I am going to clarify.
15 You did tell me early on in my examination of you
16 that not only did you speak for ten minutes on the phone with one
17 of the lawyers but then you met with the lawyers, and one of the
18 lawyers you met with was Mr. Haworth; is that true?
19 A Yes.
20 Q Now, what I want to know is did you have your draft
21 report done at that time when you met with Mr. Haworth? Did you
22 show it to him, your original report?
23 A I understand, but which meeting are we talking about?
24 THE COURT: (To the witness) I'm sorry. I am
25 really struggling to hear you.

Ambrose - by Defendant - Cross / Morelli Page 1057

1 STPHAO: She said "Which meeting are you talking
2 about?"
3 THE COURT: Okay.
4 Q Did you meet with Mr. Haworth more than once?
5 A Yes.
6 Q How many times?
7 A In total, three times.
8 Q Okay.
9 Now, the first time you met with him was in the
10 summer?
11 A Yes.
12 Q That's what I think you said earlier, correct?
13 A Yes.
14 Q The second time you met with him was when?
15 A At the time of the report.
16 Q And that's in -- that's sometime after the report?
17 A Yes.
18 Q After the initial report, the draft report?
19 A Yes.
20 Q Now, when you met with him the second time, had you
21 already sent him the draft report or did you bring it with you to
22 the meeting?
23 A I had sent it.
24 Q You sent it, okay.
25 And when you got there in Meeting 2, did you

Ambrose - by Defendant - Cross / Morelli Page 1058

1 discuss that report?
2 A Yes.
3 Q And did Mr. Haworth and whatever team he had with him
4 go over the report with you in detail?
5 A Yes.
6 Q Now, you have in front of you your report dated
7 August 29, 2019; correct?
8 A Yes.
9 Q And I have with me the October 18 report. I would ask
10 you to look at the October 18 report also on Page 6., and at the
11 top part of the page you actually deal with this concept of
12 employability, do you not?
13 A Yes.
14 Q And in October of 2019 -- "October" meaning the most
15 recent one, okay -- could you read to the jury what you said
16 about employability in October 2019?
17 A "Inability to return to his prior occupation or live
18 independently."
19 Q Now, if you would, look at your August report, the
20 draft report that you had sent to the lawyers before the meeting
21 and then you met with them and went over it in detail. Why don't
22 you read what you had originally written in your report in
23 August 2019? Read it to the jury loudly, please.
24 A "Inability to return to work or live independently."
25 Q So let me understand.

Ambrose - by Defendant - Cross / Morelli Page 1059

1 Did you make a mistake in August? Did you make a
2 mistake? I just want to know if you made a mistake, yes or no?
3 A I can't answer that with a yes or no.
4 Q Really? Well, there are only two ways, you either made
5 a mistake or you didn't make a mistake.
6 MR. HAWORTH: Objection.
7 THE COURT: Sustained.
8 Q Was it a mistake when you wrote that he couldn't return
9 to work?
10 MR. HAWORTH: Objection. Asked and answered.
11 THE COURT: Sustained. She said she couldn't
12 answer with yes or no.
13 Q Did you speak to the lawyers about this and they asked
14 you to change that to he can't return to his profession instead
15 of being totally unemployable? Did they ask you to change it,
16 yes or no?
17 A No.
18 Q You decided on your own?
19 A I was -- I decided to clarify what I meant.
20 Q So it is a clarification when with you say that
21 somebody is unemployable or is unemployable to his prior
22 profession?
23 A Correct.
24 Q That's a clarification?
25 A Yes.

Ambrose - by Defendant - Cross / Morelli Page 1060

1 Q Now, when you were meeting with the lawyers did they
2 tell you that one of the defenses in this case was that he could
3 be employed?
4 MR. HAWORTH: Objection.
5 THE COURT: Sustained.
6 Q Did you have a conversation with the lawyers about the
7 proof that was going to go in this case, yes or no?
8 MR. HAWORTH: Objection.
9 THE COURT: Overruled.
10 A No.
11 Q Huh?
12 A No.
13 Q They didn't talk to you about the proof on
14 employability or the lack thereof?
15 A No.
16 Q Okay.
17 So originally in August of 2019 when you sent your
18 draft report to the lawyers, you agreed with Dr. Greenwald that
19 he was totally unemployable; didn't you?
20 A No.
21 Q Didn't you?
22 A No.
23 MR. HAWORTH: Objection. Argumentative.
24 THE COURT: Sustained. And it has been asked and
25 answered.

Ambrose - by Defendant - Cross / Morelli Page 1061

1 Q Now, was that a problem with attention to detail,
2 Dr. Ambrose, you know, one of those attention-to-detail problems
3 that we talked about earlier with the driver's licenses, or did
4 you just change your mind?
5 A I cannot answer that with a yes or no.
6 Q What changed from the time you saw Mark Perez in August
7 of 2019 until the time you changed your report in October? What
8 changed? Did you see Mark Perez again?
9 A No.
10 Q Did you find out that he was doing better?
11 A No.
12 Q Did you decide that his brain injury wasn't that
13 severe?
14 A No.
15 Q So, doctor, let's discuss this concept of malingering.
16 Do you know that concept, "malingering"?
17 A Yes.
18 Q Okay. Are you a neuropsychologist?
19 A No.
20 Q Actually, it is neuropsychologists that usually do the
21 Rey test; isn't that true?
22 A Yes.
23 Q And they usually do the TOMM test, do they not?
24 A Yes.
25 Q What is that?

Ambrose - by Defendant - Cross / Morelli Page 1062

1 A It is a Test of Memory Malingering.
2 Q Did you do that on Mr. Perez?
3 A No.
4 Q Would you agree with me that the more tests you do, the
5 more information you get; yes? The more information, the more
6 helpful to render an opinion; yes or no?
7 A I can't answer that with a yes or no.
8 Q Okay.
9 You didn't send Mark Perez to a neuropsychologist,
10 you did it yourself; isn't that true? This Rey test, you did it
11 yourself; right?
12 A Yes.
13 Q I think you said on direct examination that you don't
14 do that test that often, true, but you do it?
15 A Yes.
16 Q And you do it when you're handling these court cases,
17 is that when you do it?
18 A No.
19 Q You don't do it for court cases? You did it here,
20 correct?
21 A Yes.
22 Q Did the lawyers ask you to do the Rey test?
23 A No.
24 Q Now, malingering. You think that's a medical term,
25 right?

Ambrose - by Defendant - Cross / Morelli Page 1063

1 A Yes.
2 Q It is. And I think you said earlier -- and correct me
3 if I am wrong and whether my memory is failing me. You said it
4 is a lack of effort, true?
5 A Yes.
6 Q And not only is it a lack of effort, it is a lack of
7 effort to try to gain something from it; is that true?
8 A I can't answer that with a yes or no.
9 Q Well, I can read you the testimony, but --
10 MR. HAWORTH: Objection, your Honor.
11 THE COURT: Sustained.
12 MR. MORELLI: Sustained as to what?
13 THE COURT: The comments, Mr. Morelli.
14 Q Did you not say on direct testimony that the lack of
15 effort would be tied to secondary gain? Did you say that?
16 A It is one of the possibilities.
17 Q I am going to read back the question.
18 MR. MORELLI: Could we have it read back?
19 THE COURT: Ladies and gentlemen, would you mind
20 stepping out, please?
21 (Jury steps out of courtroom)
22 (Off-the-record discussion held)
23 COURT OFFICER: All rise. Jury entering.
24 (Jury enters courtroom)
25 THE COURT: (To the jury) we had a break because I

Ambrose - by Defendant - Cross / Morelli Page 1064

1 misunderstood what was being requested, but we needed a
2 break anyway.
3 Okay, Mr. Morelli.
4 MR. MORELLI: Thank you.
5 Q Doctor, without going to the last question and answer,
6 I am asking you about this concept of malingering, okay? And
7 what I am saying is I think you agreed with me that part of the
8 word means a lack of effort?
9 A Yes.
10 Q Right?
11 A Yes.
12 Q In medical parlance, right?
13 A Yes.
14 Q But it is not in a vacuum, just a lack of effort, it is
15 tied to something, correct? It is a lack of effort for a reason,
16 right? That's what you believe, that malingering means a lack of
17 effort for a certain gain, for a certain reason; am I correct
18 about that?
19 A In most cases.
20 Q Okay. Let's talk about this case.
21 When you talked about malingering on Mr. Haworth's
22 questioning -- by the way, this is not the first time we have
23 heard the term. We have been listening to it. So let's clear it
24 up, all right?
25 In this case, do you believe that "malingering"

Ambrose - by Defendant - Cross / Morelli Page 1065

1 means a lack of effort for a certain gain in this case?
2 A Yes.
3 Q By the way, if I was to use a different term other than
4 "malingering," a term that more lay people would use; if I use
5 the word "feigning," could that be used, "feigning" or a word
6 like "feigning"? Is that okay?
7 A That's okay.
8 Q That's okay.
9 How about "faking", is that okay? Just yes or no,
10 is "faking" okay?
11 A No.
12 Q So you think that there is a difference between someone
13 who is malingering, which means not giving a full effort to try
14 to get a certain gain, and that's different from someone who is
15 faking; is that what you are saying, that those things are
16 different? I just want to know what you think.
17 A I can't really answer that question.
18 Q Well, is he a faker?
19 A I am not saying that.
20 Q I know you are not, but I want to know and this jury
21 wants to know if they are dealing with a guy who is a faker. Is
22 he a faker?
23 MR. HAWORTH: Objection, your Honor.
24 THE COURT: Sustained. Asked and answered.
25 Q Why can't you answer it?

Ambrose - by Defendant - Cross / Morelli Page 1066

1 MR. HAWORTH: Objection.
2 THE COURT: Sustained. She did answer it.
3 MR. MORELLI: What did she say?
4 THE COURT: She said "I'm not saying that."
5 Q I want to know what you are saying. If he is not a
6 faker but he is someone who is not putting out full effort for a
7 certain gain, isn't that the same thing? That's my question. Is
8 it the same thing?
9 If you were being straight up honest --
10 MR. HAWORTH: Objection, your Honor.
11 THE COURT: Sustained.
12 Q Is it the same thing?
13 MR. HAWORTH: Objection.
14 THE COURT: Overruled.
15 Q Is it the same thing?
16 THE COURT: Yes, no, you can't answer yes or no,
17 or you don't understand the question.
18 THE WITNESS: I don't know. He's asked so many
19 questions now.
20 THE COURT: Okay.
21 Q I asked too many questions? Do you want me to repeat
22 it?
23 THE COURT: You did put a lot of questions in that
24 one question.
25 MR. MORELLI: I did but I didn't get any answers.

Ambrose - by Defendant - Cross / Morelli Page 1067

1 THE COURT: Because you kept talking.
2 MR. HAWORTH: Objection, your Honor.
3 MR. MORELLI: All right. I am going to ask the
4 question again.
5 Q When I said, "Is he a faker?" you said, "I'm not saying
6 that," correct?
7 A Yes.
8 Q That's what you said?
9 A Yes.
10 Q Now, I want to know whether or not there's a difference
11 between somebody who is a malingerer, a lack of effort for
12 secondary gain, and faking. Is there a difference between those
13 two things? Yes or no, is there a difference?
14 A I can't tell the difference.
15 (Continued on next page)
16
17
18
19
20
21
22
23
24
25

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1068

1 BY MR. MORELLI:
2 Q Me neither.
3 MR. HAWORTH: Objection, Your Honor.
4 THE COURT: Sustained. Commentary, Mr. Morelli.
5 BY MR. MORELLI:
6 Q Now, you not only believe you said that he's a
7 malingerer, you put in your report that you really can't make a
8 determination as to his total cognitive deficits, did you say
9 that?
10 A Yes.
11 Q And that's not your fault, that's his fault because
12 he's a malingerer; is that true?
13 A I didn't say that.
14 Q Well, Doctor, look, I want to give you an opportunity
15 to tell us what you really are saying. Now, you're saying he's
16 a malingerer. You also say that you agree with all of the
17 things. You said I don't doubt, I don't doubt, I don't doubt,
18 I don't doubt, I don't doubt, I don't doubt, all of those
19 things. And those are all subjective complaints, which means
20 you believed Mr. Perez for all of those things; isn't that
21 true, you believed him? Did you believe him?
22 A I can't answer that with a yes or a no.
23 Q The one thing that you weren't sure about of all of
24 the things from A to K was his seizures, true? That's the one
25 you picked, that you said I can't confirm that, the seizures;

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1069

1 is that true?
2 MR. HAWORTH: Objection, Your Honor.
3 BY MR. MORELLI:
4 Q Isn't that what you said earlier?
5 THE COURT: I'm going to sustain the objection
6 simply because I don't know that the record is clear what
7 you're referencing.
8 BY MR. MORELLI:
9 Q I'm referencing the question that I asked you with
10 reference to current issues. Remember, I asked you about
11 current issues?
12 THE COURT: In her report, somebody else's
13 report?
14 MR. MORELLI: In her report only. No, only in
15 her report. I don't refer to other reports.
16 THE COURT: Dated?
17 MR. MORELLI: This is the October -- the recent
18 one, the October 18th report. It's the one I have.
19 BY MR. MORELLI:
20 Q And Under current issues he talked to you about
21 headaches, pain in the right eye, cognitive impairment,
22 including memory, difficulty with concentration or trying to
23 plan, use the computer often, forgets passwords, mood, he feels
24 depressed and cries occasionally, he's worried about the
25 future, seizures, weakness, he has numbness in the left hand,

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1070

1 difficulty with communication, occasional sensation of choking
2 with solid foods, fatigue. He reports that this is the biggest
3 problem. He's independent with self care, although it takes
4 him a longer time.
5 Remember all of those things? And in that list,
6 letter E, and you have it in front of you, the October report,
7 E, the seizures, that's the one that you said you weren't sure
8 about with reference to his subjective complaints, remember
9 that?
10 A You're talking about page six?
11 Q Yes. No, it's not page six. Let me just tell you.
12 One second.
13 (Brief pause in the record.)
14 BY MR. MORELLI:
15 Q It is page three on the top.
16 A So this is the list he gives me of the things --
17 Q No, no, no, I understand, and that was my question to
18 you, that there was subjective complaints, and I asked you for
19 each and every one of them before lunch, do you doubt it? And
20 you said, no, no, no, no, no, no, no, no, no. And the only one
21 you said you weren't sure of, if you remember, was seizures,
22 correct? Do you remember that?
23 A Yes.
24 Q Okay. So now let's deal with this concept of
25 seizures. You're saying that you believe all of the things

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1071

1 that Mark Perez told you in his subjective complaints, except
2 you don't believe the seizures or you're not so sure that you
3 do --
4 MR. HAWORTH: Objection.
5 BY MR. MORELLI:
6 Q -- fair enough?
7 THE COURT: Hold on. I'll allow it.
8 BY MR. MORELLI:
9 Q You're not sure you do?
10 A Can I clarify that we're only talking about the
11 seizures?
12 Q Go ahead.
13 A Okay. I have concerns about some other things, too,
14 but seizures I'm not sure.
15 Q Okay. Now, when you met with Mr. Haworth, and you met
16 with him three times, and one of the reasons that --
17 withdrawn -- one of the reasons that you're not sure is because
18 you believe that there's no objective evidence of seizures,
19 correct?
20 A Correct.
21 Q So you believe Mr. Perez when he tells you all of
22 these other things, but when he tells you that he's having
23 seizures, you're not so sure, true?
24 A That's --
25 Q That's true, right?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1072

1 A True.
2 Q So you think that Mr. Perez is lying to you about
3 having seizures?
4 A That's not what I'm saying.
5 MR. HAWORTH: Objection.
6 THE COURT: Sustained.
7 BY MR. MORELLI:
8 Q He's not telling you the truth about having seizures?
9 MR. HAWORTH: Objection.
10 THE COURT: Sustained.
11 BY MR. MORELLI:
12 Q Well, if he's telling you the truth and you believe
13 him, then you know he's having seizures, right?
14 MR. HAWORTH: Sidebar, Judge?
15 THE COURT: Yes, please.
16 (WHEREUPON, a discussion was held off the record,
17 at the side bar, in the presence of the Court and
18 counsel and out of the hearing of the jury.)
19 BY MR. MORELLI:
20 Q Okay. Now, Dr. Ambrose, you stated that you read
21 Dr. Werner Doyle's report, remember that?
22 A Yes.
23 Q And actually, Werner Doyle is a neurosurgeon, is he
24 not?
25 A Yes.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1073

1 Q And actually, he's a neurosurgeon that was retained by
2 the defense in this case. You know that, right?
3 A Yes.
4 Q Okay. And so I'm going to show you on this iPad from
5 his report, and the iPad doesn't tell me the page, so I can't
6 tell, but if you see, we underlined --
7 MR. O'HARA: Ben, one second, please.
8 MR. MORELLI: Sure.
9 BY MR. MORELLI:
10 Q We underlined it and starred it. And it's a very
11 short statement made by Dr. Doyle and if you could read that to
12 the jury, I would appreciate it.
13 A "I do believe that Mr. Perez has epilepsy."
14 Q Okay. Had you read that before you took the stand
15 today?
16 A Yes.
17 Q Okay. You disagree with him?
18 A I'm not saying that.
19 Q Doctor, you have to be saying something, okay?
20 MR. HAWORTH: Objection.
21 THE COURT: Sustained.
22 BY MR. MORELLI:
23 Q Are you saying that you don't believe Werner Doyle --
24 Dr. Doyle, when he says that he has epilepsy?
25 MR. HAWORTH: Asked and answered, Judge.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1074

1 Objection.
2 THE COURT: Sustained.
3 BY MR. MORELLI:
4 Q Do you believe he has epilepsy, you?
5 A I would like to see some clarification.
6 Q I don't know what that means. Why don't you tell me
7 what that means? Tell me.
8 A Because if I may explain.
9 Q Please.
10 A Patients can have seizures, they can also have a
11 psuedoseizures or they can look like seizures when there's no
12 activity on the EEG that corresponds to that. I don't know
13 which one he has.
14 Q So in other words --
15 THE COURT: Let her finish.
16 MR. HAWORTH: Your Honor, he has to let her
17 finish the answers.
18 THE COURT: That's what I said.
19 MR. HAWORTH: Thank you. I didn't hear you, Your
20 Honor.
21 BY MR. MORELLI:
22 Q Please, why don't you start over and tell me anything
23 you want? Go ahead.
24 MR. HAWORTH: Objection.
25 BY MR. MORELLI:

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1075

1 Q Come on.
2 THE COURT: Go ahead.
3 A Okay. So the patients who have a brain injury
4 typically have -- with the kind of severe brain injury he has,
5 some of them will have seizures. It is quite possible that
6 Mark Perez has seizures, but from my review of the chart, I
7 have not seen an EEG that corresponds to seizure activity in
8 realtime. He's had a number of EEG's, but nothing that shows
9 this specifically.
10 He has right-sided slowing, which happens if you have
11 surgery to the brain -- to the skull and some disorganization.
12 There was one time one of the EEG's showed some rare spikes,
13 but nothing very typical of somebody who is getting seizures
14 because he also had several days video EEG's. They haven't
15 shown anything as yet.
16 I think -- I'm not sure if he has seizures. It's most
17 likely and I think that this needs to be investigated further.
18 Q What's most likely?
19 A Most likely.
20 Q Most likely that he does?
21 A He does.
22 Q Got it.
23 A Most likely, but it's not definite.
24 Q Okay. So what would you say, 50 percent, 80 percent,
25 90 percent, 98 percent, what's the most likely part?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1076

1 A I'm unable to say that.
2 Q Well, why don't you try?
3 MR. HAWORTH: Objection.
4 THE COURT: Sustained.
5 BY MR. MORELLI:
6 Q I'm letting you say whatever you want.
7 MR. HAWORTH: Objection, Judge.
8 THE COURT: Sustained. Next question, please.
9 BY MR. MORELLI:
10 Q So let me ask you this. When you met with the
11 lawyers, did they show you a video of Mark Perez having a
12 seizure, did they show you that?
13 MR. HAWORTH: Objection.
14 THE COURT: Overruled.
15 Q Did they show you that?
16 A No.
17 Q Did they tell you that?
18 A No.
19 Q We sent it to them in June. When did you meet with
20 them? The three times that you met, when was it?
21 MR. HAWORTH: Objection. Asked and answered.
22 THE COURT: Overruled to that question or that
23 objection.
24 A Once at the beginning in the summer, a second time was
25 when I wrote the report and the third time was yesterday.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1077

1 Q Okay. And none of those times did the lawyers tell
2 you that they had a video of Mark Perez having a seizure; is
3 that true, they never told you?
4 A They sent me a great deal of information and I didn't
5 see a video.
6 THE COURT: I need you to approach, please.
7 (WHEREUPON, a discussion was held off the record,
8 at the side bar, in the presence of the Court and
9 counsel and out of the hearing of the jury.)
10 THE COURT: Okay. I've got an emergency
11 application that has come in on another case that I have to
12 deal with for a couple of minutes, ladies and gentleman, so
13 let me give you a break, okay?
14 THE COURT OFFICER: All rise, jury exiting.
15 (Jurors exited the courtroom.)
16 (Brief recess taken.)
17 (Witness resumes the witness stand.)
18 THE COURT OFFICER: All rise, jury entering.
19 (Jurors entered the courtroom.)
20 THE COURT: Okay, Mr. Morelli.
21 MR. MORELLI: Thank you.
22 BY MR. MORELLI:
23 Q Doctor, I'm going to show you a medical record that --
24 are you okay?
25 A Yes.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1078

1 Q -- that's in evidence, and this record is dated
2 August 18, 2014 and August 19, 2014, 24-hour ambulatory EEG
3 computer-monitored electroencephalogram recording.
4 Now, before I show it to you, I just want to clear up
5 something that I'm not sure I understand. Earlier I spoke to
6 you about Dr. Theodore Schwartz, he's a neurosurgeon, and you
7 reviewed his report, correct?
8 A Yes.
9 Q And I told you that he testified in this case that he
10 diagnoses people with epilepsy and with seizures by their
11 subjective complaints alone and he said that's a very good way
12 to do it, he often does it that way --
13 MR. HAWORTH: Objection.
14 THE COURT: Sustained.
15 MR. MORELLI: Do we have to pull the testimony?
16 Could you pull the testimony, please?
17 THE COURT: No, we're not going to pull the
18 testimony. You can ask a hypothetical question, you can do
19 it a lot of ways, but we're not doing it that way.
20 BY MR. MORELLI:
21 Q So if, in fact, he said that he often diagnoses people
22 with epilepsy and with seizures with that alone, I thought
23 earlier you agreed with me that that was okay; am I correct
24 that you agreed with the neurosurgeon, that that was okay?
25 A I agreed that that's what he does.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1079

1 Q It's not what you would do? You wouldn't -- you
2 wouldn't -- so you disagree that the neurosurgeon, which you're
3 not, correct --
4 A Correct.
5 Q -- could diagnose epilepsy and seizures from
6 subjective complaints alone, that's not good for you, even if
7 it's good for him?
8 A Yes.
9 Q Yes, it's not good for you?
10 A Yes.
11 Q Okay. Now, am I also correct that an EEG puts
12 electrodes on someone's head; is that true?
13 A Yes.
14 Q And the electrodes are actually on someone's skull,
15 they're not on the brain itself, correct?
16 A Correct.
17 Q Right. And so the only way that the EEG can pick up a
18 seizure or epileptiform, right, is if it's happening right at
19 the time of the test, correct? Is that correct?
20 A I can't answer that with a yes or no.
21 Q I'm sorry?
22 A I can't answer that with a yes or a no.
23 Q You can't answer whether or not an EEG is testing
24 right at that time?
25 A I can't answer that with a yes or no. If I can

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1080

1 clarify, I'm happy to.
2 Q What is the reason that practitioners would do an EEG
3 over a 24 or 48-hour period, what's the reason for that?
4 A It is a definitive finding that's diagnostic.
5 Q Well, we know that, but what's the reason for doing
6 it --
7 MR. HAWORTH: Objection.
8 THE COURT: Sustained.
9 BY MR. MORELLI:
10 Q What's the reason -- you say it's diagnostic, okay,
11 but an EEG, even right at the same time without 24 or 48 hours,
12 that's diagnostic, too, is it not? Aren't they both
13 diagnostic?
14 A No.
15 Q Is the reason that you do an EEG over a 24 or 48-hour
16 period to make sure you have more time to capture the activity
17 of epilepsy, if there is any?
18 A Yes.
19 Q Because if you do it for a very short time, it might
20 not happen and then you can't capture it?
21 A Correct.
22 Q Now, I'm going to show you this record from Neuro
23 Diagnostics and I stated the date before, but I'll state it
24 again, August 18, 2014, August 19, 2014, and ask you -- first
25 of all, my first question is have you seen this beforehand? So

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1081

1 that will be my fist question. You could take it.
2 (Document was handed to the witness.)
3 Q Have you seen that record before?
4 A Yes.
5 Q And you could take time to look at it. You've seen it
6 before?
7 A Yes.
8 Q Okay. Now, you see it has "impression" there?
9 A Yes.
10 Q Have you seen and read that impression before you
11 testified that there was no objective findings of seizures or
12 epilepsy, had you seen that before?
13 A Yes.
14 Q I'm sorry?
15 A Yes.
16 Q Okay. So why don't you read it to the jury, just the
17 impression?
18 A "This is an abnormal 24-hour ambulatory EEG due to
19 mild disorganization and intermittent slowing in the right
20 frontotemporal area, which signifies focal cerebral
21 dysfunction. In addition there are rare right frontal, right
22 temporal, and right frontotemporal sharp waives that are
23 epileptiform. The three-lead EKG analyzed by the computer
24 software does not show any significant arrhythmias. Clinical
25 correlation is suggested."

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1082

1 Q Okay. So now, does this particular record say that
2 this EEG captured epilepsy?
3 A Says that it captures some rare forms.
4 Q Does that record change your opinion as to whether or
5 not you're skeptical that Mark Perez has epilepsy and seizures,
6 does that change your mind that there was no objective
7 evidence? Does it change your mind? That's all I want to
8 know.
9 A No.
10 Q Okay. So you still don't think so?
11 MR. HAWORTH: Objection.
12 THE COURT: Sustained.
13 BY MR. MORELLI:
14 Q Do you still think so that you're not -- you're not
15 convinced that he has seizures?
16 MR. HAWORTH: Objection.
17 Q That's what I want to know.
18 THE COURT: It's been asked and answered.
19 Sustained.
20 BY MR. MORELLI:
21 Q Now, I'm going to ask you to look at your report
22 again, the latest one, the October one, and on page six you
23 have a section called life expectancy; is that correct?
24 A Yes.
25 Q Okay. And you testified to that, did you not?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1083

1 A Yes.
2 Q Okay. And so I'm going to ask you, Doctor, I'll just
3 show you under life expectancy -- because you have a copy of it
4 yourself, right?
5 A Yes.
6 Q So I'm just going to refer you to where it says "SMR,"
7 okay?
8 A Yes.
9 Q All right. And am I correct, Doctor, that when you
10 stated that Mark Perez could likely have a shortened life
11 expectancy, that's what you said, right?
12 A Yes.
13 Q Based on his injuries?
14 A Yes.
15 Q Okay. And actually, you wrote that one of the reasons
16 that it's especially true, in your opinion, especially for
17 someone with seizures, you wrote that in your life expectancy
18 part, did you not?
19 A Yes.
20 Q Especially so for seizures, correct?
21 A Yes.
22 Q So now, when you were dealing with shortening Mark's
23 life expectancy, you said it's because he's having seizures,
24 that would shorten his life expectancy, it's one of the main
25 components and yet, you don't believe a hundred percent

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1084

1 certainly that he has seizures; is that true? So which is it,
2 it shortens his life expectancy because he has seizures or he
3 doesn't have seizures, which is it?
4 A That's not what I'm saying.
5 Q It's not what you're saying?
6 A No.
7 Q Well, let me read it to you, okay? "Life expectancy
8 was shortened an average of 6.7 years, categories, but
9 especially so for seizures." Isn't that you wrote? Did you
10 write that?
11 MR. HAWORTH: Approach, Your Honor?
12 THE COURT: Yes, please.
13 (WHEREUPON, a discussion was held off the record,
14 at the side bar, in the presence of the Court and
15 counsel and out of the hearing of the jury.)
16 THE COURT: Sustained.
17 BY MR. MORELLI:
18 Q So, Doctor, I'm going to read this sentence to you
19 starting with "SMR," and you could read it along with me.
20 What's SMR?
21 A Standardized Mortality Ratio.
22 Q Sorry?
23 A Standardized Mortality Ratio.
24 Q Okay. And that's them trying to figure out when
25 someone is going to die; is that right?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1085

1 A Compared to somebody of that age group and gender.
2 Q Okay. By comparison?
3 A Yes.
4 Q Okay. And it says: "SMR was elevated for all cause
5 of death categories, but especially so for seizures." And then
6 it says: Aspiration, pneumonia, sepsis, accidental poisonings
7 and falls," but that has nothing to do with Mr. Perez, correct?
8 A Correct.
9 Q The one that does, you wrote that because you were
10 referencing the seizures; is that true?
11 A It's a general statement.
12 Q Nobody forced you to put that in there, did they?
13 A No.
14 Q Okay. You put it in there. Did you put it in there
15 because you believed when you did this, that seizures had
16 something to do with Mark Perez, yes or no?
17 A It's likely --
18 MR. HAWORTH: Objection.
19 THE COURT: Overruled.
20 A It's likely he has seizures. It's highly likely, but
21 as I said earlier, it's highly likely, but all I'm saying is
22 that we haven't seen the most definitive proof, that we haven't
23 seen.
24 Q You know the kind of injury he had, correct?
25 A Yes.

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1086

1 Q And you called it a severe traumatic brain injury,
2 correct?
3 A Yes.
4 Q And you know he had four surgeries, correct?
5 A Yes.
6 Q And he needs another one, right?
7 A Yes.
8 Q And actually, earlier you said that there was no
9 medical reason why he shouldn't have had this cranioplasty way
10 before now, did you say that?
11 A Yes.
12 Q Okay. But you would agree with me, Doctor, would you
13 not, that there could be other reasons that somebody would
14 choose not to have the cranioplasty so fast, would you agree
15 with that, other than medical reasons?
16 A Yes, it's possible.
17 Q Yes. As a matter of fact, didn't you find Mark Perez
18 to be suffering from anxiety? That was one of the things you
19 found?
20 A Yes.
21 Q And another thing that you found -- and you tested for
22 that, didn't you?
23 A Yes.
24 Q Yes. And another thing that you found was that he was
25 suffering from depression, remember?

Dr. Ambrose - by Defendant - Cross/B. Morelli Page 1087

1 A Yes.
2 Q Okay. And actually, you also agreed when I told you
3 that he was worried about his future, you said you had no
4 reason to doubt that, remember that?
5 A Yes.
6 Q And so do you believe it's possible that maybe seeing
7 all of the things that he's suffering from, anxiety being one
8 of them, that he's anxious about having this next surgery?
9 MR. HAWORTH: Objection.
10 THE COURT: Sustained.
11 (Continued on next page.)
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Ambrose - by Defendant - Cross / Morelli Page 1088

1 CROSS-EXAMINATION (CONTINUED)
2 BY MR. MORELLI:
3 Q You were testing him. You found him to be suffering
4 from anxiety?
5 MR. HAWORTH: Objection. Asked and answered.
6 THE COURT: I will allow it.
7 MR. MORELLI: You have to give me some latitude
8 here.
9 Q You found him to be suffering from anxiety, right?
10 A Based on his answers that he gave me, yes.
11 Q Did you test him for it? I just asked you if you
12 tested him for it, and you said yes?
13 MR. HAWORTH: Objection.
14 THE COURT: All right. Well, then, we have the
15 answer.
16 Q Could Mark Perez be afraid of having another surgery?
17 MR. HAWORTH: Objection. Calls for speculation,
18 Judge.
19 THE COURT: Sustained. I will allow you to
20 approach if you want to talk about it, but I am not sure I
21 get it.
22 Q Dr. Ambrose, he had four brain surgeries; am I correct?
23 A Yes.
24 Q And you are a brain injury doctor, are you not?
25 A Yes.

Ambrose - by Defendant - Cross / Morelli Page 1089

1 Q And every single time you go in and you operate on
2 someone's brain there is risk to it, is there not?
3 A Yes.
4 Q As a matter of fact, Mark Perez has had a number of
5 complications each time he has had the surgery; correct?
6 A Yes.
7 Q And one of the reasons why he needs a fifth brain
8 surgery is because of those complications?
9 A Yes.
10 Q So would you think of any other reasons that he would
11 not want to have another cranioplasty other than medical? Could
12 you think of another reason?
13 MR. HAWORTH: Objection.
14 THE COURT: Overruled.
15 Q Can you?
16 A I cannot think of any medical reason.
17 Q I didn't ask you that.
18 MR. MORELLI: Could we read back the last
19 question, your Honor?
20 THE COURT: Sure.
21 (Requested portion was read back)
22 Q Other than medical.
23 MR. HAWORTH: Objection, your Honor.
24 THE COURT: I will allow it.
25 MR. HAWORTH: May we approach?

Ambrose - by Defendant - Cross / Morelli Page 1090

1 THE COURT: I will allow it.
2 A Other than medical? No, I can't think of any reason
3 why he wouldn't want to do this other than medical, which
4 includes anxiety, depression.
5 Q No reason? You can't think of one?
6 MR. HAWORTH: Objection.
7 THE COURT: Sustained. Asked and answered.
8 Q Now --
9 MR. HAWORTH: Your Honor, approach?
10 THE COURT: Sure.
11 (Off-the-record discussion held)
12 THE COURT: Ladies and gentlemen, let me give you
13 a break.
14 COURT OFFICER: All rise. Jury exiting.
15 (Jury steps out of courtroom)
16 THE COURT: (To the witness) Step out, please.
17 (Off-the-record discussion held)
18 COURT OFFICER: All rise. Jury entering.
19 (Jury enters courtroom)
20 Q Dr. Ambrose, I am going to refer you to a record that
21 is in evidence from south Nassau Community Hospital. It is dated
22 11/6/2015. We are going to put it up on the screen, but you tell
23 me if you can see it or not, because if you can't I will show it
24 to you in the record.
25 Can you see that, doctor?

Ambrose - by Defendant - Cross / Morelli Page 1091

1 A Yes.
2 Q Could you read it out loud?
3 A The comments? Do you want me to read the triage
4 comments?
5 Q Yes, the triage comments.
6 A "Patient brought in by EMS from a yoga studio after
7 having witnessed seizure during Bikram yoga as per EMS. He was
8 postictal upon the arrival. Upon arrival to the ER patient was
9 awake and alert times four. He denies any nausea or dizziness.
10 Speech is clear. No facial droop noted. Pupils are equal and
11 reactive to light. Moves all extremities. Follows all commands.
12 No tremors noted."
13 Q Would you consider that evidence of a seizure?
14 A Yes.
15 Q I am going to show you a video that was taken by Mark
16 Perez's brother. It is this past Memorial Day, doctor, okay? It
17 is Memorial Day 2019 at his mother's house. I just ask you to
18 look at it first, and then I will ask you one question about it.
19 It has no audio, only video.
20 (Video playing.)
21 Q Okay. The testimony from Mark Perez's brother, the
22 brother you met when he came for the physical in August, Justin
23 Perez, you met him?
24 A Yes.
25 Q He already testified in the case that he took that

Ambrose - by Defendant - Cross / Morelli Page 1092

1 video on Memorial Day of this year but captured only, like, the
2 last half of it. It had started, maybe, a minute or two earlier;
3 okay?
4 A Okay.
5 Q The only reason I asked you again is because you can't
6 nod. You have to just say "yes" otherwise she can't take it
7 down.
8 Do you feel that that's evidence of a seizure?
9 A It is possible.
10 Q It is possible?
11 A Yes, possible.
12 Q Okay.
13 Now, I would like to refer you to your report
14 again, Page 2. It is the October report, the same one that we
15 were talking about.
16 I didn't finish questioning you about the things
17 that you -- I believe I didn't finish questioning you about A to
18 K. I think we stopped at seizures, if you remember correctly;
19 right?
20 A Yes.
21 Q We had stopped at seizures because you told me that you
22 weren't sure about that.
23 Just to recap, we talked about headaches, pain in
24 the eye, cognitive complaints, mood, and then we got to seizures,
25 okay? Now, right after seizures is F, weakness: "He reports

Ambrose - by Defendant - Cross / Morelli Page 1093

1 that his left leg is weak."
2 Do you have any reason to doubt that?
3 A Yes.
4 Q G, "He has numbness in his left hand."
5 Do you have any reason to doubt?
6 A --
7 Q If you do, you do; if you don't, you don't.
8 A I can qualify it. I can't answer yes or no.
9 Q I am not asking you if you agree or disagree. I am
10 just asking you if you doubt it. So do you doubt it?
11 MR. HAWORTH: Objection. Asked and answered.
12 THE COURT: I will allow it.
13 A I do think he has some numbness in his hands, but I
14 don't think it is how he describes it.
15 Q Okay.
16 The next one is difficulty with communication:
17 "States that he has no difficulty with understanding but had
18 difficulty in finding the words to convey his thoughts."
19 Do you have any reason to doubt that?
20 A No.
21 Q The next one is "occasional sensation of choking with
22 solid foods."
23 Do you have any reason to doubt that?
24 A No.
25 Q The next one is fatigue: "He reports that this is his

Ambrose - by Defendant - Cross / Morelli Page 1094

1 biggest problem. He is tired by lunchtime." do you have any
2 reason to doubt that?
3 A No.
4 Q And the last one is: "He is independent with
5 self-care" -- in other words washing up, getting dressed and
6 those kinds of things -- "although it takes him a longer time.
7 He helps with cleaning and laundry but is unable to cook or
8 shop."
9 Do you have any reason to doubt that?
10 A No.
11 Q Okay.
12 So now, just to go to Page 4, doctor, if you
13 would? And you learned during this history that he lives with
14 his parents and his brother; correct?
15 A Yes.
16 Q Now, if we go to Page 4, and I just would refer you to
17 the portion that says "examination." Then it says "mental status
18 exam," do you remember that?
19 A Yes.
20 Q Now, you said that you did the Montreal Cognitive
21 Assessment Test, right?
22 A Yes.
23 Q And that's called the MoCA, that's what we have been
24 referring to it as, right?
25 A Yes.

Ambrose - by Defendant - Cross / Morelli Page 1095

1 Q And you stated that on the MoCA test his score, and I
2 want to get this right and you can correct me if I am wrong, that
3 his score was different from what you anticipated --
4 A Yes.
5 Q -- for someone in his condition?
6 A Yes.
7 Q And when that score was different from what you
8 anticipated, did you feel that that was an indication of him
9 malingering?
10 A Of not putting enough effort, yes.
11 Q Okay.
12 I am using this term "malingering" because we have
13 been hearing this term. So if it isn't malingering but is
14 something other that you think it is, you can tell me. But what
15 I am asking you is: When you got scores on this one test, did
16 you feel that because the scores were different from what you
17 anticipated that that was evidence of malingering; yes or no?
18 A I cannot answer that with a yes or no.
19 Q Now, the next test you did was Mississippi Aphasia
20 Screening Test, true?
21 A Yes.
22 Q That's the MAST, the MAST test; right?
23 A Yes.
24 Q And, actually, if I remember correctly, on that test
25 you stated that the results of that test were in accordance with

Ambrose - by Defendant - Cross / Morelli Page 1096

1 what you anticipated?
2 A Yes.
3 Q Right?
4 A Yes.
5 Q Now, if, in fact -- withdrawn.
6 Would someone who you are testing with the MAST
7 test be able to lack effort?
8 A Yes.
9 Q They can, right?
10 A Yes.
11 Q They can feign it?
12 A Yes.
13 Q But he didn't?
14 A No.
15 Q He did it, right?
16 A I don't think so, no.
17 Q Not the MAST test, okay. So let me understand.
18 You believe -- now, you did both these tests for a
19 reason, did you not?
20 A Yes.
21 Q You didn't do just one, you did two; right?
22 A Yes.
23 Q And when you made a determination about Mark Perez, did
24 you use all the information or did you use only the information
25 from the MoCA test?

Ambrose - by Defendant - Cross / Morelli Page 1097

1 A No. All of it.
2 Q Okay.
3 So you believe that he was feigning in the MoCA
4 test but he decided not to feign on the MAST test; is that true?
5 He decided, I will feign one but I won't feign both. I mean,
6 that would have to be the result, right? If one of them didn't
7 come out the way you anticipated and the other came out just the
8 way you anticipated, one you thought he wasn't feigning, one you
9 thought he was; he must have decided to only feign one, true; yes
10 or no, doctor?
11 MR. HAWORTH: Objection.
12 THE COURT: Sustained.
13 Q Is that true?
14 MR. HAWORTH: Objection.
15 THE COURT: Doctor, can you answer the question?
16 MR. MORELLI: She is not telling me if she can or
17 can't.
18 THE COURT: I understand that, but you keep on
19 adding to your questions with other questions, so I am not
20 sure if she knows where you are.
21 MR. MORELLI: Well, let's read back the last two
22 questions and see if I added anything?
23 THE COURT: How about you just ask a simple
24 question.
25 STPHAO:

Ambrose - by Defendant - Cross / Morelli Page 1098

1 MR. MORELLI: I did.
2 Q I want to know whether or not it is your opinion that
3 he feigned one and then decided not to feign the other one.
4 That's all I want to know. Yes or no?
5 A Yes.
6 Q Did that make logical sense to you when that happened?
7 MR. HAWORTH: Objection.
8 THE COURT: Overruled.
9 Q When you saw the results of one test feigning in your
10 opinion and the other wasn't, did that make logical sense to you?
11 That's all I want to know.
12 A It is something I see commonly.
13 Q Really? You see that commonly?
14 A Yeah.
15 Q Now, doctor, turn to Page 6, please. I believe you
16 told me that under the title of "assessment of current health
17 status," that those were, in fact, your conclusions; is that
18 true?
19 A Yes.
20 Q So you didn't use the word "conclusions," but I think
21 you said to me that it was the same?
22 A Yes.
23 Q And these are things that you concluded or believed
24 after you examined Mark Perez, did testing on Mark Perez, had a
25 chance to think about it; so these are your conclusions, correct?

Ambrose - by Defendant - Cross / Morelli Page 1099

1 A Yes.
2 Q Okay.
3 Your first conclusion -- and stop me any time --
4 is "chronic headaches." That was one of your conclusions, true?
5 A Yes.
6 Q Now, could you pronounce the next word for me, please?
7 A It says "trigeminal neuralgia."
8 Q What does that mean?
9 A It is irritation of a nerve, the fifth nerve to the
10 face. He has fractures in that area, so it is quite likely he
11 has pain from that.
12 Q Well, these are your conclusions, so it is not "quite
13 likely," this is what you think?
14 A If you see the sentence before, I say that these are
15 his current issues as per history of physical.
16 Q Yeah, but they are your conclusions which is what you
17 told me earlier, so you more likely than not believe it; right?
18 MR. HAWORTH: Objection. Argumentative.
19 THE COURT: Sustained.
20 Q And C is "Grade III AC joint separation." That's one
21 of your conclusions, true?
22 A Yes.
23 Q Do you believe that one?
24 A Yes.
25 Q Okay.

Ambrose - by Defendant - Cross / Morelli Page 1100

1 "Cognitive impairments," that's one of your
2 conclusions; true?
3 A Yes.
4 Q And you would expect somebody in Mark Perez's position
5 after all of the injuries that he has had and the multiple
6 surgeries that he had and the multiple infections that he had;
7 that's not unusual, is it, to have cognitive impairments?
8 A No.
9 Q And the next one is "moderate anxiety and depression,"
10 right?
11 A Yes.
12 Q So that's not mild, it is moderate.
13 When somebody has moderate anxiety, is that
14 impactful to them?
15 A Yes.
16 Q And how about moderate depression, is that impactful to
17 them?
18 A Yes.
19 Q And then it says "seizures." One of your conclusions
20 is "seizures," true?
21 A It is one of the complaints, yes.
22 Q That's not what it says. You and I spoke earlier. You
23 said "assessment of current health status." And then I asked you
24 what that meant and you said "conclusions". Do you remember
25 that?

Ambrose - by Defendant - Cross / Morelli Page 1101

1 MR. HAWORTH: Objection. Asked and answered.
2 THE COURT: Sustained.
3 Q So when you wrote down "seizures," you didn't write it
4 down because it was one of your conclusions?
5 MR. HAWORTH: Objection. Asked and answered
6 again.
7 THE COURT: Sustained. Let's move on,
8 Mr. Morelli.
9 Q "Gait impairment," one of your conclusions?
10 MR. HAWORTH: Objection.
11 THE COURT: Overruled.
12 A --
13 Q The next one is --
14 THE COURT: Mr. Morelli, there was no answer.
15 MR. MORELLI: You want me to keep moving, so I
16 will keep moving.
17 THE COURT: Okay. If you don't want an answer, by
18 all means, keep going. I am just letting you know there was
19 no answer.
20 MR. MORELLI: I understand. I can hear. I just
21 can't keep waiting.
22 THE COURT: Okay. Next question.
23 Q "Impaired higher level ADLs," what is that?
24 A So he is independent with his self-care but needs help
25 with other tasks in the house, so that's the higher level ADLs

Ambrose - by Defendant - Cross / Morelli Page 1102

1 like cooking, cleaning, shopping.
2 Q Sorry?
3 A Cooking, cleaning, shopping. He can do maybe a little
4 bit, but not everything.
5 Q Right.
6 Now, does ADL stand for something specific?
7 A Activities of daily living.
8 Q Thank you.
9 Now, the next one is "inability to return to his
10 prior occupation or live independently," correct?
11 A Yes.
12 Q Now, we already dealt with his prior occupation which
13 is different from your August report, correct?
14 MR. HAWORTH: Objection. Asked and answered.
15 THE COURT: Overruled. He is directing the
16 witness to the subject.
17 MR. HAWORTH: It is the same subject we covered
18 before.
19 THE COURT: I understand. That's why he said he
20 was moving on.
21 MR. HAWORTH: Thank you, your Honor.
22 Q It says "or live independently."
23 Now, am I correct that it is your opinion, doctor,
24 that Mark Perez should not and cannot live independently; is that
25 true?

Ambrose - by Defendant - Cross / Morelli Page 1103

1 A Yes.
2 Q And that would be -- withdrawn.
3 So, you then rendered a prognosis, true, on the
4 same page?
5 A Yes.
6 Q And can you tell the jury what a prognosis is? What
7 does that mean?
8 A This is based on all the information that I have, what
9 I expect his current -- his future medical status is going to be.
10 Q Okay. And let's just go through that, if we would, the
11 prognosis.
12 Number 1 you wrote "defect in skull. This should
13 be addressed."
14 You talked about that earlier, right?
15 A Yes.
16 Q You think he should have this cranioplasty surgery,
17 correct?
18 A Yes.
19 Q And when he had the cranioplasty surgery before, he had
20 complications with infections and things like that; correct?
21 A Yes.
22 Q So you believe that it could be a complicated situation
23 for him the next time he has a cranioplasty, that's why you are
24 talking about infectious disease people; true?
25 A True, yes.

Ambrose - by Defendant - Cross / Morelli Page 1104

1 Q Because he might need a PICC line, which is an IV, to
2 take antibiotics?
3 A Yes.
4 Q Now, did you know that after one of his surgeries, Mark
5 Perez did have a PICC line at home and actually took IV
6 antibiotics for 12 weeks? Did you know that?
7 A Yes.
8 Q Did you know that his mother is a registered nurse?
9 A I was not aware of that.
10 Q She is the one who administered it, okay?
11 Now, you also in Number 2 say "seizure control. He
12 was recently seen by Dr. Werner Doyle an epilepsy specialist,"
13 right?
14 A Yes.
15 Q True?
16 A Yes.
17 Q You say "who believes that although there is no
18 definite EEG evidence of epilepsy, Mr. Perez's symptoms and
19 imaging studies strongly suggest seizures."
20 That's what Werner Doyle says, correct?
21 A Yes.
22 Q Do you agree with him?
23 A I agree with the statement, yes.
24 Q Do you agree with Werner Doyle when he says that?
25 MR. HAWORTH: Objection. Asked and answered.

Ambrose - by Defendant - Cross / Morelli Page 1105

1 THE COURT: I think she said she agreed with it.
2 Sustained.
3 Q You agree with him?
4 MR. HAWORTH: Objection.
5 THE COURT: Sustained.
6 MR. MORELLI: She said "I agree with the
7 statement."
8 THE COURT: And that's what the statement says,
9 Mr. Morelli.
10 MR. MORELLI: It is.
11 THE COURT: Very good. Next question.
12 Q So that's your prognosis, that he needs seizure
13 control; true?
14 A Yes.
15 Q Now, are you talking about with medication?
16 A He has to be maximized medically. Then if that fails
17 he goes to surgery, if they can show a definitive seizure and
18 there is a definite focus for the seizure.
19 Q I wasn't asking you that, but it's okay. I wasn't
20 asking about that.
21 MR. HAWORTH: Objection, your Honor.
22 THE COURT: Overruled.
23 Ladies and gentlemen, I need to speak with the
24 attorneys and my staff, actually, about something very
25 briefly. If you wouldn't mind excusing us for a moment,

Ambrose - by Defendant - Cross / Morelli Page 1106

1 please?
2 COURT OFFICER: All rise. Jury exiting.
3 (Jury steps out of courtroom)
4 THE COURT: Mr. Morelli, please do not argue with
5 me in front of the jury. If I sustain an objection, ask
6 another question or move on. If you need a sidebar, come on
7 up and I will give you a sidebar if you don't understand the
8 basis of the objection.
9 MR. MORELLI: I said she agreed with the
10 statement, so she really didn't answer the question.
11 THE COURT: But it was his statement.
12 MR. MORELLI: I understand. That's the way you
13 saw it. I saw it differently. I didn't know I was arguing
14 with you.
15 THE COURT: That's not why I wanted to take a
16 break, but please stop it.
17 Let's go off the record.
18 (Off-the-record discussion held)
19
20
21
22
23
24
25

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1107

1 (Witness resumes the witness stand.)
2 THE COURT OFFICER: All rise, jury entering.
3 (Jurors entered the courtroom.)
4 THE COURT: Shall we?
5 BY MR. MORELLI:
6 Q Okay. Doctor, I want you to look at page seven and
7 I'm going to -- I think you told me earlier that under medical
8 management plan those are your recommendations.
9 A Yes.
10 Q And you made certain recommendations earlier about
11 physician care, that he has to see a neurologist, a brain
12 injury specialist, that could be someone like Dr. Greenwald or
13 you, a physiatrist, a neurosurgeon, plastic surgeon,
14 infectious --
15 A Psychiatrist. A psychiatrist, not a physiatrist.
16 Q A psychiatrist, okay. That's right, a psychiatrist.
17 And you talked about the surgery that he needs,
18 correct?
19 A Yes.
20 Q Okay. And actually, when you read the Johns Hopkins
21 records with reference to that next surgery, that cranioplasty,
22 I think you said that they recommended to do that in two
23 surgeries, right?
24 A They gave the option.
25 Q And, Doctor, can you explain to the jury why, in your

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1108

1 opinion, as a brain injury doctor, they gave those -- the
2 option to do two surgeries on Mark Perez instead of one?
3 A Since he's had a history of infection with the
4 cranioplasty, they are being extremely cautious in trying to
5 decide what is the safest way to do it. So if there is -- if,
6 in conjunction with the infectious specialist opinion, if they
7 think there is no risk of infection now, then they're going to
8 do it in one sitting, but if they think there is a risk of
9 infection, they are going to break the surgery down. I don't
10 know the details of the surgery, but they want to do it in two
11 steps so that they can probably monitor it more closely.
12 Q Thank you.
13 The records that you reviewed of Johns Hopkins, did it
14 indicate to you that the family had gone there to find out
15 about actually doing the cranioplasty?
16 A Seems that way, yes.
17 Q So they weren't looking to delay it, they were --
18 MR. HAWORTH: Objection.
19 THE COURT: Overruled.
20 Q I said they weren't looking to delay it, they were
21 actually there trying to find out how it could be done and when
22 it could be done, true?
23 A It hasn't been done yet.
24 Q I know. Now, I refer you now to your page seven, I
25 think it's the last section, supervision, you see that?

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1109

1 A Yes.
2 Q Okay. Now, under supervision you state his -- I'm
3 looking now at, I believe it's the third -- well, let's read
4 the entire -- it's three sentences before A. "Parent is
5 independent -- patient, not parent. "Patient is independent of
6 basic self care --" you told us that before, right?
7 A Yes.
8 Q -- "and needs assistance with home and community
9 activities," right?
10 A Yes.
11 Q "He is at high risk for injury while he's awaiting
12 cranioplasty," you told us that earlier, right?
13 A Yes.
14 Q "His seizure management has not been fully maximized
15 and needs to be addressed," correct?
16 A Yes.
17 Q So you believe that he needs to manage his seizures
18 more than they've already been done, correct?
19 A Yes.
20 Q Are you aware that since approximately 2015 that Mark
21 Perez has been on at least four, if not six, seizure
22 medications?
23 MR. HAWORTH: Approach, Your Honor?
24 THE COURT: Yes.
25 (WHEREUPON, a discussion was held off the record,

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1110

1 at the side bar, in the presence of the Court and
2 counsel and out of the hearing of the jury.)
3 THE COURT: Overruled.
4 BY MR. MORELLI:
5 Q So, Doctor, let's just say that Mark Perez has been on
6 multiple seizure medications, okay, at least three, maybe more,
7 okay, fair enough?
8 A Yes.
9 Q And the seizures are still breaking through the
10 medication, fair enough?
11 A Yes.
12 Q Okay. So now, when you that it has not been fully
13 maximized and needs to be addressed, why don't know you tell us
14 what you mean by that?
15 A So first thing is to --
16 Q I just ask you to keep your voice up just a little,
17 okay?
18 A Yes.
19 As I've mentioned before, the first step is trying to
20 work on towards getting a definitive diagnosis and capturing an
21 epilepsy or a seizure when it actually happens with EEG
22 evidence. That will be our first step.
23 The second step is to look at when he has a
24 breakthrough seizure, has he taken his medication? We are --
25 there is no evidence of that being tested. So one is he may

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1111

1 have forgotten to take it and that's why he has a seizure. The
2 other is he may not be absorbing it. Maybe that drug is not
3 working for him.
4 So we need to know if he's on the right drugs, on the
5 right level before we can say that that drug has failed. I
6 don't see that in his reports.
7 Q Well, he has seen multiple neurologists and he has
8 seen Dr. Schwartz, who's a neurosurgeon and is he's still
9 having seizures and they're giving him medication. Do you have
10 any reason to believe that that young man is not taking his
11 medication, is that what you're saying?
12 A It's possible.
13 Q Anything is possible; isn't that true?
14 MR. HAWORTH: Objection.
15 THE COURT: Sustained.
16 BY MR. MORELLI:
17 Q Anything is possible.
18 THE COURT: Sustained.
19 MR. HAWORTH: Objection.
20 THE COURT: Next question.
21 BY MR. MORELLI:
22 Q Now, it says: "He should wear a helmet when out of
23 bed until cranioplasty." Have you had an opportunity to hear
24 the testimony or see the testimony of Mark Perez with reference
25 to wearing a helmet?

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1112

1 THE COURT: Deposition, trial or both or what are
2 you talking about?
3 MR. MORELLI: Any of them.
4 A He has worn a helmet in the past, but he's not wearing
5 one currently.
6 Q Right. And did you see the testimony of why he
7 doesn't wear one currently, do you know why?
8 A No.
9 Q Okay. It's because he's embarrassed --
10 MR. HAWORTH: Objection.
11 THE COURT: Sustained.
12 BY MR. MORELLI:
13 Q The testimony in the case is that he's embarrassed and
14 it makes him feel like a freak and that's why he doesn't wear
15 it.
16 MR. HAWORTH: Objection, Your Honor.
17 THE COURT: I'm waiting for a question, counsel.
18 What's the question, Mr. Morelli?
19 BY MR. MORELLI:
20 Q Is that understandable to you?
21 MR. HAWORTH: Objection. Calls for a lay
22 opinion, Judge.
23 THE COURT: Overruled.
24 BY MR. MORELLI:
25 Q Yes or no, is it understandable?

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1113

1 A I can't answer that with a yes or no answer.
2 Q Now, in supervision, B, you state: "Following his
3 surgery, he needs assistance for medication management, home
4 and community activities." Did you write that?
5 A Yes.
6 Q Okay. Because you believe that he can't live alone,
7 he needs supervision, correct?
8 MR. HAWORTH: Objection.
9 THE COURT: Overruled.
10 A For certain activities, yes.
11 Q I'm going to ask you the question again. You believe
12 that he can't live alone, that he needs supervision?
13 MR. HAWORTH: Objection. Asked and answered.
14 THE COURT: Can you answer it with a yes or no,
15 Doctor?
16 THE WITNESS: No.
17 THE COURT: Okay. Thank you.
18 BY MR. MORELLI:
19 Q I refer you to page six. Under G on the top under
20 conclusions, after you mentioned his inability to return to his
21 prior occupation, you said "or live independently," true? Did
22 you write that?
23 A Yes.
24 Q Okay. And you didn't say independently part-time, you
25 said independently; isn't that true?

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1114

1 A Yes.
2 Q Right. Now, when somebody can't live independently
3 means they have to live with someone there to help and
4 supervise them; is that a correct statement? Is that not what
5 living independently means?
6 A I can't answer that with a yes or a no.
7 Q Now, you say: "Following his surgery he needs
8 assistance for medication management," did you write that?
9 A Yes.
10 Q Okay. Now, does he -- right now he hasn't had the
11 surgery, right, the next surgery or the next two surgeries --
12 MR. HAWORTH: Objection.
13 Q -- according to whether it's at Hopkins or not?
14 THE COURT: Can we have the question before the
15 objection, please?
16 MR. HAWORTH: Yes, Your Honor.
17 THE COURT: Thank you. Can I hear the question
18 back.
19 (The record is read by the reporter.)
20 THE COURT: Compound question I think. Can you
21 start over. I'm not sure exactly --
22 MR. MORELLI: No, no, no, my --
23 THE COURT: I don't know what the question was,
24 Mr. Morelli, and I just heard it back, so can you start
25 over? I'm not sure what that was.

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1115

1 MR. MORELLI: I'm going to frame the question
2 again.
3 THE COURT: Thank you.
4 MR. MORELLI: Okay.
5 BY MR. MORELLI:
6 Q My question is, first of all, Johns Hopkins
7 recommended possibly doing the surgery in two parts because of
8 the complications prior, true?
9 A True.
10 Q True. So my question to you is when you're talking
11 about following his surgery, you're talking about that next
12 cranioplasty, whether it's done in one surgery or two; is that
13 correct?
14 A Yes.
15 Q Okay. And you say: "He needs assistance for
16 medication management," true?
17 A Yes.
18 Q Okay. Now, right now he hasn't had the surgery yet,
19 true?
20 A Yes.
21 Q But you know that he's on a number of medications,
22 correct?
23 A Yes.
24 Q So doesn't he need medication management now also?
25 A Yes.

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1116

1 Q All right. So he needs it before and after the
2 surgery, not just after the surgery, correct?
3 A Yes.
4 Q Okay. And home and community activities, he needs
5 assistance with that, too, correct?
6 A Yes.
7 Q Okay. And you then give an example or examples:
8 "Cooking, cleaning and shopping, he should have assistance
9 seven days a week, but only four hours a day." That's what you
10 wrote, right?
11 A Yes.
12 Q Okay. Now, how did you determine -- withdrawn.
13 When you made that determination that he only that he
14 can't live independently in one part of your report, can't live
15 independently, and he needs assistance for medication
16 management, home and community activities, but he only needs
17 assistance four hours a day, right? What does he do the other
18 20 hours a day? What does he do, does he not eat the other 20
19 hours? You said four hours a day. I don't understand it. So
20 what does he do the other 20 hours, just explain it to me.
21 A So he's independent of his basic self care, so if food
22 is prepared -- cooked and prepared and kept for him, he can eat
23 that. He will take it and eat it for lunch or dinner. He can
24 do that. He can dress himself, he can bathe himself.
25 And we have -- we are talking about managing the

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1117

1 seizures and also, having a cranioplasty, so the risk of injury
2 is eliminated or reduced greatly. So at this point I think
3 that he can manage on his own, but he cannot shop or cook or
4 clean. He needs somebody to come in and help him with all of
5 that. His medications should be filled in a pill box, then he
6 will be able to take that.
7 Q So let me just understand. All of the cooking, all of
8 the cleaning, all of the shopping and all of the supervising of
9 Mark Perez, we should ram that into four hours a day; is that
10 your testimony?
11 A This is --
12 Q Why are we doing it four hours a day, is that to save
13 money?
14 MR. HAWORTH: Objection.
15 THE COURT: Sustained.
16 Q What's the reason for it?
17 MR. HAWORTH: Objection.
18 THE COURT: Overruled.
19 BY MR. MORELLI:
20 Q Why do you pick four hours?
21 THE COURT: You want her to answer the last
22 question?
23 MR. MORELLI: I'll take any answer.
24 THE COURT: Okay. Great.
25 A This is typically what we provide patients and it

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1118

1 is -- it's something that has, from my experience, been
2 sufficient for patients like him.
3 Q Patients like him without seizures?
4 A We're talking about after his seizures are controlled.
5 Q Oh, so in other words, your assumption that he only
6 needs four hours a day for cooking, cleaning and shopping and
7 also assisting him with the assumption that his seizures are
8 under control; is that true?
9 A And his cranioplasty is done.
10 Q Right. And am I correct, Doctor, that every time you
11 do brain surgery, it's another trauma on the brain; is that
12 true? Is that a correct statement?
13 A Yes.
14 Q Yes. And every trauma on the brain can often lead to
15 more seizures; is that true, yes or no?
16 A Yes.
17 Q Yes. And so what you're assuming here when you say
18 four hours a day is all he needs after you say he can't live
19 independently, is that he's going to have this cranioplasty,
20 right, it's going to go perfectly, it's not going to cause more
21 seizures, it's going to have the seizures under control, the
22 medication is now going to start working and keep his seizures
23 under control, and those are all of the assumptions that you
24 made when you decided to give this man four hours a day of
25 care, yes or no?

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1119

1 A Yes.
2 Q Okay. Now, let me just ask you whether or not you --
3 and I'm going to read to you from the record of Justin Perez
4 who was at the exam that you did. That's one of the people you
5 identified, Justin Perez.
6 THE COURT: Trial testimony?
7 MR. MORELLI: Trial testimony.
8 THE COURT: What page was that on?
9 MR. MORELLI: Page 556.
10 MR. SIROTKIN: It was November 14th.
11 MR. MORELLI: November 14th, page 556.
12 THE COURT: Okay.
13 BY MR. MORELLI:
14 Q I want you to accept that this is the trial testimony
15 by Justin Perez, his brother, okay? And actually, you did
16 speak to his brother at that physical?
17 A Yes.
18 Q And he told you certain things in a short period of
19 time. He told you certain things that he does for his brother
20 and that he cares for him and he lives with him a lot of times,
21 right?
22 A Yes, briefly.
23 Q What?
24 A Briefly.
25 Q Briefly, yes. I know he only spoke to you briefly.

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1120

1 So here's the question:
2 "QUESTION: What types of things do you do to
3 help take care of Mark?"
4 And Justin Perez says:
5 "ANSWER: Well, I supervise him with almost
6 everything. So I'll help him with his laundry, I help him
7 with his cooking for his meal prep and stuff like that. He
8 tries to stay on a diet. I help him with everything from
9 handling money, like, you know, we have a bank account. I
10 take him to the mall. I like to let him -- give him some
11 money so he can go shopping for himself. I make sure if he
12 wants something, what he's getting himself is something
13 that's appropriate. Sometimes he buys things that are like
14 a little strange, like magic tricks and stuff like that.
15 So I try to just talk to him when he wants to make a
16 purchase and say did you really need that, you know?
17 "And, yes, I take him everywhere. Like I said, I
18 take him to the gym, drop him off at the gym sometimes if I
19 think he can handle it. And, you know, we go everywhere
20 together. I try to include him in my day, wherever it
21 takes me, just so he's got his brother."
22 Okay. Now I go to page 557 -- no, 558 but it
23 starts on 557:
24 "QUESTION: My question was, based upon your
25 observations, why do you believe he can't live on his own?"

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1121

1 And Justin Perez, his brother, says: "Really
2 just because he makes decisions that are dangerous
3 sometimes. Aside from the fact that he needs to be with
4 and with someone all the time because being alone is not
5 doable for him, it's little things that could potentially
6 be dangerous, like if he was to cook on his own, which he
7 does sometimes, I have to double-check and make sure he
8 turns it off because he leaves it on all the time."
9 He's talking about the stove.
10 "There are other things that fall into line like
11 wishing clothes. He blew up the washing machine just a few
12 months ago because he washed metal screws that he had found
13 somewhere in one of his pockets and just didn't know to
14 take them out of his pocket. So he will jam up equipment
15 and stuff and he will just -- he'll make decisions that are
16 sometimes not good.
17 "The medication is another thing. Sometimes he
18 forgets what medication he took and how much of it he took.
19 And I know he hates his medication because there's a lot of
20 them, but I'm -- you know, I just know that taking the
21 wrong amount of them might not be good for him. So I got
22 to watch all of that."
23 Now, did you know that when you made your
24 determination, that he needed four hours a day?
25 MR. HAWORTH: Objection.

Dr. Ambrose - by Defendant - Cross/B.Morelli Page 1122

1 BY MR. MORELLI:
2 Q Just yes or no, did you know it?
3 MR. HAWORTH: This is trial testimony.
4 THE COURT: Sustained, sustained.
5 BY MR. MORELLI:
6 Q Now, the testimony that I just read you, Dr. Ambrose,
7 does that change your opinion at all as to whether or not Mark
8 Perez can live independently 20 hours a day, does it change
9 your opinion?
10 A No.
11 Q Okay.
12 MR. MORELLI: Judge, just give me one second.
13 (Brief pause in the record.)
14 MR. MORELLI: Judge, I'm going to be done.
15 THE COURT: Going to be or are you?
16 MR. MORELLI: I'm going to be. I don't mean
17 going to be, I am.
18 THE COURT: Okay. Thank you. Let me just take a
19 couple of minutes so Mr. Haworth can get his stuff set up
20 and we'll be right back, okay?
21 THE COURT OFFICER: All rise, jury exiting.
22 (Jurors exited the courtroom.)
23
24
25

Ambrose - by Defendant - Redirect / Haworth Page 1123

1 THE COURT: Let me take a couple of minutes so
2 Mr. Haworth can get his stuff set up and we will be right
3 back.
4 COURT OFFICER: All rise. Jury exiting.
5 (Jury steps out of courtroom)
6 (Brief pause)
7 (Jury enters courtroom)
8 REDIRECT EXAMINATION
9 BY MR. HAWORTH:
10 Q Hello again, Dr. Ambrose.
11 A Hello.
12 Q You have been on the stand for a number of hours now.
13 I am just going to try and cover a few topics with you and then
14 we are all done. We are in the home stretch.
15 You have spoken to me numerous times during this
16 case, and that's what you told Mr. Morelli; correct?
17 A Yes.
18 Q I believe you talked about, maybe, a phone call and
19 some meetings that we had; correct?
20 A Yes.
21 Q At any point did anything that I ever said or anyone on
22 the defense team ever said to you influence your opinions in this
23 case, even one of them, in any way whatsoever?
24 A No.
25 Q When you were retained, weren't you told to call it

Ambrose - by Defendant - Redirect / Haworth Page 1124

1 like you see it?
2 A Yes.
3 Q I never told you what to say, did I?
4 A No.
5 Q You mentioned there was a phone call when you were
6 retained. You weren't told what to say during that phone call,
7 were you?
8 I will rephrase it. Were you told what to say
9 during that phone call?
10 MR. MORELLI: Your Honor, it is the same thing.
11 THE COURT: I will allow it, but keep the leading
12 to a minimum.
13 MR. HAWORTH: Sure.
14 Q During any of the meetings were you told what to say in
15 court today or in your report?
16 A No.
17 Q There was a lot of discussion of subjectivity and
18 objectivity, so let me touch on that.
19 Did you credit Mr. Perez's subjective complaints
20 in preparing your report and making your opinions, doctor?
21 A Yes.
22 Q Does your plan, your medical management plan, does it
23 consider those subjective complaints?
24 A Yes.
25 Q Does your plan also consider the objective testing?

Ambrose - by Defendant - Redirect / Haworth Page 1125

1 A Yes.
2 Q Did you throw anything out and dismiss it outright
3 based on malingering or malingering findings?
4 MR. MORELLI: Do you want me to not make
5 objections?
6 THE COURT: I will allow it.
7 A No. I thought it was better to overtreat than to
8 undertreat.
9 Q In the course of your day-to-day practice, do you rely
10 on review of reports of films read by radiologists and
11 neuroradiologists?
12 A Yes.
13 Q And just like in your day-to-day practice, is that what
14 you did here in connection with this case?
15 A Yes.
16 Q You testified that you reviewed certain documents in
17 this case, correct?
18 A Yes.
19 Q Do you believe you reviewed the entire medical record
20 in this case?
21 A Yes.
22 MR. HAWORTH: I would like to mark an exhibit,
23 please.
24 (Exhibit marked for identification
25 as Defendant's Exhibit C.)

Ambrose - by Defendant - Redirect / Haworth Page 1126

1 MR. MORELLI: Can we approach, your Honor?
2 THE COURT: Yes.
3 (Off-the-record discussion held)
4 Q Doctor, I am going to show you what we have marked as
5 Defendant's Exhibit C, which is just a list of medical records in
6 this case. My only question -- hopefully my only question is
7 this:
8 Seeing that list, does that refresh your
9 recollection of all the medical records and documents that you
10 reviewed in connection with this case?
11 A Yes.
12 Q Thank you. You can put that down.
13 THE COURT: By stipulation is that marked in?
14 MR. MORELLI: I don't see why it should be in
15 evidence. If he --
16 THE COURT: Then she is going to have to testify
17 to it.
18 MR. MORELLI: Okay. So she can testify to it. He
19 can go through the list and say, "Did you see this record?"
20 That's fine. I don't dispute that she says she saw all the
21 medical records, so I don't understand the point.
22 MR. HAWORTH: Okay. As long as he stipulates she
23 saw all the records in the case, fine. There was
24 questioning on it.
25 MR. MORELLI: That's what she says.

Ambrose - by Defendant - Redirect / Haworth Page 1127

1 MR. HAWORTH: Fine. I appreciate that.
2 Q There were questions regarding employability. Do you
3 recall that?
4 A Yes.
5 Q Have you formed an opinion as to whether Mr. Perez may
6 be employable in some capacity after he has the cranioplasty and
7 treatment prescribed in your medical management plan?
8 MR. MORELLI: Objection, your Honor. That's not
9 her field of expertise.
10 (Off-the-record discussion held)
11 Q Doctor, in the course of your day-to-day practice, are
12 you from time to time called upon to determine whether someone is
13 able to go to work?
14 A Yes.
15 Q In this case, have you formed an opinion as to whether
16 after Mr. Perez has his cranioplasty and assuming he complies
17 with your medical management plan, have you formed an opinion as
18 to whether he may have the ability to return to some form of
19 employment thereafter?
20 A Yes.
21 Q What is your opinion, doctor?
22 A Once all his medical issues are addressed successfully,
23 it is quite possible he can do a job which is not demanding from
24 a cognitive point of view, a fairly straightforward simple job
25 like being a doorman or something like that. It is possible that

Ambrose - by Defendant - Redirect / Haworth Page 1128

1 he can do something like that.
2 Q Thank you.
3 Now, there was talk about malingering. Is
4 malingering something that doctors in your profession as well as
5 neurologists, neuropsychologists, brain injury people; is
6 malingering something that doctors like you regularly look at to
7 see if it is going on?
8 A It is part of our assessment.
9 Q And why do you do that?
10 A Because a small portion of our patients do embellish
11 their symptoms or put in less effort for various reasons.
12 Q Is that something that is done with -- I just want to
13 be clear -- neuropsychologists, neurologists, brain injury
14 physiatrists like you across the board?
15 A Everybody does it.
16 Q Okay. Thank you.
17 When you administered tests and Mr. Morelli asked
18 you about them, the MAST and the MoCA tests, were Mr. Perez's
19 scores consistent with one another?
20 A No.
21 Q When you looked at the other medical reports and
22 testing that was done, not just that you did but that the others
23 did, did you find variability in the scores?
24 A Yes.
25 Q Is that, in your opinion, an indication of

Ambrose - by Defendant - Redirect / Haworth Page 1129

1 overreaching, exaggerating, malingering, whatever you want to
2 call it?
3 MR. MORELLI: Objection. Could we just ask her
4 what her opinion is instead of telling her?
5 THE COURT: I think the question was okay.
6 Overruled.
7 A Do I answer?
8 Q Yes.
9 A So over the years under examination by many other
10 different physicians he has shown great variability in his
11 performance, and this is suggesting either lack of effort or
12 embellishing his symptoms.
13 Q Does this have an affect on your ability, doctor, to,
14 sort of, hone in on and describe precisely what is going on with
15 him cognitively?
16 A Yes.
17 Q And is that consistent with any of the treatment
18 records that you have reviewed in his own treating physicians?
19 A Yes.
20 Q Would that be Dr. Sophir-Kusnetz's records?
21 A Yes.
22 Q There was a lot of questioning about seizures and
23 whether you believe he actually has seizures, whether he has
24 epilepsy and all that; do you remember that?
25 A Yes.

Ambrose - by Defendant - Redirect / Haworth Page 1130

1 Q In your medical management plan, do you give credence
2 to the notion that Mr. Perez says that he has seizures?
3 A Yes.
4 Q And do you do that by saying he needs to see a
5 neurologist?
6 A Yes.
7 Q Do you say he needs to see an epileptologist?
8 A Yes.
9 Q What medication for seizures is Mr. Perez currently
10 taking?
11 A He is on Tegretol, extended form, 300 milligrams twice
12 a day.
13 Q Do you have any thoughts, doctor, as to whether that
14 dose is working, whether that medication is working, whether it
15 needs to be looked at by an epileptologist or anything else? Any
16 concerns about that?
17 A Yes.
18 Q And can you tell the jury what your concerns are?
19 A It is a single drug. He is not on a very high dose for
20 that. There are no blood levels to say what is the level in his
21 body. Is it at the therapeutic level? And then the other piece
22 of it is that we don't know if the drug is even working even if
23 the level is high.
24 He is clearly having, according to the family's
25 description, having breakthrough seizures. If he is, then that

Ambrose - by Defendant - Redirect / Haworth Page 1131

1 really is not acceptable.
2 Q Is that why you say he has to see a doctor who
3 specializes in that?
4 A A neurologist, not a neurosurgeon. Right now he needs
5 to go to that phase for treatment. He needs to see a neurologist
6 who specializes in epilepsy, the medical management of it, before
7 we talk about doing surgery to his brain.
8 Q And has he done that in the past several years?
9 A He has seen neurologists, but I don't see an epilepsy
10 specialist.
11 Q In your opinion, should he have been seeing an epilepsy
12 specialist?
13 A Yes.
14 Q Regarding the cranioplasty, in your opinion, doctor, is
15 there the potential that Mr. Perez would be in better condition
16 today in terms of safety, in terms of cognition, and in terms of
17 seizures had he already had the cranioplasty?
18 A That is most likely he would be in a better position.
19 Q Now, you were asked a lot of questions for a lot of
20 time by Mr. Morelli. I normally don't ask this, but I have one
21 last question for you.
22 To a reasonable degree of medical certainty, did a
23 single question that Mr. Morelli ask you change any, any of the
24 opinions contained in your report and that you told us all here
25 earlier today?

1 A No.
2 Q Thank you very much, doctor. I have nothing else.
3 THE COURT: Doctor, thank you. You can step down.
4 (Witness excused)
5 MR. MORELLI: Could we approach for a second?
6 THE COURT: Of course.
7 (Off-the-record discussion held)
8 THE COURT: Okay. Again, we are down tomorrow.
9 Next week we are working for sure on Monday and on
10 Wednesday. Tuesday is still a little bit up in the air.
11 But then we are down for Thanksgiving until the following
12 Monday.
13 Now, in terms of this coming Monday, I am going to
14 have you report at 10:00. I have got another case I have to
15 deal with first thing in the morning, so I am going to have
16 you come in a little bit later. I want to get started as
17 soon as humanly possible after the other case.
18 Thank you for your indulgence in staying a little
19 late tonight. I really hope we won't make a habit of this,
20 but thank you again.
21 Please remember my instructions about researching,
22 social media posts, talking to anybody, or even talking
23 among yourselves and everything else I told you.
24 Have a great weekend. I will see you on Monday.
25 Thank you.

1 COURT OFFICER: All rise. Jury exiting.
2 (Jury steps out of courtroom)
3 THE COURT: Anything, gentlemen?
4 MR. O'HARA: Not on behalf of the defense.
5 THE COURT: Thank you.
6 (Proceedings adjourned to
7 Monday, November 25, 2019, 10:00 a.m.)
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A	1007:5;1102:7; 1109:9;1113:4,10; 1116:4,16	again (22) 972:5;979:22,24; 981:16;1015:20; 1043:8;1045:1;1048:3; 1051:15;1053:8; 1061:8;1067:4; 1080:24;1082:22; 1092:5,14;1101:6; 1113:11;1115:2; 1123:10;1132:8,20	971:10,15;1009:7,25; 1033:2;1054:4; 1056:14;1061:2; 1072:20;1088:22; 1090:20;1122:6; 1123:10	996:12;1012:15; 1020:25;1025:3; 1051:17,21;1052:13; 1056:12;1077:6; 1084:11;1088:20; 1089:25;1090:9; 1109:23;1126:1; 1132:5
AB (1) 992:12	activity (3) 1074:12;1075:7; 1080:16	age (3) 984:23;985:24; 1085:1	ambulatory (2) 1078:2;1081:18	approaching (1) 1049:18
abide (2) 1049:6,25	actually (33) 983:24;991:3; 992:10;999:6;1004:13; 1012:4;1021:23; 1027:17;1028:25; 1035:17;1037:1; 1038:9,14,20;1044:6; 1046:16;1058:11; 1061:20;1072:23; 1073:1;1079:14; 1083:15;1086:8; 1087:2;1095:24; 1104:5;1105:24; 1107:20;1108:15,21; 1110:21;1119:15; 1129:23	agencies (1) 1001:12	among (1) 1132:23	appropriate (5) 1027:19,22;1028:1, 6;1120:13
abided (1) 1049:7	added (1) 1097:22	aggression (1) 990:1	amount (3) 983:23;1010:2; 1121:21	approximately (1) 1109:20
ability (8) 978:6,7,8;1010:6; 1012:20;1050:12; 1127:18;1129:13	adding (1) 1097:19	aggressive (4) 1050:11,19;1051:8; 1053:14	analyzed (1) 1081:23	area (4) 999:19;1003:24; 1081:20;1099:10
able (14) 977:7,8,10,13;978:8; 981:8;982:14;987:21; 992:19;1004:11; 1005:9;1096:7;1117:6; 1127:13	addition (2) 1042:1;1081:21	ago (3) 983:17;1013:13; 1121:12	anatomical (1) 986:25	argue (1) 1106:4
abnormal (3) 985:10;994:2; 1081:18	address (1) 970:8	agree (20) 1017:2,4;1020:3; 1022:2,7,13,16,18; 1050:6,9;1062:4; 1068:16;1086:12,14; 1093:9;1104:22,23,24; 1105:3,6	ankle (1) 988:17	arguing (2) 1015:1;1106:13
abnormalities (3) 986:18;993:25; 1002:13	addressed (4) 1103:13;1109:15; 1110:13;1127:22	ago (3) 983:17;1013:13; 1121:12	Anne (4) 970:5,6,10;971:10	Argumentative (3) 1014:23;1060:23; 1099:18
absolutely (2) 1051:23;1053:2	ADL (1) 1102:6	agree (20) 1017:2,4;1020:3; 1022:2,7,13,16,18; 1050:6,9;1062:4; 1068:16;1086:12,14; 1093:9;1104:22,23,24; 1105:3,6	answered (15) 1038:3;1059:10; 1060:25;1065:24; 1073:25;1076:21; 1082:18;1088:5; 1090:7;1093:11; 1101:1,5;1102:14; 1104:25;1113:13	arm (4) 983:25;986:19,24; 994:16
absorbable (1) 1000:14	ADLs (2) 1101:23,25	agreed (8) 1060:18;1064:7; 1078:23,24,25;1087:2; 1105:1;1106:9	anterior (1) 988:25	around (3) 985:14;1042:21; 1048:2
absorbing (1) 1111:2	administer (3) 980:22;992:4;993:5	ahead (4) 1032:22;1071:12; 1074:23;1075:2	antibiotic (1) 1001:8	arrhythmias (1) 1081:24
abstraction (1) 978:9	administered (5) 982:22;992:7;993:2; 1104:10;1128:17	air (1) 1132:10	antibiotics (5) 1001:7,8,17;1104:2, 6	arrival (2) 1091:8,8
AC (2) 1003:2;1099:20	admonish (1) 1049:24	alert (1) 1091:9	anticipated (6) 1095:3,8,17;1096:1; 1097:7,8	artificially (1) 1051:25
accept (1) 1119:14	adult (1) 1009:13	allow (10) 1006:13;1029:15; 1071:7;1088:6,19; 1089:24;1090:1; 1093:12;1124:11; 1125:6	antisocial (1) 990:2	Asia (1) 971:21
acceptable (1) 1131:1	advertise (1) 1015:21	almost (2) 988:5;1120:5	anxiety (9) 990:7;1005:1; 1086:18;1087:7; 1088:4,9;1090:4; 1100:9,13	Aside (1) 1121:3
accident (2) 977:4;995:20	advice (2) 1020:12;1026:12	alone (6) 1078:11,22;1079:6; 1113:6,12;1121:4	anxious (2) 990:8;1087:8	Aspiration (1) 1085:6
accidental (1) 1085:6	advocacy (2) 1050:12;1051:9	along (1) 1084:19	aphasia (4) 981:1,2;982:20; 1095:19	assess (1) 988:8
accompanied (4) 976:18,19;1022:25; 1024:5	affect (6) 1007:9;1034:6,7,12, 13;1129:13	although (6) 1002:9;1005:9; 1006:14;1070:3; 1094:6;1104:17	appeared (1) 986:8	Assessment (8) 978:4;1029:4,5; 1054:20;1094:21; 1098:16;1100:23; 1128:8
accordance (1) 1095:25	afraid (1) 1088:16	always (3) 980:25;988:6; 1006:15	application (1) 1077:11	assessments (1) 987:23
According (3) 990:10;1114:13; 1130:24	afternoon (2) 1054:4,5	Ambrose (17) 970:5,6,10,14;	applied (2) 995:13;1049:22	assistance (8) 1109:8;1113:3; 1114:8;1115:15; 1116:5,8,15,17
account (1) 1120:9	afterwards (1) 1032:21		approach (16)	assisting (1) 1118:7
accuracy (1) 981:17				associated (1) 1001:23
accurate (5) 995:12,12;1010:5; 1025:25;1037:18				Assumes (1) 1056:10
acquired (1) 973:6				assuming (2)
across (1) 1128:14				
activities (7)				

<p>1118:17;1127:16 assumption (2) 1118:5,7 assumptions (1) 1118:23 atrophy (1) 983:18 attention (2) 1020:4;1061:1 attention-to-detail (1) 1061:2 attorney (8) 970:17,19,25;971:2; 976:19;1023:1;1024:5; 1050:24 attorneys (4) 971:6;1016:3,5; 1105:24 audio (1) 1091:19 August (22) 976:16;1013:8,9,9, 15;1014:5;1020:22; 1021:13;1024:3; 1054:6;1058:7,19,23; 1059:1;1060:17; 1061:6;1078:2,2; 1080:24,24;1091:22; 1102:13 automatic (1) 981:11 average (6) 975:3;985:13; 1011:1,2,11;1084:8 awaiting (1) 1109:11 awake (1) 1091:9 award (1) 1018:25 aware (3) 1046:8;1104:9; 1109:20 away (1) 992:15</p>	<p>bank (1) 1120:9 bar (6) 996:14;1005:15; 1072:17;1077:8; 1084:14;1110:1 Barber (9) 1014:10,11;1015:10, 17,25;1016:8;1017:6; 1018:1,2 Barry (3) 979:3;1017:15; 1033:20 Based (15) 978:23;982:19; 991:22;995:6,17; 1000:22;1001:7; 1007:7;1019:6; 1051:14;1083:13; 1088:10;1103:8; 1120:24;1125:3 basic (3) 982:11;1109:6; 1116:21 basically (1) 1036:10 basis (3) 972:24;973:9;1106:8 bathe (1) 1116:24 became (1) 974:16 bed (1) 1111:23 beforehand (1) 1080:25 beginning (5) 1035:23;1040:21; 1049:2;1051:21; 1076:24 behalf (3) 971:10;975:5;1133:4 behave (1) 1049:25 behavior (5) 989:9;990:2,3,5; 1005:2 behavioral (1) 989:17 behind (1) 1053:18 believes (1) 1104:17 below (1) 986:19 Ben (1) 1073:7 benefit (3) 994:23;1000:3; 1002:25 best (8) 986:7;989:21;995:3; 1010:6;1012:20;</p>	<p>1013:20;1014:4,10 better (5) 1037:1;1061:10; 1125:7;1131:15,18 beyond (1) 1005:19 big (1) 978:9 biggest (2) 1070:2;1094:1 Bikram (1) 1091:7 billed (1) 975:17 bit (11) 971:17;982:15; 984:2;985:16;988:18; 991:23;995:16; 1018:19;1102:4; 1132:10,16 blew (1) 1121:11 blood (2) 1001:3;1130:20 blue (1) 1015:18 board (6) 972:10,13,16,17,19; 1128:14 body (6) 986:25;987:1;994:3, 17;1002:23;1130:21 born (1) 971:20 boss (1) 1035:17 both (14) 973:5;980:19; 982:18;985:8;986:13; 993:13;1035:19,20; 1051:20,22;1080:12; 1096:18;1097:5; 1112:1 bounds (2) 1050:12;1051:9 box (3) 985:22;1009:18; 1117:5 brain (51) 972:18;973:5,5,6,17, 19;974:2,5,12;978:20; 980:11;983:8;989:1; 992:18;999:3;1001:23; 1002:11,23;1003:14, 18,20;1004:1,4,13; 1036:7,12;1039:6,9,12, 23,24;1040:5;1044:7; 1061:12;1075:3,4,11; 1079:15;1086:1; 1088:22,24;1089:2,7; 1107:11;1108:1; 1118:11,11,14;1128:5, 13;1131:7</p>	<p>break (12) 971:4;1008:10,14, 15;1047:13,15; 1063:25;1064:2; 1077:13;1090:13; 1106:16;1108:9 breaking (1) 1110:9 breaks (1) 971:5 breakthrough (2) 1110:24;1130:25 Brian (2) 974:6;1036:11 Brief (6) 1031:13;1044:19; 1070:13;1077:16; 1122:13;1123:6 briefly (6) 990:16;1105:25; 1119:22,24,25,25 bring (5) 987:14;1030:20,22, 25;1057:21 Bronx (5) 970:11;973:7;974:3; 976:17;1035:3 brother (13) 976:19;1013:2; 1023:1;1024:5; 1091:16,21,22; 1094:14;1119:15,16, 19;1120:21;1121:1 brought (3) 971:20;987:11; 1091:6 Bruno (1) 1032:24 Burke (3) 973:14,24;974:2 business (1) 970:8 Buspar (2) 990:16;991:4 buys (1) 1120:13</p>	<p>1038:24;1082:23; 1086:1;1094:23; 1127:12 calls (3) 970:4;1088:17; 1112:21 came (9) 972:5;1012:8; 1019:2;1033:12; 1037:15;1055:19,23; 1091:22;1097:7 campus (1) 974:3 can (122) 970:20,23;971:1; 972:15;973:14;974:23; 977:22;978:2;979:8, 16;980:9;981:9;984:8, 22;985:13;986:6,17, 22;987:6;988:25; 989:5,14,20;992:7,22; 993:22;994:24;995:3, 18;996:7,10,12;997:3, 18;998:9,10;999:8; 1000:7,17;1001:11; 1002:8,19;1003:4,9,17; 1004:21;1007:1,16; 1008:14;1009:12; 1012:15,18;1015:15; 1022:13;1025:3,13; 1030:17;1032:13; 1037:16,25;1038:2,5; 1043:19;1044:3; 1046:24;1047:17; 1051:3,4,4;1052:13; 1053:1;1056:12; 1063:9;1071:10; 1074:10,10,11; 1078:18,18;1079:17, 25;1089:15;1090:23, 25;1093:8;1095:2,14; 1096:9,11;1097:15,16; 1101:20;1102:3; 1103:6;1105:17; 1107:25;1108:11; 1111:5;1113:14; 1114:14,17,20,24; 1116:22,23,24,24; 1117:3;1118:14; 1120:11,19;1122:8,19; 1123:2;1126:1,12,18, 19;1127:23;1128:1; 1130:18;1132:3 capacity (1) 1127:6 capitals (1) 992:12 capture (2) 1080:16,20 captured (2) 1082:2;1092:1 captures (1) 1082:3</p>
B			C	
<p>back (25) 971:25;972:22; 973:1;977:17,18; 1003:13;1004:10; 1008:10;1012:18,19; 1014:2;1016:2;1038:5; 1048:2;1053:2,18; 1063:17,18;1089:18, 21;1097:21;1114:18, 24;1122:20;1123:3 bad (3) 989:25;1004:24; 1049:16 balance (1) 984:15</p>			<p>call (21) 1011:19;1014:8; 1015:5,5,6,6,8,18; 1016:9;1017:1,2,18; 1018:1;1022:1; 1029:24;1123:18,25; 1124:5,6,9;1129:2 called (20) 970:23;971:10; 974:13;978:4;982:25; 984:18;993:20; 1011:17;1012:11; 1014:8,16,20,25; 1015:25;1019:19;</p>	

<p>capturing (1) 1110:20</p> <p>care (18) 973:20,21;993:2; 995:25;996:3;1001:12; 1006:18;1007:1; 1021:23;1022:6; 1042:19;1045:4; 1070:3;1107:11; 1109:6;1116:21; 1118:25;1120:3</p> <p>careful (1) 1024:13</p> <p>carefully (2) 970:21;1005:18</p> <p>cares (1) 1119:20</p> <p>Carfi (1) 1016:6</p> <p>case (69) 974:6;975:8,13; 976:1,13;992:5;995:2, 7;1010:11;1011:12,16; 1012:5,9,21,23; 1013:16;1016:11,12; 1017:2;1018:3,4,7,15, 21,24;1019:10,20,21; 1027:8,16;1028:4,4; 1030:6,17;1031:7,19; 1037:8,12,13,14; 1038:21,23;1039:4; 1048:18;1049:2; 1050:13;1051:21; 1054:25;1060:2,7; 1064:20,25;1065:1; 1073:2;1077:11; 1078:9;1091:25; 1112:13;1123:16,23; 1125:14,17,20;1126:6, 10,23;1127:15; 1132:14,17</p> <p>cases (7) 1011:13,16,19,19; 1062:16,19;1064:19</p> <p>casually (1) 994:13</p> <p>CAT (7) 1002:22;1039:15,23; 1040:3;1046:13; 1047:2,3</p> <p>categories (6) 978:10;981:6; 1041:17;1042:2; 1084:8;1085:5</p> <p>category (1) 1038:24</p> <p>caught (1) 1044:17</p> <p>cause (4) 984:10;998:8; 1085:4;1118:20</p> <p>cautious (1) 1108:4</p>	<p>ceiling (2) 981:23;982:4</p> <p>cell (4) 1015:6,9,10,25</p> <p>Center (7) 970:11;972:6; 973:22;974:12,15,16, 18</p> <p>cerebral (1) 1081:20</p> <p>certain (12) 983:22;1033:14; 1064:17,17;1065:1,14; 1066:7;1107:10; 1113:10;1119:18,19; 1125:16</p> <p>certainly (1) 1084:1</p> <p>certainty (5) 977:22;986:5; 995:18;1008:5; 1131:22</p> <p>certification (3) 972:11,19,19</p> <p>certified (3) 972:13,16,17</p> <p>chance (2) 1002:24;1098:25</p> <p>change (11) 980:13;982:3; 1059:14,15;1061:4; 1082:4,6,7;1122:7,8; 1131:23</p> <p>changed (4) 1004:24;1061:6,7,8</p> <p>chart (1) 1075:6</p> <p>charts (1) 1019:6</p> <p>check (1) 984:17</p> <p>choices (1) 981:19</p> <p>choking (3) 1042:12;1070:1; 1093:21</p> <p>choose (1) 1086:14</p> <p>chronic (1) 1099:4</p> <p>circle (1) 992:13</p> <p>circumstance (1) 1027:23</p> <p>circumstances (1) 971:8</p> <p>Clap (1) 982:4</p> <p>clarification (3) 1059:20,24;1074:5</p> <p>clarify (5) 1032:17;1056:14; 1059:19;1071:10;</p>	<p>1080:1</p> <p>clean (2) 1001:13;1117:4</p> <p>Cleaning (7) 1042:25;1094:7; 1102:1,3;1116:8; 1117:8;1118:6</p> <p>clear (7) 970:16;999:16; 1064:23;1069:6; 1078:4;1091:10; 1128:13</p> <p>clearly (2) 981:10;1130:24</p> <p>CLERK (2) 970:8,13</p> <p>clinical (3) 972:9;973:9;1081:24</p> <p>clinician (1) 973:18</p> <p>close (1) 1035:7</p> <p>closely (2) 1002:2;1108:11</p> <p>clothes (1) 1121:11</p> <p>codirector (1) 973:23</p> <p>cognition (3) 1005:6,8;1131:16</p> <p>cognitive (18) 977:5;978:4;995:19, 22;998:10;1005:7; 1006:1,9;1043:18,20, 22;1068:8;1069:21; 1092:24;1094:20; 1100:1,7;1127:24</p> <p>cognitively (1) 1129:15</p> <p>cogwheeling (3) 984:9,25;994:19</p> <p>coincide (2) 1025:10,15</p> <p>colleagues (1) 1016:2</p> <p>collect (1) 1001:3</p> <p>college (3) 1034:3,7,12</p> <p>comfortable (2) 985:15;1000:8</p> <p>comfortably (1) 985:13</p> <p>coming (1) 1132:13</p> <p>commands (1) 1091:11</p> <p>comment (1) 982:19</p> <p>Commentary (1) 1068:4</p> <p>commenting (1) 1049:9</p>	<p>comments (5) 1050:7;1063:13; 1091:3,4,5</p> <p>commonly (3) 987:12;1098:12,13</p> <p>communicate (1) 992:19</p> <p>communicating (1) 980:25</p> <p>communication (3) 1042:11;1070:1; 1093:16</p> <p>community (8) 1007:3,5;1009:19; 1090:21;1109:8; 1113:4;1116:4,16</p> <p>compare (1) 988:2</p> <p>Compared (1) 1085:1</p> <p>comparing (1) 982:18</p> <p>comparison (1) 1085:2</p> <p>compensated (1) 975:24</p> <p>competent (1) 1036:16</p> <p>complained (1) 980:24</p> <p>complaint (1) 1045:3</p> <p>complaints (22) 995:10;1037:17,21; 1038:10,18;1041:13; 1043:6,10,18,20,22; 1045:2;1068:19; 1070:8,18;1071:1; 1078:11;1079:6; 1092:24;1100:21; 1124:19,23</p> <p>completed (1) 1001:17</p> <p>completely (1) 1049:11</p> <p>complex (4) 978:7;982:11;983:6; 999:18</p> <p>complicated (3) 992:10;1000:1; 1103:22</p> <p>complications (5) 1004:9;1089:5,8; 1103:20;1115:8</p> <p>complies (1) 1127:16</p> <p>comply (1) 1049:5</p> <p>components (1) 1083:25</p> <p>Compound (2) 1034:10;1114:20</p> <p>computer (3) 1044:3;1069:23; 1081:23</p>	<p>computer-monitored (1) 1078:3</p> <p>concentration (2) 1043:25;1069:22</p> <p>concept (5) 1058:11;1061:15,16; 1064:6;1070:24</p> <p>concerning (1) 971:6</p> <p>concerns (4) 1045:10;1071:13; 1130:16,18</p> <p>concluded (1) 1098:23</p> <p>conclusion (11) 986:22;992:22; 1029:1,2,3,4,11,25; 1055:13,20;1099:3</p> <p>conclusions (25) 979:8;987:6; 1028:18,23,25;1029:6, 19;1030:3;1031:8; 1038:21,21,24; 1098:17,20,25;1099:4, 12,16,21;1100:2,19,24; 1101:4,9;1113:20</p> <p>concrete (1) 1044:24</p> <p>condition (3) 977:5;1095:5; 1131:15</p> <p>conduct (4) 1049:11,16,16,19</p> <p>conducted (1) 1049:4</p> <p>confirm (1) 1068:25</p> <p>confirmed (1) 1026:6</p> <p>conjunction (2) 999:12;1108:6</p> <p>Connecticut (2) 1025:19;1026:3</p> <p>connection (8) 975:7,25;980:22; 998:16;999:9;1007:18; 1125:14;1126:10</p> <p>conscious (1) 992:19</p> <p>consider (5) 1001:25;1037:4; 1091:13;1124:23,25</p> <p>considerable (1) 1002:22</p> <p>consideration (1) 1038:16</p> <p>considered (3) 979:13;1001:1; 1022:15</p> <p>consistent (6) 982:16;994:12;</p>
---	--	--	--	---

<p>1002:10;1044:7; 1128:19;1129:17 consists (1) 1028:12 contacted (2) 1012:22;1013:16 contained (1) 1131:24 context (1) 1027:4 Continue (7) 981:5;984:15; 988:14;989:23;996:9; 999:1;1002:3 Continued (8) 990:17;996:3; 1009:5;1026:20; 1054:2;1067:15; 1087:11;1088:1 contrary (1) 1049:11 contributing (1) 998:9 control (9) 982:24;983:7; 998:25;1050:24; 1104:11;1105:13; 1118:8,21,23 controlled (3) 1006:21,25;1118:4 controlling (1) 1051:11 conversation (1) 1060:6 convey (1) 1093:18 convinced (1) 1082:15 cook (4) 1042:24;1094:7; 1117:3;1121:6 cooked (1) 1116:22 cooking (7) 1007:2;1102:1,3; 1116:8;1117:7;1118:6; 1120:7 cooperation (1) 980:20 coping (1) 1005:2 copy (3) 1020:24;1030:8; 1083:3 Cornell (1) 1030:9 correctly (4) 979:22;1001:14; 1092:18;1095:24 correlation (1) 1081:25 corresponds (2) 1074:12;1075:7</p>	<p>counsel (11) 976:11;996:15; 1005:16;1049:8; 1053:4;1056:12; 1072:18;1077:9; 1084:15;1110:2; 1112:17 counting (1) 981:12 country (1) 971:21 couple (5) 970:15;1028:10; 1077:12;1122:19; 1123:1 course (8) 977:10;979:2; 982:23;985:10;1025:4; 1125:9;1127:11; 1132:6 COURT (233) 970:3,14;976:11; 977:15,19;979:11,15, 20;980:6,8;993:9,11, 14;996:12,14,17; 997:11,17;1005:12,15, 17,22;1006:13;1007:4, 21;1008:2,9,12,14,16; 1009:1,3,22;1010:12; 1011:20;1012:15; 1014:24;1015:13,20; 1018:6,11,18,23; 1019:2,13,18,23; 1020:7,11;1021:1; 1022:11,23;1024:16, 18;1025:4,7;1028:8; 1029:9,15;1032:15; 1034:10;1036:1; 1037:25;1038:4; 1040:10,16;1045:14; 1046:11,21,24; 1047:12,15,19;1048:1, 5,8;1049:13,24;1050:6, 9,22;1051:19;1052:12, 16,22,25;1053:3,9,23, 25;1056:7,12,24; 1057:3;1059:7,11; 1060:5,9,24;1062:16, 19;1063:11,13,19,23, 25;1065:24;1066:2,4, 11,14,16,20,23;1067:1; 1068:4;1069:5,12,16; 1071:7;1072:6,10,15, 17;1073:21;1074:2,15, 18;1075:2;1076:4,8,14, 22;1077:6,8,10,14,18, 20;1078:14,17;1080:8; 1082:12,18;1084:12, 14,16;1085:19; 1087:10;1088:6,14,19; 1089:14,20,24;1090:1, 7,10,12,14,16,18; 1093:12;1097:12,15,</p>	<p>18,23;1098:8;1099:19; 1101:2,7,11,14,17,22; 1102:15,19;1105:1,5,8, 11,22;1106:2,4,11,15; 1107:2,4;1108:19; 1109:24;1110:1,3; 1111:15,18,20;1112:1, 11,17,23;1113:9,14,17; 1114:14,17,20,23; 1115:3;1117:15,18,21, 24;1119:6,8,12;1122:4, 15,18,21;1123:1,4; 1124:11,15;1125:6; 1126:2,13,16;1129:5; 1132:3,6,8;1133:1,3,5 courtroom (18) 970:2;1008:13; 1009:2;1048:6; 1049:22;1054:1; 1063:21,24;1077:15, 19;1090:15,19;1106:3; 1107:3;1122:22; 1123:5,7;1133:2 cover (2) 996:23;1123:13 covered (1) 1102:17 crane (1) 998:11 craniectomy (1) 996:21 cranioplasty (28) 996:22;997:14,21; 998:13,16;999:11; 1006:22;1009:10; 1032:6;1086:9,14; 1089:11;1103:16,19, 23;1107:21;1108:4,15; 1109:12;1111:23; 1115:12;1117:1; 1118:9,19;1127:6,16; 1131:14,17 crease (1) 986:19 credence (3) 1036:22;1037:20; 1130:1 credit (1) 1124:19 cries (2) 1044:11;1069:24 Cross (1) 1009:22 cross-examination (9) 1008:11;1009:23; 1027:1;1049:15; 1050:2,10;1053:14; 1054:2;1088:1 CT (2) 976:5;1017:14 current (14) 977:5;1029:4,5; 1041:5,5;1043:9;</p>	<p>1054:20;1069:10,11, 20;1098:16;1099:15; 1100:23;1103:9 currently (6) 972:21;974:3; 1006:23;1112:5,7; 1130:9 cut (1) 1032:17 cycle (1) 987:15 D daily (2) 1009:16;1102:7 damage (2) 1002:11,22 damages (2) 1018:24;1019:21 dangerous (2) 1121:2,6 date (4) 998:2;1020:21; 1021:7;1080:23 dated (4) 1058:6;1069:16; 1078:1;1090:21 day (20) 1009:8,20,20; 1025:25;1091:16,17; 1092:1;1116:9,17,18, 19;1117:9,12;1118:6, 18,24;1120:20; 1121:24;1122:8; 1130:12 days (4) 981:12;1009:8; 1075:14;1116:9 day-to-day (6) 972:24;973:9;992:1; 1125:9,13;1127:11 deal (7) 978:6;1050:17; 1058:11;1070:24; 1077:4,12;1132:15 dealing (2) 1065:21;1083:22 dealt (1) 1102:12 death (1) 1085:5 decide (4) 971:2;1034:8; 1061:12;1108:5 decided (10) 1018:23,23;1024:11; 1059:18,19;1097:4,5,9; 1098:3;1118:24 decisions (2) 1121:2,15 decorum (4) 1049:21,25;1050:15;</p>	<p>1053:7 defect (6) 996:23,23;998:3,8; 1006:24;1103:12 Defendant (1) 971:11 defendant's (3) 1011:25;1125:25; 1126:5 Defense (13) 970:4;975:5,8; 1012:5;1016:13,14,22; 1017:21;1049:4,9; 1073:2;1123:22; 1133:4 defenses (1) 1060:2 deficits (1) 1068:8 definite (3) 1075:23;1104:18; 1105:18 definitely (2) 994:21;998:6 definitive (4) 1080:4;1085:22; 1105:17;1110:20 degree (12) 971:23;972:8; 977:21;986:5;995:18, 21;998:5;1004:3,22; 1005:25;1008:5; 1131:22 delay (2) 1108:17,20 demanding (1) 1127:23 dementia (1) 978:19 denies (1) 1091:9 identification (1) 1025:1 Department (1) 970:10 depending (1) 1007:14 depends (1) 989:12 Deposition (1) 1112:1 depressed (3) 990:11;1044:10; 1069:24 depression (7) 990:10;991:8; 1005:1;1086:25; 1090:4;1100:9,16 describe (3) 984:13;1019:5; 1129:14 described (6) 985:4;988:6,11;</p>
---	--	---	---	--

<p>989:6;997:9;999:9 describes (3) 998:4,9;1093:14 description (1) 1130:25 descriptive (1) 981:2 detail (4) 1020:4;1058:4,21; 1061:1 detailed (1) 1024:12 detail-oriented (1) 1020:17 details (1) 1108:10 determination (6) 1039:22;1040:5; 1068:8;1096:23; 1116:13;1121:24 determine (4) 990:13;1039:25; 1116:12;1127:12 develop (2) 973:5,8 developed (1) 1002:14 developing (3) 974:1,1,4 dexterity (1) 985:24 di (1) 1117:20 diagnose (2) 1037:16;1079:5 diagnoses (2) 1078:10,21 diagnosis (5) 1038:12,21,25; 1039:4;1110:20 diagnostic (4) 1080:4,10,12,13 Diagnostics (1) 1080:23 die (1) 1084:25 diet (1) 1120:8 difference (9) 979:16,25;980:14; 988:18;1065:12; 1067:10,12,13,14 different (25) 971:3;978:5;980:1, 19;981:6;982:3; 983:18;988:17;989:3, 18;998:19;1003:23; 1025:22;1032:23; 1040:2;1053:12; 1055:19;1065:3,14,16; 1095:3,7,16;1102:13; 1129:10 differently (1)</p>	<p>1106:13 difficult (2) 981:25;1050:22 difficulty (9) 978:21;980:24; 1042:10;1043:25; 1069:22;1070:1; 1093:16,17,18 dinner (1) 1116:23 DIRECT (6) 971:13;1009:5; 1021:12;1042:14; 1062:13;1063:14 directing (1) 1102:15 directly (3) 973:17;1026:12; 1043:11 director (2) 973:3,19 disagree (5) 1022:13;1037:18; 1073:17;1079:2; 1093:9 discern (1) 1004:12 discharged (2) 1031:21;1032:2 disciplines (1) 972:15 discrepancies (2) 989:6;994:1 discrepant (1) 987:18 discuss (2) 1058:1;1061:15 discussion (20) 970:1;996:13; 1005:14;1012:17; 1018:12;1022:12; 1025:5;1056:13; 1063:22;1072:16; 1077:7;1084:13; 1090:11,17;1106:18; 1109:25;1124:17; 1126:3;1127:10; 1132:7 discussions (1) 971:6 disease (4) 999:11;1000:19; 1001:15;1103:24 dismiss (2) 1037:21;1125:2 disorder (2) 990:7;998:18 disorganization (2) 1075:11;1081:19 dispute (1) 1126:20 dizziness (1) 1091:9</p>	<p>doable (1) 1121:5 doctor (94) 972:13,20,25; 973:12;974:6;975:8; 977:1,22;980:15; 985:6,17;986:3,5; 987:7;989:20;994:24; 995:17,24;996:19; 997:13,20;998:14; 999:21;1000:21; 1001:16,20;1002:5; 1004:22;1005:24; 1006:17,20;1007:7,11; 1008:4;1009:21; 1017:21;1019:7,14,25; 1020:15;1021:21; 1022:13;1025:8; 1026:15;1027:3,14,15, 24;1028:3,5,10; 1030:7;1032:24; 1033:3,5;1036:7,24; 1038:9;1039:23; 1040:20;1044:6; 1061:15;1064:5; 1068:14;1073:19; 1077:23;1083:2,9; 1084:18;1086:12; 1088:24;1090:25; 1091:16;1094:12; 1097:10,15;1098:15; 1102:23;1107:6,25; 1108:1;1110:5; 1113:15;1118:10; 1124:20;1126:4; 1127:11,21;1129:13; 1130:13;1131:2,14; 1132:2,3 doctor-patient (2) 1026:11;1027:5 doctors (11) 988:7;999:8; 1003:23;1032:19; 1033:8,12;1036:12; 1037:13;1038:10; 1128:4,6 doctors' (1) 1030:17 document (2) 1052:15;1081:2 documents (6) 1017:5,12,13; 1048:15;1125:16; 1126:9 domains (2) 978:5;980:20 done (22) 970:23;996:25; 1001:11;1007:12; 1009:11;1010:24; 1011:13;1019:7; 1033:8;1046:8; 1056:21;1108:21,22,</p>	<p>23;1109:18;1115:12; 1118:9;1122:14; 1123:14;1128:12,22; 1131:8 don't[<i>sic</i>] (1) 1000:13 doorman (1) 1127:25 dosage (1) 998:22 dose (2) 1130:14,19 double-check (1) 1121:7 doubt (37) 994:23;1000:4; 1043:6,11,12,14,16,18, 20,23;1044:1,4,11,13, 18,20,21;1045:7,8,11; 1055:13;1068:17,17, 17,18,18,18;1070:19; 1087:4;1093:2,5,10,10, 19,23;1094:2,9 doubts (1) 1006:14 down (15) 992:15;998:4; 1023:14,16;1024:1; 1029:6;1044:10; 1092:7;1101:3,4; 1108:9;1126:12; 1132:3,8,11 downstairs (1) 1048:2 Doyle (8) 1033:23;1072:23; 1073:11,23,24; 1104:12,20,24 Doyle's (2) 1045:24;1072:21 Dr (77) 970:14;971:15; 974:6,7,9;979:3,5,9,21; 988:10,15,19,23;993:3, 5,7,13,13,17,18;997:8; 1000:23;1004:1; 1009:7,25;1016:6; 1017:15,15;1030:9; 1032:4,9,10,24,24; 1033:2,16,18,20,20,20, 23,23,24;1034:19,24; 1035:11,14,19,20,21; 1036:17,21;1037:2,5, 15;1045:20,24;1054:4; 1055:3,5,9;1056:14; 1060:18;1061:2; 1072:20,21;1073:11, 24;1078:6;1088:22; 1090:20;1104:12; 1107:12;1111:8; 1122:6;1123:10; 1129:20 draft (9)</p>	<p>1054:10,13,15; 1055:25;1056:20; 1057:18,21;1058:20; 1060:18 Dragging (3) 988:16,16,24 dramatically (1) 980:13 draw (1) 986:22 dress (1) 1116:24 dressed (1) 1094:5 driver (3) 1023:15,21,25 drivers' (1) 1024:7 driver's (8) 1023:9;1025:11,18, 18,19;1026:2,3;1061:3 droop (1) 1091:10 drop (1) 1120:18 drug (5) 998:22;1111:2,5; 1130:19,22 drugs (2) 998:19;1111:4 due (1) 1081:18 duly (2) 970:7;971:11 dura (1) 999:19 duration (1) 1001:10 during (23) 971:5;977:1;978:23; 986:7;990:12,14; 997:23;999:15;1001:6; 1004:8;1017:1;1018:1; 1044:16;1049:9,14; 1050:2;1052:8;1091:7; 1094:13;1123:15; 1124:6,9,14 dynamometer (2) 984:18;985:3 dysfunction (1) 1081:21</p>
E				
				<p>ear (1) 1052:4 earlier (25) 988:11;1003:13,14; 1006:6;1012:25; 1035:12;1036:6; 1052:3;1054:24; 1057:12;1061:3; 1063:2;1069:4;1078:5,</p>

<p>23;1085:21;1086:8; 1092:2;1099:17; 1100:22;1103:14; 1107:7,10;1109:12; 1131:25 Early (2) 974:6;1056:15 East (1) 971:21 eat (3) 1116:18,22,23 education (3) 971:18,22;1007:7 EEG (17) 1047:4,5,8,22; 1074:12;1075:7; 1078:2;1079:11,17,23; 1080:2,11,15;1081:18; 1082:2;1104:18; 1110:21 EEG's (3) 1075:8,12,14 effect (2) 1019:10,20 effort (26) 984:2,5,7,986:7,8; 992:25;994:19;995:13, 23;1006:6;1063:4,6,7, 15;1064:8,14,15,17; 1065:1,13;1066:6; 1067:11;1095:10; 1096:7;1128:11; 1129:11 efforts (1) 1007:3 eight (6) 974:10;978:15,16, 17,24;1001:16 either (7) 977:15;1003:20; 1018:14;1045:3,15; 1059:4;1129:11 EKG (1) 1081:23 elaborate (1) 1043:19 elbow (1) 986:19 electrodes (2) 1079:12,14 electroencephalogram (1) 1078:3 elevated (1) 1085:4 eliminated (1) 1117:2 else (12) 985:6,20;990:5; 1009:21;1019:24; 1027:16;1031:20; 1038:16;1041:21; 1130:15;1132:2,23 else's (1)</p>	<p>1069:12 embarrassed (2) 1112:9,13 embellish (1) 1128:10 embellishing (2) 995:15;1129:12 emergency (1) 1077:10 employability (4) 1058:12,16;1060:14; 1127:2 employable (3) 1055:6,6;1127:6 employed (3) 972:21;1055:20; 1060:3 employment (2) 972:20;1127:19 EMS (2) 1091:6,7 encourage (1) 1053:10 encouraging (1) 984:1 end (4) 1028:11,21,25; 1029:3 endorsed (1) 989:18 ends (2) 1029:14,17 enforce (1) 1049:13 England (1) 972:3 enough (6) 1010:8;1037:10; 1071:6;1095:10; 1110:7,10 entered (2) 1077:19;1107:3 entering (6) 1009:1;1053:25; 1063:23;1077:18; 1090:18;1107:2 enters (6) 970:2;1009:2; 1054:1;1063:24; 1090:19;1123:7 entire (3) 996:10;1109:4; 1125:19 epilepsy (21) 1037:17;1046:9; 1047:3,23;1073:13,24; 1074:4;1078:10,22; 1079:5;1080:17; 1081:12;1082:2,5; 1104:12,18;1110:21; 1129:24;1131:6,9,11 epileptiform (2) 1079:18;1081:23</p>	<p>epileptologist (5) 998:24;1001:19,22; 1130:7,15 epileptology (1) 998:24 episodes (1) 1044:17 equal (3) 985:8;1035:22; 1091:10 equally (1) 1038:14 equipment (1) 1121:14 ER (1) 1091:8 error (1) 1047:6 escorted (1) 987:8 especially (6) 1020:3;1083:16,16, 20;1084:9;1085:5 ethical (1) 1026:17 evaluate (1) 989:8 evaluating (1) 989:1 evaluation (3) 987:3;989:11,15 evasive (1) 1051:6 even (12) 984:25;992:17; 1001:24;1002:15; 1051:13;1053:16; 1079:6;1080:11; 1123:23;1130:22,22; 1132:22 everybody (3) 1020:8;1052:1; 1128:15 everywhere (3) 1049:23;1120:17,19 evidence (14) 1037:14;1044:24; 1056:11;1071:18; 1078:1;1082:7; 1090:21;1091:13; 1092:8;1095:17; 1104:18;1110:22,25; 1126:15 exact (1) 1002:21 exactly (4) 983:3;1012:25; 1023:20;1114:21 exaggerating (1) 1129:1 exam (25) 977:1,10,20;978:15; 979:21;980:10,23;</p>	<p>984:5,16;985:6,20; 986:7,9,13;987:19; 988:20;990:6;994:13; 1017:15,15,15;1022:1; 1026:7;1094:18; 1119:4 EXAMINATION (29) 971:13;976:23; 977:25;978:3,24; 982:23;983:10,14,15; 986:23;987:3;991:22; 994:18;995:6,11,17; 997:24;1007:8;1009:5; 1019:5;1021:12,17; 1024:14;1055:12; 1056:15;1062:13; 1094:17;1123:8; 1129:9 examinations (1) 987:25 examine (2) 975:10;976:15 examined (7) 971:11;976:16; 987:10;991:17;997:7; 1028:3;1098:24 examining (3) 1027:3,4,15 example (4) 982:1;1036:13,17; 1116:7 examples (2) 1036:13;1116:7 exams (3) 972:1,5;1028:16 exceeding (1) 1050:11 except (2) 1042:20;1071:1 Excuse (3) 977:14;996:8;1020:7 excused (1) 1132:4 excusing (1) 1105:25 Exhibit (10) 1024:23,24;1025:1, 8,15;1054:15;1125:22, 24,25;1126:5 Exhibits (1) 1048:16 exited (4) 1008:13;1048:6; 1077:15;1122:22 exiting (8) 1008:12;1048:5; 1077:14;1090:14; 1106:2;1122:21; 1123:4;1133:1 exits (2) 1008:17;1048:7 expect (8) 978:17;980:3;</p>	<p>982:21;1022:21; 1050:23;1053:9; 1100:4;1103:9 expectancy (10) 1007:9,24;1082:23; 1083:3,11,17,23,24; 1084:2,7 expected (6) 978:24;979:1; 982:20;983:22;984:24; 992:24 experience (2) 982:19;1118:1 expert (2) 976:13;1049:15 expertise (3) 999:20;1003:24; 1127:9 explain (11) 972:15;979:16; 983:13;986:11;988:18; 993:22;994:25; 1004:21;1074:8; 1107:25;1116:20 explaining (1) 1041:18 explanation (2) 970:25;971:3 extended (1) 1130:11 extent (6) 995:14;1005:10; 1006:14;1018:24; 1040:4;1050:6 extremely (1) 1108:4 extremities (2) 983:21;1091:11 eye (4) 1041:22;1043:16; 1069:21;1092:24</p>
F				
				<p>face (1) 1099:10 facial (1) 1091:10 fact (11) 1002:22;1010:20; 1026:3;1027:6,21; 1078:21;1086:17; 1089:4;1096:5; 1098:17;1121:3 facts (1) 1056:10 failed (1) 1111:5 failing (1) 1063:3 fails (1) 1105:16 fair (6)</p>

<p>1010:2,8;1037:10; 1071:6;1110:7,10 fairly (2) 982:11;1127:24 faker (5) 1065:18,21,22; 1066:6;1067:5 faking (4) 1065:9,10,15; 1067:12 fall (1) 1121:10 F-A-L-L-I-C-K (1) 1025:21 falling (2) 998:4,6 falls (2) 1044:17;1085:7 family (4) 972:4;1006:23; 1009:14;1108:14 family's (1) 1130:24 far (3) 985:13,15;1049:8 Farlich (6) 1023:1,14;1024:5; 1025:11,17,20 F-A-R-L-I-C-H (1) 1025:17 fast (1) 1086:14 Fatigue (3) 1042:17;1070:2; 1093:25 fault (3) 1018:16;1068:11,11 feel (8) 971:1;983:24; 986:17,20;1092:8; 1095:8,16;1112:14 feels (3) 986:16;1044:10; 1069:23 feign (6) 1096:11;1097:4,5,5, 9;1098:3 feigned (1) 1098:3 feigning (6) 1065:5,5,6;1097:3,8; 1098:9 Felicia (4) 970:5,6,10;971:10 felt (2) 984:1,2 few (7) 990:12,14;1013:18, 19;1051:3;1121:11; 1123:13 field (1) 1127:9 fields (1)</p>	<p>1038:11 fifth (2) 1089:7;1099:9 figure (1) 1084:24 file (3) 1030:20,22;1031:1 filled (2) 1009:18;1117:5 films (2) 1034:19;1125:10 finalized (3) 1054:11,14,16 find (23) 979:1;984:12;985:2, 17;988:8,9;993:1; 997:23;1039:5,5,6,8, 11;1041:8;1047:12,15; 1051:22,24;1061:10; 1086:17;1108:14,21; 1128:23 finding (4) 984:10;994:15; 1080:4;1093:18 findings (19) 978:13;979:5; 983:15;986:12;988:2; 992:8;993:7;994:1,10, 16;997:9;1002:10; 1006:10;1019:5,6; 1027:7;1028:15; 1081:11;1125:3 fine (7) 994:9;1000:8; 1001:5;1009:14; 1126:20,23;1127:1 finger (5) 986:14;1051:16; 1052:20;1053:17,17 finish (6) 970:18;1032:13; 1074:15,17;1092:16,17 firm (10) 975:7,17,20;976:21; 1010:12;1012:5; 1014:14;1019:11,15; 1022:3 First (29) 970:16;971:11; 973:2;979:23;983:16; 1001:24;1004:7; 1006:4;1012:4; 1014:16,20,25; 1017:18;1020:20; 1021:11;1028:12; 1033:7;1046:6;1057:9; 1064:22;1080:24,25; 1091:18;1099:3; 1110:15,19,22;1115:6; 1132:15 fist (1) 1081:1 fit (1)</p>	<p>1050:13 five (11) 972:4;974:25;981:7, 13;994:20;1001:24; 1002:1;1008:16; 1010:21,24;1011:11 five-and-a-half (1) 971:23 Flanagan (2) 1035:19,20 flexor (1) 989:3 focal (1) 1081:20 focus (1) 1105:18 focusing (3) 974:1,4;980:23 follow (5) 982:7;983:1;986:25; 994:16;1051:7 followed (1) 1002:1 Following (5) 981:24;1113:2; 1114:7;1115:11; 1132:11 follows (2) 971:12;1091:11 follow-up (2) 1001:5;1032:9 food (1) 1116:21 foods (2) 1070:2;1093:22 foot (3) 988:16,16,24 footdrop (1) 988:25 forced (1) 1085:12 forensic (2) 974:21,24 forget (1) 1003:14 forgets (3) 1044:3;1069:23; 1121:18 forgotten (2) 998:21;1111:1 fork (2) 986:17,20 form (8) 997:15;1004:14; 1006:11;1034:10,13; 1046:11;1127:18; 1130:11 formalistic (1) 1051:23 formally (1) 987:10 formed (4) 999:21;1127:5,15,17</p>	<p>forms (1) 1082:3 formulate (3) 996:2;1038:11,15 formulated (1) 1038:20 forward (3) 985:12,13;1036:7 found (12) 994:14;997:3,6,9; 1007:13;1012:21; 1086:19,21,24;1088:3, 9;1121:12 foundational (2) 976:11;980:7 four (27) 973:20;974:18; 981:14,16;982:9; 986:13;1002:2;1004:6, 8;1009:15,20;1011:5; 1044:16;1086:4; 1088:22;1091:9; 1109:21;1116:9,17,19; 1117:9,12,20;1118:6, 18,24;1121:24 four-and-a-half (1) 971:24 fourth (3) 1011:21,22;1019:8 fractures (1) 1099:10 frame (1) 1115:1 freak (1) 1112:14 freezes (1) 1044:17 frequency (3) 1004:3,22;1005:25 friend (1) 1035:7 friendly (1) 1037:4 front (3) 1058:6;1070:6; 1106:5 frontal (1) 1081:21 frontotemporal (2) 1081:20,22 frustrated (2) 989:24;990:4 full (12) 980:20;984:2,7; 986:7,8;992:25; 995:23;1002:24; 1044:15,16;1065:13; 1066:6 fully (3) 995:13;1109:14; 1110:12 function (1) 1004:2</p>	<p>functional (2) 982:14;985:11 functionally (1) 1003:5 functioning (2) 1034:14,16 further (6) 970:25;971:22; 979:12;1008:8;1053:4; 1075:17 future (7) 995:25;1027:25; 1039:22;1044:13; 1069:25;1087:3; 1103:9</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>gadget (3) 984:18,21;986:15 gain (9) 995:3,5;1063:7,15; 1064:17;1065:1,14; 1066:7;1067:12 gait (17) 987:4,9,10,13,15,23, 25,25;988:5,8,11,21, 23;994:12;1002:9,14; 1101:9 gave (11) 981:6,11;984:21; 1026:2,3;1031:8,8; 1040:20;1088:10; 1107:24;1108:1 gender (1) 1085:1 general (1) 1085:11 generalized (1) 990:7 generally (2) 975:4;1031:17 gentleman (4) 989:15;1007:17; 1048:2;1077:12 gentlemen (8) 974:23;989:14; 1008:9;1048:9; 1063:19;1090:12; 1105:23;1133:3 gets (4) 992:14;1011:17; 1044:15;1053:7 given (4) 1000:22;1001:8; 1002:21;1030:8 gives (2) 1045:3;1070:16 giving (12) 981:19,24;983:24; 984:7;986:6,7,7,8; 1012:23;1018:18; 1065:13;1111:9</p>
---	---	--	---	--

<p>Go/No (1) 982:25</p> <p>goes (1) 1105:17</p> <p>Good (18) 971:15,16;994:19; 995:21;998:6;1000:16; 1036:24,25;1049:16; 1054:4,5;1078:11; 1079:6,7,9;1105:11; 1121:16,21</p> <p>Gordon (4) 993:3,3,13,13</p> <p>Gordon's (1) 1017:15</p> <p>government (1) 972:2</p> <p>Grade (2) 1003:3;1099:20</p> <p>gratuitous (1) 1050:7</p> <p>great (5) 989:21;1077:4; 1117:24;1129:10; 1132:24</p> <p>greatly (1) 1117:2</p> <p>Greenwald (16) 974:7,7,9;988:15,23; 1004:1;1035:11,14,21; 1036:11,17;1037:5; 1055:5,9;1060:18; 1107:12</p> <p>Greenwald's (6) 988:19;1017:15; 1033:16,18;1036:21; 1055:3</p> <p>grip (1) 984:17</p> <p>ground (3) 998:6;1014:24; 1044:17</p> <p>group (5) 984:23;985:24; 989:3;1007:19;1085:1</p> <p>groups (1) 983:18</p> <p>grumbling (1) 1049:8</p> <p>guess (3) 1017:23,24;1031:5</p> <p>guy (1) 1065:21</p> <p>gym (2) 1120:18,18</p>	<p>halfway (2) 987:12;1053:4</p> <p>hall (1) 1035:9</p> <p>hammer (1) 985:7</p> <p>hand (7) 985:12;986:1,1; 1052:14;1053:7; 1069:25;1093:4</p> <p>handed (1) 1081:2</p> <p>Handing (1) 1021:6</p> <p>handle (1) 1120:19</p> <p>handling (3) 981:3;1062:16; 1120:9</p> <p>hands (5) 982:4;986:14; 1003:5;1053:18; 1093:13</p> <p>happen (1) 1080:20</p> <p>happened (1) 1098:6</p> <p>happening (1) 1079:18</p> <p>happens (5) 1001:24;1045:7; 1050:18;1075:10; 1110:21</p> <p>happy (1) 1080:1</p> <p>hard (2) 984:22;1036:2</p> <p>harder (1) 981:14</p> <p>hates (1) 1121:19</p> <p>HAWORTH (144) 970:4;971:14;976:9; 991:1;993:16;996:18; 997:12;1004:16,18; 1005:23;1007:6,23; 1008:3,7;1009:4,6; 1010:14;1014:22; 1015:12,19;1017:6; 1018:2,5,8,10,17; 1019:12,17,22; 1020:25;1021:3,6; 1022:3,10,22;1024:15, 21;1025:2,3;1028:7; 1029:8,12;1032:13; 1034:9;1037:23; 1038:7;1040:7,15; 1045:13;1046:10,18; 1047:11;1049:2; 1050:21;1051:10; 1052:11,13,18;1053:1, 6,22;1056:6,10,18,21; 1057:4;1058:3;1059:6,</p>	<p>10;1060:4,8,23; 1063:10;1065:23; 1066:1,10,13;1067:2; 1068:3;1069:2;1071:4; 1072:5,9,14;1073:20, 25;1074:16,19,24; 1076:3,7,13,21; 1078:13;1080:7; 1082:11,16;1084:11; 1085:18;1087:9; 1088:5,13,17;1089:13, 23,25;1090:6,9; 1093:11;1097:11,14; 1098:7;1099:18; 1101:1,5,10;1102:14, 17,21;1104:25;1105:4, 21;1108:18;1109:23; 1111:14,19;1112:10, 16,21;1113:8,13; 1114:12,16;1117:14, 17;1121:25;1122:3,19; 1123:2,9;1124:13; 1125:22;1126:22; 1127:1</p> <p>Haworth's (2) 1014:14;1064:21</p> <p>head (8) 974:15,16,18; 993:12;994:7;998:6; 1022:19;1079:12</p> <p>headaches (6) 998:9;1041:20; 1043:14;1069:21; 1092:23;1099:4</p> <p>healed (1) 1000:1</p> <p>health (7) 974:4;990:9; 1000:16;1029:5; 1054:21;1098:16; 1100:23</p> <p>hear (14) 970:20;977:15; 993:10;996:10; 1020:14,14;1030:13; 1031:9;1038:4; 1056:25;1074:19; 1101:20;1111:23; 1114:17</p> <p>heard (5) 974:6;1020:8; 1037:13;1064:23; 1114:24</p> <p>hearing (9) 996:15;1005:16; 1036:2;1049:10; 1072:18;1077:9; 1084:15;1095:13; 1110:2</p> <p>heel (1) 987:22</p> <p>heels (1) 987:20</p>	<p>held (19) 970:1;996:13; 1005:14;1012:17; 1018:12;1022:12; 1025:5;1056:13; 1063:22;1072:16; 1077:7;1084:13; 1090:11,17;1106:18; 1109:25;1126:3; 1127:10;1132:7</p> <p>hello (3) 1035:9;1123:10,11</p> <p>helmet (3) 1111:22,25;1112:4</p> <p>help (16) 973:1;1006:25; 1007:1,2;1009:16,18; 1042:20,22;1044:4; 1101:24;1114:3; 1117:4;1120:3,6,6,8</p> <p>helped (1) 1043:1</p> <p>helpful (3) 1039:21;1040:3; 1062:6</p> <p>helping (1) 973:4</p> <p>helps (2) 1043:2;1094:7</p> <p>here's (1) 1120:1</p> <p>hesitant (1) 982:13</p> <p>Hey (1) 1016:12</p> <p>high (3) 1109:11;1130:19,23</p> <p>higher (3) 987:23;1101:23,25</p> <p>highly (2) 1085:20,21</p> <p>himself (7) 981:18;1007:1; 1042:20;1116:24,24; 1120:11,12</p> <p>hip (2) 987:14;989:3</p> <p>hired (3) 973:17;1035:19,20</p> <p>history (8) 972:20;977:2; 991:22;1000:2; 1028:15;1094:13; 1099:15;1108:3</p> <p>Hold (1) 1071:7</p> <p>hole (1) 998:5</p> <p>holes (2) 985:22,23</p> <p>home (12) 1001:12,12;1006:18; 1015:7,8;1032:3;</p>	<p>1104:5;1109:8;1113:3; 1116:4,16;1123:14</p> <p>hone (1) 1129:14</p> <p>honest (1) 1066:9</p> <p>Honor (49) 976:8;979:10,14,19; 980:4;993:8;996:8; 997:10;1007:20,25; 1009:4;1014:22; 1015:19;1018:10; 1019:17;1020:10,25; 1022:10;1025:3,6; 1032:13;1037:23; 1047:11;1049:3; 1051:10,13,13; 1052:13,22;1063:10; 1065:23;1066:10; 1067:2;1068:3;1069:2; 1074:16,20;1084:11; 1089:19,23;1090:9; 1102:21;1105:21; 1109:23;1112:16; 1114:16;1124:10; 1126:1;1127:8</p> <p>Honor's (1) 1050:1</p> <p>hope (1) 1132:19</p> <p>hopefully (1) 1126:6</p> <p>Hopkins (9) 997:1,8;1000:23; 1033:21,22;1107:20; 1108:13;1114:13; 1115:6</p> <p>hospital (9) 1031:12,16,22,22; 1032:19;1033:7; 1046:6,7;1090:21</p> <p>hospitalization (2) 1031:11;1032:7</p> <p>hospitals (1) 1033:12</p> <p>hour (2) 976:25;1017:10</p> <p>hour-and-45-minute (1) 977:1</p> <p>hours (19) 1009:8,16,20; 1080:11;1116:9,17,18, 19,19,20;1117:9,12,20; 1118:6,18,24;1121:24; 1122:8;1123:12</p> <p>house (3) 1042:21;1091:17; 1101:25</p> <p>household (1) 1009:18</p> <p>Huang (4) 988:10;997:8; 1000:23;1033:20</p>
H				
<p>habit (1) 1132:19</p> <p>half (3) 994:22;1000:7; 1092:2</p>				

<p>huge (1) 1030:18</p> <p>Huh (1) 1060:11</p> <p>human (1) 987:1</p> <p>humanly (1) 1132:17</p> <p>hundred (1) 1083:25</p> <p>hurt (3) 994:3,8,9</p> <p>hurts (1) 994:4</p> <p>husband (1) 972:3</p> <p>hypothetical (1) 1078:18</p>	<p>impose (1) 1051:25</p> <p>impression (4) 1010:10;1081:8,10, 17</p> <p>improper (1) 1053:20</p> <p>improve (1) 998:12</p> <p>Inability (4) 1058:17,24;1102:9; 1113:20</p> <p>inappropriate (1) 990:3</p> <p>inches (2) 985:14,14</p> <p>include (2) 1002:6;1120:20</p> <p>included (2) 973:20;987:19</p> <p>includes (1) 1090:4</p> <p>including (3) 988:4;1032:3; 1069:22</p> <p>inconclusive (1) 994:22</p> <p>inconsistent (1) 982:16</p> <p>indeed (1) 1049:7</p> <p>independent (10) 1021:16;1022:1,15, 21;1070:3;1094:4; 1101:24;1109:5,5; 1116:21</p> <p>independently (14) 1058:18,24;1102:10, 22,24;1113:21,24,25; 1114:2,5;1116:14,15; 1118:19;1122:8</p> <p>India (1) 971:23</p> <p>indicate (1) 1108:14</p> <p>indication (2) 1095:8;1128:25</p> <p>indulgence (1) 1132:18</p> <p>infected (1) 996:24</p> <p>infection (10) 999:11,13,14; 1000:25;1001:3,10,11; 1108:3,7,9</p> <p>infections (2) 1100:6;1103:20</p> <p>infectious (5) 1000:19;1001:15; 1103:24;1107:14; 1108:6</p> <p>influence (1) 1123:22</p>	<p>information (10) 978:7,21;979:12; 982:11;1062:5,5; 1077:4;1096:24,24; 1103:8</p> <p>inhibition (1) 982:24</p> <p>inhibitions (1) 983:8</p> <p>initial (2) 1031:10;1057:18</p> <p>initially (4) 996:21;1017:12,13; 1056:3</p> <p>injured (2) 1034:17,18</p> <p>injuries (6) 973:7;1005:10; 1007:13;1041:9; 1083:13;1100:5</p> <p>injury (47) 972:18;973:5,5,6,18, 19;974:2,5,12;978:20; 980:11;983:9,17; 989:1;992:18;995:9; 999:3;1001:24; 1003:14,18,20;1004:1, 4,13,24;1006:15; 1007:9;1036:7,12; 1039:6,9,12,23;1040:4; 1044:7;1061:12; 1075:3,4;1085:24; 1086:1;1088:24; 1107:12;1108:1; 1109:11;1117:1; 1128:5,13</p> <p>inpatient (2) 973:21;1032:20</p> <p>inquire (1) 1016:21</p> <p>Insinga (2) 1032:4,9</p> <p>insisting (1) 1051:1</p> <p>insomnia (1) 991:10</p> <p>inspect (1) 1001:4</p> <p>instance (3) 978:19;981:6;983:2</p> <p>instances (1) 995:13</p> <p>instead (3) 1059:14;1108:2; 1129:4</p> <p>institutions (1) 973:15</p> <p>instructions (7) 970:15;981:24,25; 982:6;983:2;1040:20; 1132:21</p> <p>intentionally (1) 995:3</p>	<p>interact (1) 971:7</p> <p>interactions (1) 978:23</p> <p>interested (1) 1012:23</p> <p>intermittent (1) 1081:19</p> <p>internet (1) 1044:4</p> <p>internship (2) 971:25;972:6</p> <p>interpretation (1) 982:10</p> <p>interrupt (2) 976:9;989:20</p> <p>interval (1) 1001:21</p> <p>intimidating (4) 1049:20;1050:20; 1051:14;1053:15</p> <p>intimidation (1) 1051:15</p> <p>into (8) 985:23;987:8; 1009:19;1010:12; 1019:2;1041:18; 1117:9;1121:10</p> <p>investigated (1) 1075:17</p> <p>inviting (1) 1051:7</p> <p>involve (1) 1018:15</p> <p>involved (3) 973:22;1013:16; 1016:12</p> <p>involving (1) 1018:22</p> <p>iPad (2) 1073:4,5</p> <p>irritation (1) 1099:9</p> <p>issue (3) 1041:5;1051:10,12</p> <p>issued (2) 975:20;976:13</p> <p>issues (8) 1041:5;1043:9; 1052:11;1069:10,11, 20;1099:15;1127:22</p> <p>items (4) 992:11;1030:14; 1043:4,5</p> <p>IV (3) 1001:8;1104:1,5</p>	<p>Johns (6) 997:1,8;1000:23; 1107:20;1108:13; 1115:6</p> <p>joined (2) 972:5,8</p> <p>joint (2) 1003:2;1099:20</p> <p>Jordan (6) 979:3,21;993:5,17, 18;1033:20</p> <p>Jordan's (4) 979:5,9;993:7; 1017:15</p> <p>judge (16) 995:14;1005:11; 1040:20;1049:2; 1050:21;1052:11; 1053:2,22;1056:11; 1072:14;1073:25; 1076:7;1088:18; 1112:22;1122:12,14</p> <p>Judy (1) 1033:20</p> <p>July (2) 1013:25;1014:3</p> <p>June (5) 995:20;1014:3; 1039:16,16;1076:19</p> <p>jurors (7) 971:7;1008:13; 1048:6;1077:15,19; 1107:3;1122:22</p> <p>Jury (59) 970:2,17;971:17; 972:15;973:14;974:23; 978:2;983:13;986:11; 989:14,15;993:22; 994:25;996:15; 1005:16;1007:17; 1008:12;1009:1,2; 1018:24;1031:8; 1048:5;1049:1,10; 1053:24,25;1054:1; 1058:15,23;1063:21, 23,24,25;1065:20; 1072:18;1073:12; 1077:9,14,18;1081:16; 1084:15;1090:14,15, 18,19;1103:6;1106:2,3, 5;1107:2,25;1110:2; 1122:21;1123:4,5,7; 1130:18;1133:1,2</p> <p>justify (1) 997:24</p> <p>justifying (1) 1003:10</p> <p>Justin (9) 1023:1,14;1024:6; 1091:22;1119:3,5,15; 1120:4;1121:1</p>
I				
			J	
<p>ID (1) 1048:14</p> <p>identification (7) 1024:20,23;1025:9, 15;1048:16;1054:15; 1125:24</p> <p>identified (1) 1119:5</p> <p>identify (2) 986:2;989:5</p> <p>identities (2) 1023:4;1024:6</p> <p>iffy (1) 994:15</p> <p>III (2) 1003:3;1099:20</p> <p>imagine (1) 1015:21</p> <p>imaging (1) 1104:19</p> <p>immediate (1) 974:15</p> <p>impact (2) 998:1;1004:25</p> <p>impacted (1) 982:13</p> <p>impactful (2) 1100:14,16</p> <p>Impaired (1) 1101:23</p> <p>impairment (6) 995:19,22;1002:9; 1003:19;1069:21; 1101:9</p> <p>impairments (4) 995:15;998:10; 1100:1,7</p> <p>importance (1) 1020:5</p> <p>important (6) 979:13;1034:4; 1038:10,14,18;1041:15</p>			<p>jam (1) 1121:14</p> <p>job (3) 1055:7;1127:23,24</p>	

	1021:5;1082:22	982:21;984:24; 1128:11	little (20) 971:17;982:13; 983:5;984:18;985:21; 988:18;991:23;995:15; 1002:16;1015:13,20; 1017:10;1018:18; 1102:3;1110:16; 1120:14;1121:5; 1132:10,16,18	looks (2) 978:6;992:9
<p style="text-align: center;">K</p> <p>keep (11) 1020:7;1036:2; 1051:24;1097:18; 1101:15,16,18,21; 1110:16;1118:22; 1124:11</p> <p>keeping (1) 1050:24</p> <p>kept (3) 994:19;1067:1; 1116:22</p> <p>kind (10) 983:25;984:9; 987:15;1001:7,10; 1002:13,13;1003:20; 1075:4;1085:24</p> <p>kinds (1) 1094:6</p> <p>knee (1) 985:7</p> <p>knew (4) 1012:13;1015:18; 1017:20;1052:9</p> <p>knows (1) 1097:20</p>	<p>latitude (4) 1015:13,20;1018:19; 1088:7</p> <p>laundry (3) 1042:25;1094:7; 1120:6</p> <p>law (10) 975:7,17,20;976:21; 1010:12;1014:14; 1019:10,15;1022:3; 1049:22</p> <p>lawsuits (1) 975:4</p> <p>lawyer (3) 1010:12;1016:19; 1031:3</p> <p>lawyers (21) 1013:3;1018:21; 1022:20;1054:10,13, 16;1056:1,1,4,9,17,17, 18;1058:20;1059:13; 1060:1,6,18;1062:22; 1076:11;1077:1</p> <p>lawyer's (1) 1025:10</p> <p>lay (2) 1065:4;1112:21</p> <p>lead (2) 996:9;1118:14</p> <p>leading (3) 976:9;980:4;1124:11</p> <p>lean (3) 985:12,15;1052:4</p> <p>learn (1) 1012:11</p> <p>learned (3) 1012:8;1035:11; 1094:13</p> <p>least (17) 977:11;984:23; 992:17,19;994:20; 1000:5,15;1001:2,16, 18;1002:2,4;1006:3; 1009:15;1011:6; 1109:21;1110:6</p> <p>leave (1) 1014:18</p> <p>leaves (1) 1121:8</p> <p>left (14) 983:23,24,25; 984:24;986:1,19,19,24; 987:11,22;1002:23; 1069:25;1093:1,4</p> <p>leg (6) 983:25;987:11,11, 14;994:8;1093:1</p> <p>legal (3) 1016:3;1027:7,15</p> <p>legs (1) 986:14</p> <p>less (3)</p>	<p>letter (1) 1070:6</p> <p>letters (1) 992:12</p> <p>letting (2) 1076:6;1101:18</p> <p>level (8) 987:23;1044:7; 1101:23,25;1111:5; 1130:20,21,23</p> <p>levels (1) 1130:20</p> <p>liability (4) 1018:3,4,15,22</p> <p>license (6) 1025:11,18,18,19; 1026:2,3</p> <p>licensed (1) 971:25</p> <p>licenses (8) 1023:9,15,16,19,21, 25;1024:7;1061:3</p> <p>life (13) 1004:24;1005:5; 1006:5;1007:9,24; 1082:23;1083:3,10,17, 23,24;1084:2,7</p> <p>lifespan (1) 1007:14</p> <p>light (3) 986:14,20;1091:11</p> <p>lightly (1) 994:7</p> <p>likely (17) 1015:9;1016:2; 1075:17,18,19,20,23, 25;1083:10;1085:17, 20,20,21;1099:10,13, 17;1131:18</p> <p>limbs (1) 986:13</p> <p>limit (1) 970:24</p> <p>line (6) 1001:9,13;1026:6; 1104:1,5;1121:10</p> <p>Lipton (4) 1033:20;1034:19,24; 1037:2</p> <p>list (6) 1030:19;1070:5,16; 1126:5,8,19</p> <p>listed (1) 1043:5</p> <p>listen (4) 970:21;1005:18; 1027:2;1052:7</p> <p>listening (1) 1064:23</p> <p>literature (1) 982:18</p>	<p>live (15) 1058:17,24;1102:10, 22,24;1113:6,12,21; 1114:2,3;1116:14,14; 1118:18;1120:25; 1122:8</p> <p>lives (2) 1094:13;1119:20</p> <p>living (3) 1006:23;1102:7; 1114:5</p> <p>lobby (1) 987:9</p> <p>logical (2) 1098:6,10</p> <p>long (15) 976:23;999:22; 1000:11,21;1001:21; 1004:3,21;1005:3,25; 1008:15;1013:13,15; 1016:9;1017:9; 1126:22</p> <p>longer (3) 982:15;1070:4; 1094:6</p> <p>long-standing (1) 983:17</p> <p>long-term (1) 1004:9</p> <p>look (33) 978:7,7;981:22; 983:16,19,20;985:24; 992:14;994:2,20; 995:15;1003:19; 1004:2;1010:11; 1023:15;1025:9; 1029:14;1039:19,24; 1051:24;1052:23; 1054:19,20;1058:10, 19;1068:14;1074:11; 1081:5;1082:21; 1091:18;1107:6; 1110:23;1128:6</p> <p>looked (18) 976:7;981:6;982:24; 983:23;984:19;985:7, 8,10;994:11;1003:24; 1023:20,25;1032:25; 1052:21,22,22; 1128:21;1130:15</p> <p>looking (7) 978:9;993:25; 994:18;1004:9; 1108:17,20;1109:3</p>	<p>lot (14) 991:21;1002:11; 1003:23;1036:22; 1052:7;1054:24; 1066:23;1078:19; 1119:20;1121:19; 1124:17;1129:22; 1131:19,19</p> <p>loud (2) 970:16;1091:2</p> <p>louder (1) 989:21</p> <p>loudly (1) 1058:23</p> <p>low (6) 978:20,22;979:24; 1001:1;1011:6;1020:9</p> <p>lower (7) 979:1;982:20; 983:21;984:25;986:23; 992:24;1019:20</p> <p>lunch (2) 1070:19;1116:23</p> <p>luncheon (1) 1048:17</p> <p>lunchtime (1) 1094:1</p> <p>lying (1) 1072:2</p>
<p style="text-align: center;">L</p> <p>lack (14) 998:11;1060:14; 1063:4,6,6,14;1064:8, 14,15,16;1065:1; 1067:11;1096:7; 1129:11</p> <p>ladies (9) 974:23;989:14; 1007:16;1008:9; 1048:1;1063:19; 1077:12;1090:12; 1105:23</p> <p>language (2) 981:3;990:1</p> <p>large (2) 973:22;1010:16</p> <p>last (18) 973:20;977:14; 988:3;999:13;1007:4; 1010:21,24;1012:18; 1016:9;1025:20; 1064:5;1089:18; 1092:2;1094:4; 1097:21;1108:25; 1117:21;1131:21</p> <p>Lastly (1) 971:4</p> <p>late (1) 1132:19</p> <p>later (1) 1132:16</p> <p>latest (2)</p>	<p>lead (2) 996:9;1118:14</p> <p>leading (3) 976:9;980:4;1124:11</p> <p>lean (3) 985:12,15;1052:4</p> <p>learn (1) 1012:11</p> <p>learned (3) 1012:8;1035:11; 1094:13</p> <p>least (17) 977:11;984:23; 992:17,19;994:20; 1000:5,15;1001:2,16, 18;1002:2,4;1006:3; 1009:15;1011:6; 1109:21;1110:6</p> <p>leave (1) 1014:18</p> <p>leaves (1) 1121:8</p> <p>left (14) 983:23,24,25; 984:24;986:1,19,19,24; 987:11,22;1002:23; 1069:25;1093:1,4</p> <p>leg (6) 983:25;987:11,11, 14;994:8;1093:1</p> <p>legal (3) 1016:3;1027:7,15</p> <p>legs (1) 986:14</p> <p>less (3)</p>	<p>light (3) 986:14,20;1091:11</p> <p>lightly (1) 994:7</p> <p>likely (17) 1015:9;1016:2; 1075:17,18,19,20,23, 25;1083:10;1085:17, 20,20,21;1099:10,13, 17;1131:18</p> <p>limbs (1) 986:13</p> <p>limit (1) 970:24</p> <p>line (6) 1001:9,13;1026:6; 1104:1,5;1121:10</p> <p>Lipton (4) 1033:20;1034:19,24; 1037:2</p> <p>list (6) 1030:19;1070:5,16; 1126:5,8,19</p> <p>listed (1) 1043:5</p> <p>listen (4) 970:21;1005:18; 1027:2;1052:7</p> <p>listening (1) 1064:23</p> <p>literature (1) 982:18</p>	<p>longer (3) 982:15;1070:4; 1094:6</p> <p>long-standing (1) 983:17</p> <p>long-term (1) 1004:9</p> <p>look (33) 978:7,7;981:22; 983:16,19,20;985:24; 992:14;994:2,20; 995:15;1003:19; 1004:2;1010:11; 1023:15;1025:9; 1029:14;1039:19,24; 1051:24;1052:23; 1054:19,20;1058:10, 19;1068:14;1074:11; 1081:5;1082:21; 1091:18;1107:6; 1110:23;1128:6</p> <p>looked (18) 976:7;981:6;982:24; 983:23;984:19;985:7, 8,10;994:11;1003:24; 1023:20,25;1032:25; 1052:21,22,22; 1128:21;1130:15</p> <p>looking (7) 978:9;993:25; 994:18;1004:9; 1108:17,20;1109:3</p>	<p style="text-align: center;">M</p> <p>machine (1) 1121:11</p> <p>magic (1) 1120:14</p> <p>main (1) 1083:24</p> <p>maintain (1) 974:21</p> <p>majority (1) 1007:13</p> <p>makes (2) 1112:14;1121:2</p> <p>making (2) 1039:21;1124:20</p> <p>Malaysia (2) 971:20,25</p> <p>malingerer (5) 1040:6;1067:11; 1068:7,12,16</p> <p>malingering (26) 994:21,24,25;995:1, 7;1006:7;1061:15,16; 1062:1,24;1064:6,16, 21,25;1065:4,13; 1095:9,12,13,17; 1125:3,3;1128:3,4,6; 1129:1</p> <p>mall (1) 1120:10</p>

<p>man (7) 983:22;984:23; 985:24;1039:22; 1040:4;1111:10; 1118:24</p> <p>manage (2) 1109:17;1117:3</p> <p>managed (1) 1003:3</p> <p>management (21) 995:24;998:14,23; 1002:5;1007:1; 1009:17;1029:18,19, 24;1107:8;1109:14; 1113:3;1114:8; 1115:16,24;1116:16; 1124:22;1127:7,17; 1130:1;1131:6</p> <p>managing (1) 1116:25</p> <p>manual (1) 984:20</p> <p>many (14) 971:21;974:24; 995:12;999:21; 1000:10,20;1009:8,8; 1011:20;1045:7; 1057:6;1066:18,21; 1129:9</p> <p>Mark (67) 976:15;978:3,23; 981:18;986:6;989:8; 991:17;995:19;996:19; 997:14;998:14,15; 999:8,22;1000:7,10,20; 1001:21;1002:6,25; 1003:7,23;1004:4; 1005:7;1006:1,17; 1013:2;1021:13; 1024:19,22;1036:6; 1039:5,8,11,16;1041:5; 1048:13;1055:5; 1061:6,8;1062:9; 1071:1;1075:6; 1076:11;1077:2; 1082:5;1083:10; 1085:16;1086:17; 1088:16;1089:4; 1091:15,21;1096:23; 1098:24,24;1100:4; 1102:24;1104:4; 1108:2;1109:20; 1110:5;1111:24; 1117:9;1120:3;1122:7; 1125:22</p> <p>marked (5) 1024:23;1048:15; 1125:24;1126:4,13</p> <p>Mark's (1) 1083:22</p> <p>married (1) 972:3</p> <p>MAST (6)</p>	<p>1095:22,22;1096:6, 17;1097:4;1128:18</p> <p>master's (1) 972:9</p> <p>match (1) 994:14</p> <p>math (1) 978:8</p> <p>matter (6) 1010:20;1027:6,21; 1031:16;1086:17; 1089:4</p> <p>maximized (3) 1105:16;1109:14; 1110:13</p> <p>maximum (1) 1000:4</p> <p>may (21) 970:13;971:5,7; 981:3;982:15;995:4,5, 5;998:12;1001:6; 1002:10,14,14;1014:2; 1024:21;1074:8; 1089:25;1110:25; 1111:2;1127:5,18</p> <p>maybe (14) 994:22;995:3; 999:24;1000:14; 1001:1;1002:4; 1030:13;1051:19; 1087:6;1092:2;1102:3; 1110:6;1111:2; 1123:18</p> <p>MD (2) 970:6;971:10</p> <p>meal (1) 1120:7</p> <p>mean (14) 976:5;978:16;996:9; 1000:7;1002:19; 1021:21;1023:17; 1027:2;1037:4;1097:5; 1099:8;1103:7; 1110:14;1122:16</p> <p>meaning (1) 1058:14</p> <p>means (14) 972:16;973:10; 996:22;1050:17; 1064:8,16;1065:1,13; 1068:19;1074:6,7; 1101:18;1114:3,5</p> <p>meant (3) 1036:19;1059:19; 1100:24</p> <p>measure (1) 980:19</p> <p>media (1) 1132:22</p> <p>Medical (72) 970:11;971:22,23; 972:2,6;973:19; 975:12;976:3;977:21;</p>	<p>979:2;985:2,17;986:2, 5;987:24;990:13; 993:2;995:18,24; 996:3;997:13,19; 998:5,14;1001:20; 1002:5;1003:7,10; 1004:11;1008:5; 1009:16;1012:23; 1016:15,19;1017:11, 14,20;1021:16;1022:1; 1026:12;1029:18,19, 24;1030:15,16; 1031:10;1037:13; 1046:5;1062:24; 1064:12;1077:23; 1086:9,15;1089:11,16, 22;1090:2,3;1103:9; 1107:7;1124:22; 1125:19;1126:5,9,21; 1127:7,17,22;1128:21; 1130:1;1131:6,22</p> <p>medically (1) 1105:16</p> <p>medication (20) 990:15;991:6,11; 1006:25;1105:15; 1110:10,24;1111:9,11; 1113:3;1114:8; 1115:16,24;1116:15; 1118:22;1121:17,18, 19;1130:9,14</p> <p>medications (6) 998:21;1001:13; 1109:22;1110:6; 1115:21;1117:5</p> <p>Medicine (6) 970:11;972:7,17,18; 973:5;998:21</p> <p>medicines (1) 1009:17</p> <p>meet (2) 1057:4;1076:19</p> <p>meeting (9) 1017:9,17;1018:2; 1056:23;1057:1,22,25; 1058:20;1060:1</p> <p>meetings (2) 1123:19;1124:14</p> <p>member (1) 1009:14</p> <p>members (1) 1027:8</p> <p>Memorial (3) 1091:16,17;1092:1</p> <p>memory (8) 978:7;1014:19; 1033:2;1041:24; 1043:23;1062:1; 1063:3;1069:22</p> <p>menacing (3) 1049:20;1050:19; 1053:16</p> <p>mental (7)</p>	<p>977:25;978:2; 980:23;982:23; 1004:25;1028:15; 1094:17</p> <p>mentioned (8) 976:3;1001:19; 1003:14;1007:16; 1036:6;1110:19; 1113:20;1124:5</p> <p>mesh (1) 996:23</p> <p>message (1) 1014:18</p> <p>met (21) 1017:5;1035:1,2,4,5, 6;1056:3,8,17,18,21; 1057:9,14,20;1058:21; 1071:15,15;1076:10, 20;1091:22,23</p> <p>metal (1) 1121:12</p> <p>might (6) 999:18;1000:15; 1001:4;1080:19; 1104:1;1121:21</p> <p>mild (3) 1039:5;1081:19; 1100:12</p> <p>milligrams (1) 1130:11</p> <p>mind (8) 972:12;981:1; 1015:14;1061:4; 1063:19;1082:6,7; 1105:25</p> <p>mini (1) 1044:15</p> <p>minimum (1) 1124:12</p> <p>minute (1) 1092:2</p> <p>minutes (7) 976:25;1008:16; 1016:10;1056:16; 1077:12;1122:19; 1123:1</p> <p>miss (1) 1046:9</p> <p>missed (2) 977:14;1046:9</p> <p>Mississippi (4) 981:1;982:17,20; 1095:19</p> <p>mistake (7) 1047:10;1059:1,2,2, 5,5,8</p> <p>misunderstood (1) 1064:1</p> <p>MoCA (15) 978:5,18,25;979:5, 17,21;980:10,17; 982:16,20;1094:23; 1095:1;1096:25;</p>	<p>1097:3;1128:18</p> <p>model (1) 1007:19</p> <p>moderate (6) 1005:1;1039:8; 1100:9,12,13,16</p> <p>moderately (2) 990:8,11</p> <p>moment (2) 1004:10;1105:25</p> <p>Monday (5) 1132:9,12,13,24; 1133:7</p> <p>money (3) 1117:13;1120:9,11</p> <p>monitor (1) 1108:11</p> <p>Montefiore (10) 970:11;972:5,22,25; 973:1,13,24,25;974:4; 1035:3</p> <p>month (3) 1000:5;1013:1,17</p> <p>monthly (1) 1000:6</p> <p>months (10) 980:12;1000:6; 1001:18,18;1002:4,12; 1004:6;1013:18,19; 1121:12</p> <p>Montreal (2) 978:4;1094:20</p> <p>mood (8) 989:8,18;1005:2; 1042:4,5;1044:10; 1069:23;1092:24</p> <p>moods (1) 990:5</p> <p>more (28) 974:1;981:19,25; 982:21;983:5;985:16; 988:18;991:23;993:24; 999:25;1000:15; 1002:1;1009:3; 1018:20;1020:14; 1057:4;1062:4,5,5,5; 1065:4;1080:16; 1099:17;1108:11; 1109:18;1110:6; 1118:15,20</p> <p>MORELLI (157) 976:8;977:14; 979:10,14,19;980:4,7; 993:8,10;996:8,16; 997:10,15;1004:14; 1005:11;1006:11; 1007:20,22,25; 1009:24;1012:18; 1018:8;1019:23; 1020:10,12,13;1021:4; 1024:17,19,22;1025:6; 1028:9;1029:10,13,16; 1032:16;1034:11;</p>
--	--	---	--	--

<p>1036:4,5;1038:5,8; 1040:8,11,17;1045:17; 1046:12,19,22; 1047:13,14,17,21; 1048:11;1049:5,13,24; 1050:4,7,8,15;1051:7; 1053:4;1054:3; 1063:12,13,18;1064:3, 4;1066:3,25;1067:3; 1068:1,4,5;1069:3,8, 14,17,19;1070:14; 1071:5,8;1072:7,11,19; 1073:8,9,22;1074:3,21, 25;1076:5,9;1077:20, 21,22;1078:15,20; 1080:9;1082:13,20; 1084:17;1088:2,7; 1089:18;1097:16,21; 1098:1;1101:8,14,15, 20;1105:6,9,10;1106:4, 9,12;1107:5;1110:4; 1111:16,21;1112:3,12, 18,19,24;1113:18; 1114:22,24;1115:1,4,5; 1117:19,23;1119:7,9, 11,13;1122:1,5,12,14, 16;1123:16;1124:10; 1125:4;1126:1,14,18, 25;1127:8;1128:17; 1129:3;1131:20,23; 1132:5</p> <p>Morelli's (2) 976:21;1050:10</p> <p>morning (3) 971:15,16;1132:15</p> <p>Mortality (2) 1084:21,23</p> <p>most (21) 980:11;1000:13; 1003:24;1004:7; 1010:25;1011:4; 1015:9;1016:2; 1042:19;1046:2,4; 1058:14;1064:19; 1075:16,18,19,20,23, 25;1085:22;1131:18</p> <p>Mostly (2) 975:6;1011:9</p> <p>mother (1) 1104:8</p> <p>mother's (1) 1091:17</p> <p>motion (1) 994:12</p> <p>motor (7) 983:10,14,15; 984:15;985:6,20;986:7</p> <p>Mount (6) 972:8,8;973:14,16; 974:10;993:3</p> <p>mouth (1) 982:2</p> <p>move (5)</p>	<p>992:15;999:5; 1019:23;1101:7; 1106:6</p> <p>moved (1) 972:3</p> <p>movements (1) 985:10</p> <p>Moves (1) 1091:11</p> <p>moving (4) 1052:19;1101:15,16; 1102:20</p> <p>MrHaworth (1) 1071:15</p> <p>MRI (1) 976:6</p> <p>MRI's (1) 1040:4</p> <p>much (11) 976:23;979:1; 984:19,24,24;991:24; 992:24;1008:7; 1009:21;1121:18; 1132:2</p> <p>multiple (5) 988:3;1100:5,6; 1110:6;1111:7</p> <p>muscle (1) 983:18</p> <p>muscles (6) 983:16,19;987:14; 988:17;989:3,4</p> <p>must (1) 1097:9</p> <p>myself (2) 999:4;1004:1</p>	<p>1052:2</p> <p>necessary (2) 1051:20,23</p> <p>need (24) 971:4;998:5;999:13; 1000:4,10,20;1006:1; 1009:20;1027:25; 1028:11;1040:14,18; 1047:12,15;1050:7; 1052:1,14;1077:6; 1104:1;1105:23; 1106:6;1111:4; 1115:24;1120:16</p> <p>needed (5) 1042:20,22;1052:14; 1064:1;1121:24</p> <p>needs (43) 996:3,25,25;998:7, 15,17,22;999:8; 1001:2;1006:22,25; 1007:1,2;1009:18; 1044:4;1075:17; 1086:6;1089:7; 1101:24;1105:12; 1107:17;1109:8,15,17; 1110:13;1113:3,7,12; 1114:7;1115:15; 1116:1,4,15,16;1117:4; 1118:6,18;1121:3; 1130:4,7,15;1131:4,5</p> <p>negative (1) 994:9</p> <p>neither (1) 1068:2</p> <p>nerve (2) 1099:9,9</p> <p>neuralgia (1) 1099:7</p> <p>Neuro (1) 1080:22</p> <p>neuroanatomy (1) 994:17</p> <p>neurologist (8) 998:17,23;1001:20, 22;1107:11;1130:5; 1131:4,5</p> <p>neurologists (7) 988:4,7;1032:23; 1111:7;1128:5,13; 1131:9</p> <p>Neurology (1) 1032:25</p> <p>neuropsychologist (6) 993:3;1004:19,23; 1005:2;1061:18; 1062:9</p> <p>neuropsychologists (3) 1061:20;1128:5,13</p> <p>neuroradiologists (1) 1125:11</p> <p>neurosurgeon (21) 988:10;997:8; 999:10,12,22,23;</p>	<p>1000:17,23;1032:4; 1033:23,25;1037:15, 19;1072:23;1073:1; 1078:6,24;1079:2; 1107:13;1111:8; 1131:4</p> <p>neurosurgeons (2) 988:5,7</p> <p>neurosurgeon's (1) 1030:8</p> <p>New (9) 970:12;973:2; 1001:25;1023:9; 1024:6;1025:11,17,18; 1026:2</p> <p>next (30) 970:3;972:12; 983:20;990:17;1002:1; 1024:18;1026:6,20; 1032:9;1067:15; 1076:8;1087:8,11; 1093:16,21,25; 1095:19;1099:6; 1100:9;1101:13,22; 1102:9;1103:23; 1105:11;1107:21; 1111:20;1114:11,11; 1115:11;1132:9</p> <p>nine (5) 974:11;985:22; 992:19;993:13; 1007:15</p> <p>Nobody (3) 1024:8;1030:22; 1085:12</p> <p>Nod (2) 1017:25;1092:6</p> <p>none (2) 1046:7;1077:1</p> <p>nor (2) 971:7;1053:3</p> <p>normal (11) 978:15;983:22,23, 24;984:21,22;985:24; 988:6,9,11;992:17</p> <p>normally (4) 987:11,18;1022:7; 1131:20</p> <p>nose (2) 982:1,2</p> <p>notable (2) 997:3,6</p> <p>noted (2) 1091:10,12</p> <p>notes (4) 981:4;1031:23; 1032:4,7</p> <p>noticed (2) 984:3;1002:9</p> <p>notion (1) 1130:2</p> <p>November (3) 1119:10,11;1133:7</p>	<p>number (14) 993:18;998:18; 1015:11;1016:1; 1030:3,18;1032:3,10; 1075:8;1089:4; 1103:12;1104:11; 1115:21;1123:12</p> <p>numbness (4) 1042:10;1069:25; 1093:4,13</p> <p>numerals (1) 992:13</p> <p>numerous (1) 1123:15</p> <p>nurse (1) 1104:8</p> <p>NYU (1) 972:9</p>
O				
<p>Morelli's (2) 976:21;1050:10</p> <p>morning (3) 971:15,16;1132:15</p> <p>Mortality (2) 1084:21,23</p> <p>most (21) 980:11;1000:13; 1003:24;1004:7; 1010:25;1011:4; 1015:9;1016:2; 1042:19;1046:2,4; 1058:14;1064:19; 1075:16,18,19,20,23, 25;1085:22;1131:18</p> <p>Mostly (2) 975:6;1011:9</p> <p>mother (1) 1104:8</p> <p>mother's (1) 1091:17</p> <p>motion (1) 994:12</p> <p>motor (7) 983:10,14,15; 984:15;985:6,20;986:7</p> <p>Mount (6) 972:8,8;973:14,16; 974:10;993:3</p> <p>mouth (1) 982:2</p> <p>move (5)</p>	<p style="text-align: center;">N</p> <p>name (11) 970:8;981:7,8,18,18; 1025:10,20;1026:1; 1032:25;1033:5; 1046:7</p> <p>names (6) 1023:14,16,17,18; 1024:1,14</p> <p>naming (1) 982:12</p> <p>Nassau (1) 1090:21</p> <p>National (1) 972:1</p> <p>naturally (1) 1020:17</p> <p>nature (1) 1026:7</p> <p>nausea (1) 1091:9</p> <p>navigating (1) 1044:4</p> <p>necessarily (4) 1022:15;1038:22,23;</p>	<p>1052:2</p> <p>necessary (2) 1051:20,23</p> <p>need (24) 971:4;998:5;999:13; 1000:4,10,20;1006:1; 1009:20;1027:25; 1028:11;1040:14,18; 1047:12,15;1050:7; 1052:1,14;1077:6; 1104:1;1105:23; 1106:6;1111:4; 1115:24;1120:16</p> <p>needed (5) 1042:20,22;1052:14; 1064:1;1121:24</p> <p>needs (43) 996:3,25,25;998:7, 15,17,22;999:8; 1001:2;1006:22,25; 1007:1,2;1009:18; 1044:4;1075:17; 1086:6;1089:7; 1101:24;1105:12; 1107:17;1109:8,15,17; 1110:13;1113:3,7,12; 1114:7;1115:15; 1116:1,4,15,16;1117:4; 1118:6,18;1121:3; 1130:4,7,15;1131:4,5</p> <p>negative (1) 994:9</p> <p>neither (1) 1068:2</p> <p>nerve (2) 1099:9,9</p> <p>neuralgia (1) 1099:7</p> <p>Neuro (1) 1080:22</p> <p>neuroanatomy (1) 994:17</p> <p>neurologist (8) 998:17,23;1001:20, 22;1107:11;1130:5; 1131:4,5</p> <p>neurologists (7) 988:4,7;1032:23; 1111:7;1128:5,13; 1131:9</p> <p>Neurology (1) 1032:25</p> <p>neuropsychologist (6) 993:3;1004:19,23; 1005:2;1061:18; 1062:9</p> <p>neuropsychologists (3) 1061:20;1128:5,13</p> <p>neuroradiologists (1) 1125:11</p> <p>neurosurgeon (21) 988:10;997:8; 999:10,12,22,23;</p>	<p>1000:17,23;1032:4; 1033:23,25;1037:15, 19;1072:23;1073:1; 1078:6,24;1079:2; 1107:13;1111:8; 1131:4</p> <p>neurosurgeons (2) 988:5,7</p> <p>neurosurgeon's (1) 1030:8</p> <p>New (9) 970:12;973:2; 1001:25;1023:9; 1024:6;1025:11,17,18; 1026:2</p> <p>next (30) 970:3;972:12; 983:20;990:17;1002:1; 1024:18;1026:6,20; 1032:9;1067:15; 1076:8;1087:8,11; 1093:16,21,25; 1095:19;1099:6; 1100:9;1101:13,22; 1102:9;1103:23; 1105:11;1107:21; 1111:20;1114:11,11; 1115:11;1132:9</p> <p>nine (5) 974:11;985:22; 992:19;993:13; 1007:15</p> <p>Nobody (3) 1024:8;1030:22; 1085:12</p> <p>Nod (2) 1017:25;1092:6</p> <p>none (2) 1046:7;1077:1</p> <p>nor (2) 971:7;1053:3</p> <p>normal (11) 978:15;983:22,23, 24;984:21,22;985:24; 988:6,9,11;992:17</p> <p>normally (4) 987:11,18;1022:7; 1131:20</p> <p>nose (2) 982:1,2</p> <p>notable (2) 997:3,6</p> <p>noted (2) 1091:10,12</p> <p>notes (4) 981:4;1031:23; 1032:4,7</p> <p>noticed (2) 984:3;1002:9</p> <p>notion (1) 1130:2</p> <p>November (3) 1119:10,11;1133:7</p>	<p>object (4) 970:19;1004:14; 1007:20;1053:7</p> <p>objection (106) 970:20,21;979:10, 14,19;980:4;993:8; 996:16;997:10,15; 1006:11;1007:25; 1014:22;1015:12,19; 1018:5,17;1019:12,17, 22;1022:22;1024:15; 1028:7;1029:8,12; 1034:9;1037:23; 1040:7,15;1045:13; 1046:10,18;1047:11, 19;1050:17;1052:3,8, 9;1056:6,10;1059:6, 10;1060:4,8,23; 1063:10;1065:23; 1066:1,10,13;1067:2; 1068:3;1069:2,5; 1071:4;1072:5,9; 1073:20;1074:1,24; 1076:3,7,13,21,23; 1078:13;1080:7; 1082:11,16;1085:18; 1087:9;1088:5,13,17; 1089:13,23;1090:6; 1093:11;1097:11,14; 1098:7;1099:18; 1101:1,5,10;1102:14; 1104:25;1105:4,21; 1106:5,8;1108:18; 1111:14,19;1112:10, 16,21;1113:8,13; 1114:12,15;1117:14, 17;1121:25;1127:8; 1129:3</p> <p>objections (3) 1049:10;1050:13; 1125:5</p> <p>objective (8)</p>

<p>980:14,17;981:21; 989:11;1071:18; 1081:11;1082:6; 1124:25 objectively (2) 977:11;984:18 objectivity (1) 1124:18 objects (3) 981:7,21;990:1 observations (2) 987:25;1120:25 observe (1) 995:7 observed (2) 988:20;994:13 obvious (3) 1017:22;1021:22; 1050:16 occasional (2) 1070:1;1093:21 occasionally (3) 1042:11;1044:11; 1069:24 occasions (1) 980:1 occupation (4) 1058:17;1102:10,12; 1113:21 Occupational (3) 1003:2,4,11 occurs (1) 1004:7 October (16) 1013:13;1021:8; 1024:4,4;1054:16; 1058:9,10,14,14,16; 1061:7;1069:17,18; 1070:6;1082:22; 1092:14 off (11) 993:12;996:13; 1005:14;1032:17; 1072:16;1077:7; 1084:13;1106:17; 1109:25;1120:18; 1121:8 offer (1) 986:6 office (6) 976:16;987:8,9; 1013:3;1015:6;1026:1 OFFICER (14) 1008:12;1009:1; 1048:5;1053:25; 1063:23;1077:14,18; 1090:14,18;1106:2; 1107:2;1122:21; 1123:4;1133:1 Off-the-record (13) 970:1;1012:17; 1018:12;1022:12; 1025:5;1056:13;</p>	<p>1063:22;1090:11,17; 1106:18;1126:3; 1127:10;1132:7 often (10) 983:18;987:15; 992:3;1016:3;1044:3; 1062:14;1069:23; 1078:12,21;1118:14 O'HARA (4) 1048:12;1049:12; 1073:7;1133:4 older (1) 1020:24 once (9) 983:2,3,5;999:25; 1005:4;1006:4;1057:4; 1076:24;1127:22 one (99) 979:23;981:12; 983:2;989:19;994:1,6; 998:19;1000:6,15,24; 1001:18;1002:8,8; 1009:3;1011:7;1013:2; 1016:2;1018:20; 1021:5;1030:19,19; 1038:17;1049:5,23; 1055:2;1056:2,16,17; 1058:15;1060:2; 1061:2;1063:16; 1066:24;1068:23,24; 1069:18,18;1070:7,12, 19,20;1071:16,17; 1073:7;1074:13; 1075:12,12;1082:22, 22;1083:15,24;1085:9; 1086:6,18;1087:7; 1089:7;1090:5; 1091:18;1092:14; 1093:16,21,25;1094:4; 1095:15;1096:21; 1097:5,6,8,8,9;1098:3, 3,9;1099:4,20,23; 1100:1,9,19,21;1101:4, 9,13;1102:9;1104:4, 10;1108:2,8;1110:25; 1112:5,7;1115:12; 1116:14;1119:4; 1121:13;1122:12; 1123:23;1128:19; 1131:20 one-stage (1) 1001:1 one-step (1) 982:1 only (35) 970:22;984:22; 985:14;989:19;990:3; 1003:24;1005:18; 1010:24;1014:18; 1024:3;1028:22; 1038:20;1041:8; 1056:4,16;1059:4; 1063:6;1068:6;</p>	<p>1069:14,14;1070:20; 1071:10;1079:17; 1091:19;1092:1,5; 1096:24;1097:9; 1116:9,13,16;1118:5; 1119:25;1126:6,6 open (1) 982:2 operate (1) 1089:1 opine (1) 995:18 opinion (46) 983:14;986:6;996:5, 19;997:13,19;998:2; 999:21;1000:9,20; 1001:7,20;1005:6; 1006:1,17,20;1007:8, 11,18;1012:23; 1016:15,19;1019:6; 1034:6,7,12,13;1062:6; 1082:4;1083:16; 1098:2,10;1102:23; 1108:1,6;1112:22; 1122:7,9;1127:5,15,17, 21;1128:25;1129:4; 1131:11,14 opinions (6) 1008:4;1026:12; 1027:6;1123:22; 1124:20;1131:24 opportunity (2) 1068:14;1111:23 opposite (2) 983:4;1020:11 optimized (1) 998:18 option (2) 1107:24;1108:2 options (2) 1000:24;1051:2 order (1) 1051:24 orientation (1) 978:8 original (2) 996:23;1056:22 originally (2) 1058:22;1060:17 others (1) 1128:22 otherwise (1) 1092:6 out (44) 981:9,14,16,20,23; 982:5,7,9;985:12,23; 994:8,20;996:15; 1005:16;1011:11,19; 1012:21;1015:18; 1030:19;1041:8; 1049:4;1053:7; 1061:10;1063:20,21; 1066:6;1072:18;</p>	<p>1077:9;1084:15,24; 1090:15,16;1091:2; 1097:7,7;1106:3; 1108:14,21;1110:2; 1111:22;1121:14; 1123:5;1125:2;1133:2 outcome (2) 1019:10,20 outpatient (2) 973:22;974:2 outpatients (1) 974:5 outrageous (1) 1049:19 outright (1) 1125:2 outside (1) 1051:9 over (17) 999:24;1002:16,17; 1006:15;1010:24; 1012:22;1017:10; 1032:9;1050:25; 1058:4,21;1074:22; 1080:3,15;1114:21,25; 1129:9 overall (1) 1001:1 overreaching (1) 1129:1 Overruled (28) 979:20;980:6,8; 993:9,11;997:17; 1014:24;1018:19; 1032:15;1040:10,16; 1046:21;1060:9; 1066:14;1076:14,22; 1085:19;1089:14; 1098:8;1101:11; 1102:15;1105:22; 1108:19;1110:3; 1112:23;1113:9; 1117:18;1129:6 overseeing (1) 973:21 overt (1) 989:17 overtreat (1) 1125:7 own (5) 1059:18;1117:3; 1120:25;1121:6; 1129:18</p>	<p>1092:14;1094:12,16; 1098:15;1103:4; 1107:6;1108:24; 1113:19;1119:8,9,11; 1120:22 paid (5) 1019:10;1022:4,6,9, 15 pain (8) 986:15,20;994:2; 1041:22;1043:16; 1069:21;1092:23; 1099:11 paper (1) 992:11 paragraph (3) 1021:11;1028:11,12 Parent (2) 1109:4,5 parents (1) 1094:14 parlance (1) 1064:12 part (15) 983:3,16,20;984:5; 986:23;1010:16; 1028:25;1032:12,19; 1058:11;1064:7; 1075:25;1083:18; 1116:14;1128:8 participate (1) 1043:2 particular (2) 1025:25;1082:1 parts (1) 1115:7 part-time (1) 1113:24 passwords (2) 1044:3;1069:23 past (8) 974:25;990:12,14; 997:21;1014:19; 1091:16;1112:4; 1131:8 path (1) 1000:1 patient (16) 989:12,18;990:9; 995:1,2;999:24; 1003:19;1004:5; 1021:22;1027:17,19, 22;1091:6,8;1109:5,5 patients (21) 973:7,10,20,21; 974:24,25;978:19; 980:10,12;989:1; 992:2,18;1007:12,13; 1038:11;1074:10; 1075:3;1117:25; 1118:2,3;1128:10 patient's (3) 980:20;991:22;</p>
P				
<p>page (29) 990:17;1020:20; 1026:20;1041:3,4; 1047:8;1054:19,20; 1058:10,11;1067:15; 1070:10,11,15;1073:5; 1082:22;1087:11;</p>				

<p>1019:5 pattern (2) 986:25;994:12 patterns (1) 1002:14 pause (5) 1031:13;1044:19; 1070:13;1122:13; 1123:6 pay (1) 1022:20 pays (2) 1022:8,14 peg (1) 985:21 pegs (2) 985:22,23 people (9) 978:17;990:2; 1036:16;1065:4; 1078:10,21;1103:24; 1119:4;1128:5 per (3) 1011:4;1091:7; 1099:15 percent (8) 973:9,10,11; 1075:24,24,25,25; 1083:25 Perez (90) 975:10;976:15,24; 977:2;978:3,23; 980:24;982:23;983:11; 985:3;986:6;990:14; 991:5,17;995:8,9,17, 25;996:5,19;997:14, 20;998:1;1000:20; 1002:6;1003:1,7,23; 1004:4;1005:7; 1006:18;1007:8; 1009:9;1013:2; 1021:13;1023:1,14; 1024:6;1026:7;1028:3, 4;1036:7;1039:5,8,11, 16;1041:6;1054:6; 1055:5;1061:6,8; 1062:2,9;1068:20; 1071:1,21;1072:2; 1073:13;1075:6; 1076:11;1077:2; 1082:5;1083:10; 1085:7,16;1086:17; 1088:16;1089:4; 1091:23;1096:23; 1098:24,24;1102:24; 1104:5;1108:2; 1109:21;1110:5; 1111:24;1117:9; 1119:3,5,15;1120:4; 1121:1;1122:8;1127:5, 16;1130:2,9;1131:15 Perez's (12) 980:23;984:5;987:3;</p>	<p>989:8;992:21,22; 1091:16,21;1100:4; 1104:18;1124:19; 1128:18 perfectly (1) 1118:20 perform (3) performance (5) 977:25;978:2;983:10 performing (2) 991:16,19;992:4; 1006:15;1129:11 performing (2) 979:25;1021:16 perhaps (1) 1053:4 period (5) 1004:8;1032:11; 1080:3,16;1119:18 permission (1) 1049:18 Perry (5) 1023:1,14;1024:5; 1025:11,16 person (15) 978:15;985:14; 987:15;992:17;994:4; 1003:21;1004:2; 1009:9;1012:12; 1017:17;1018:14; 1019:10;1020:17; 1022:8,14 personally (1) 1036:15 person's (1) 978:6 phase (1) 1131:5 phone (18) 1012:22;1013:16; 1014:8;1015:6,9,10; 1016:1,8,9;1017:1,2, 18;1018:1;1056:16; 1123:18;1124:5,6,9 phrases (1) 981:16 physiatrist (2) 1107:13,15 physiatrists (1) 1128:14 physical (14) 972:7,17;977:5; 984:12;990:1;993:25; 994:1;997:9;1003:3,8; 1028:15;1091:22; 1099:15;1119:16 physically (2) 994:11;1053:16 physician (6) 971:22;999:3; 1002:10;1003:22; 1004:1;1107:11 physicians (6) 988:4;994:14;</p>	<p>998:15;1032:3; 1129:10,18 physiological (1) 989:5 PICC (4) 1001:8,13;1104:1,5 pick (4) 1002:13;1047:25; 1079:17;1117:20 picked (1) 1068:25 picture (2) 978:9;1038:17 pictures (1) 1038:17 piece (4) 980:21;992:11; 996:22;1130:21 pieces (1) 1003:25 pill (2) 1009:17;1117:5 places (1) 994:3 plaintiff (5) 1011:25;1016:22; 1017:21;1018:25; 1027:17 plaintiffs (4) 975:4,6;1011:9; 1012:1 Plaintiff's (5) 1024:24;1025:1,8; 1048:15;1054:14 plan (17) 995:24,25;996:2; 998:14;1002:5; 1029:18,20,25;1044:1; 1069:23;1107:8; 1124:22,22,25;1127:7, 17;1130:1 planning (1) 999:10 plastic (7) 999:17,19;1000:9, 10,12,13;1107:13 playing (1) 1091:20 please (46) 970:9,17,20,21,22, 24;971:4,17;972:15; 977:17;981:5;984:16; 986:11;988:14;989:23; 996:12;1002:8; 1003:17;1005:17; 1019:23;1024:21; 1026:16;1032:14; 1036:2;1037:25; 1038:1;1048:2; 1058:23;1063:20; 1072:15;1073:7; 1074:9,22;1076:8; 1077:6;1078:16;</p>	<p>1084:12;1090:16; 1098:15;1099:6; 1106:1,4,16;1114:15; 1125:23;1132:21 pm (1) 1048:18 pneumonia (1) 1085:6 pocket (1) 1121:14 pockets (1) 1121:13 Point (16) 981:22,22;982:1,2,3; 998:7;1002:1;1049:5; 1052:4;1053:11,11,20; 1117:2;1123:21; 1126:21;1127:24 pointed (2) 1050:23;1053:17 pointing (3) 1049:18;1051:16; 1052:19 points (3) 981:9;986:15; 1053:17 poisonings (1) 1085:6 poorly (1) 978:14 portion (6) 977:18;980:23; 1012:19;1089:21; 1094:17;1128:10 position (4) 987:16,17;1100:4; 1131:18 positive (2) 994:4,17 possibilities (2) 998:12;1063:16 possible (12) 1075:5;1086:16; 1087:6;1092:9,10,11; 1111:12,13,17; 1127:23,25;1132:17 possibly (1) 1115:7 postictal (1) 1091:8 posts (1) 1132:22 potential (1) 1131:15 potentially (1) 1121:5 pounds (3) 984:22,23;985:1 practice (8) 972:24;974:21; 980:2;992:1;1010:16; 1125:9,13;1127:11 practicing (1)</p>	<p>1049:22 practitioners (1) 1080:2 precisely (1) 1129:14 preemptively (1) 999:13 premorbid (2) 1034:14,15 preoperative (1) 1001:2 prep (1) 1120:7 prepared (2) 1116:22,22 preparing (1) 1124:20 prescribed (1) 1127:7 prescription (1) 1006:9 presence (6) 996:14;1005:15; 1072:17;1077:8; 1084:14;1110:1 present (1) 1049:1 press (2) 994:3,7 pressing (1) 1053:15 pretty (1) 1017:21 preventing (2) 997:14,20 previous (1) 1056:4 prior (7) 1030:7;1058:17; 1059:21;1102:10,12; 1113:21;1115:8 probably (9) 999:18;1005:4; 1009:17;1016:10; 1046:2,4;1050:20; 1053:13;1108:11 problem (5) 987:17;1043:22; 1061:1;1070:3;1094:1 problems (8) 982:12,12;1041:8, 10,24;1042:1,4;1061:2 procedure (2) 1000:25;1001:1 Proceedings (1) 1133:6 process (2) 978:21;1050:16 processes (1) 978:6 profession (7) 1020:4;1037:16; 1055:21;1056:5;</p>
---	--	---	--	--

<p>1059:14,22;1128:4 prognosis (5) 1038:15;1103:3,6, 11;1105:12 program (8) 973:3,3,4,6,19,25; 974:2,5 programs (2) 973:2,8 progressively (2) 981:13,25 prominent (1) 1015:14 pronounce (1) 1099:6 proof (3) 1060:7,13;1085:22 protect (1) 1053:10 provide (1) 1117:25 provided (3) 1027:7;1040:19; 1049:3 providers (1) 993:2 providing (1) 1006:23 prudent (1) 1000:2 psuedoseizures (1) 1074:11 psychiatrist (4) 1107:15,15,16,16 psychoactive (3) 990:14;991:5,11 pull (3) 1078:15,16,17 Pupils (1) 1091:10 purchase (1) 1120:16 purpose (5) 996:2;1019:3,4,15, 19 purposes (1) 1021:16 put (15) 985:22;995:23,24; 996:22;1003:25; 1037:20;1038:24; 1066:23;1068:7; 1085:12,14,14; 1090:22;1126:12; 1128:11 puts (2) 1003:22;1079:11 putting (4) 984:19;992:25; 1066:6;1095:10</p>	<p>qualified (1) 1036:16 qualify (1) 1093:8 qualifying (1) 972:1 questionnaire (1) 990:9 quick (1) 978:5 quite (5) 992:10;1075:5; 1099:10,12;1127:23</p> <p style="text-align: center;">R</p> <p>radiologist (1) 1040:19 radiologists (1) 1125:10 raise (2) 972:4;1050:17 ram (1) 1117:9 range (1) 994:12 ranges (1) 1007:14 rare (3) 1075:12;1081:21; 1082:3 rather (3) 1002:16,17;1006:16 Ratio (2) 1084:21,23 rational (1) 1003:10 reach (3) 985:11;1030:3; 1039:4 reactive (1) 1091:11 read (41) 972:12;977:17,18; 982:7;1012:18,19; 1022:24,25;1023:2; 1038:5,6;1045:20,24; 1054:24;1055:2,11; 1058:15,22,23;1063:9, 17,18;1072:20; 1073:11,14;1081:10, 16;1084:7,18,19; 1089:18,21;1091:2,3; 1097:21;1107:20; 1109:3;1114:19; 1119:3;1122:6; 1125:10 Reading (2) 982:6;1017:20 readmitted (1) 1032:6 really (21) 971:21;982:18;</p>	<p>983:7;984:6;995:14; 998:20;999:16; 1003:25;1033:4; 1050:2;1056:25; 1059:4;1065:17; 1068:7,15;1098:13; 1106:10;1120:16; 1121:1;1131:1; 1132:19 realtime (1) 1075:8 reason (39) 971:4;984:12;985:2, 17;986:2;989:5;995:4; 997:13,19;1003:7; 1004:11;1019:9; 1024:12,12;1026:15, 17;1064:15,17;1080:2, 3,5,10,15;1086:9; 1087:4;1089:12,16; 1090:2,5;1092:5; 1093:2,5,19,23;1094:2, 9;1096:19;1111:10; 1117:16 reasonable (5) 977:21;986:5; 995:18;1008:5; 1131:22 reasons (9) 1026:17;1071:16,17; 1083:15;1086:13,15; 1089:7,10;1128:11 recall (5) 993:7,12;1006:6; 1014:17;1127:3 recalled (1) 993:14 recap (1) 1092:23 recent (2) 1058:15;1069:17 recently (1) 1104:12 recess (2) 1048:17;1077:16 recognition (1) 981:21 recollection (5) 1013:21;1014:4,10; 1031:6;1126:9 recommend (2) 1004:4;1005:4 recommendation (2) 1000:22;1030:1 recommendations (8) 996:4;1028:19,24; 1029:1,18;1030:2; 1107:8,10 recommended (5) 1002:12;1015:17,22; 1107:22;1115:7 record (33) 970:9;996:13;</p>	<p>1005:14;1031:13,24; 1038:6;1044:19; 1048:8;1049:6;1053:1, 2,7,10;1069:6; 1070:13;1072:16; 1077:7,23;1078:1; 1080:22;1081:3; 1082:1,4;1084:13; 1090:20,24;1106:17; 1109:25;1114:19; 1119:3;1122:13; 1125:19;1126:19 recording (1) 1078:3 records (30) 975:12;976:3;979:2, 17;987:24;990:13; 991:4;993:1;994:14; 995:6;997:1,4,23; 1017:11;1030:16,16; 1032:12;1033:1,4,9,11; 1046:5;1107:21; 1108:13;1126:5,9,21, 23;1129:18,20 recovery (2) 1002:24;1004:7 recruited (1) 973:1 REDIRECT (1) 1123:8 reduced (1) 1117:2 refer (11) 981:3;1019:25; 1020:19,20;1069:15; 1083:6;1090:20; 1092:13;1094:16; 1108:24;1113:19 reference (6) 1022:21;1024:13; 1069:10;1070:8; 1107:21;1111:24 referencing (3) 1069:7,9;1085:10 referring (2) 1021:4;1094:24 refers (1) 988:16 reflexes (1) 985:7 refresh (1) 1126:8 regard (1) 988:21 regarding (8) 979:5;983:15;984:4; 1006:6;1009:7;1049:3; 1127:2;1131:14 registered (1) 1104:8 regular (1) 1055:6 regularly (2)</p>	<p>1049:8;1128:6 rehab (2) 988:7;1033:8 Rehabilitation (6) 970:11;972:7,18; 1005:7;1006:2; 1031:22 reinstruct (1) 1045:14 relating (1) 1005:8 relationship (2) 1026:11;1027:5 relevance (1) 1015:14 relevant (1) 1022:7 reliable (1) 991:25 rely (1) 1125:9 remain (1) 980:12 remediation (1) 1006:10 remember (29) 979:22;993:18; 1012:13,21,25;1015:8; 1023:7,10;1031:7,15; 1032:25;1034:2; 1046:6;1052:25; 1053:3;1069:10; 1070:5,8,21,22; 1072:21;1086:25; 1087:4;1092:18; 1094:18;1095:24; 1100:24;1129:24; 1132:21 remind (1) 1005:17 removal (2) 1000:13,14 remove (1) 999:24 removed (1) 996:24 render (2) 1026:11;1062:6 rendered (3) 1054:7,9;1103:3 repair (1) 999:18 repaired (1) 1006:24 repeat (5) 981:15;997:18; 1025:13;1038:2; 1066:21 repeatedly (2) 1049:12;1052:20 repetition (1) 981:15 rephrase (3)</p>
Q				

<p>1004:16;1010:4; 1124:8 replaced (1) 996:24 report (75) 975:15,20;988:19; 1017:14;1019:25; 1020:19,20,21,23; 1021:7;1024:4,9; 1025:16,22;1028:11, 12,21,25;1030:8; 1033:16,18,24; 1036:22;1039:25; 1041:3;1045:20,24; 1046:13;1048:2; 1054:7,9,10,13,15,16, 20;1055:3;1056:2,21, 22;1057:15,16,18,18, 21;1058:1,4,6,9,10,19, 20,22;1060:18;1061:7; 1068:7;1069:12,13,14, 15,18;1070:6;1072:21; 1073:5;1076:25; 1078:7;1082:21; 1092:13,14;1102:13; 1116:14;1124:15,20; 1131:24;1132:14 reporter (3) 1038:6;1052:22; 1114:19 reports (24) 975:12;976:7,13; 979:3,3,9;1017:20; 1030:17,18;1033:4,15, 18;1034:21,22; 1039:18;1040:19; 1043:25;1069:15; 1070:2;1092:25; 1093:25;1111:6; 1125:10;1128:21 request (1) 975:10 Requested (4) 977:18;1012:19; 1064:1;1089:21 requesting (1) 1027:7 require (3) 996:5,20;1009:9 requires (6) 980:20;999:22; 1005:7;1006:18; 1009:10,19 research (4) 972:9;973:11,22; 1007:12 researching (1) 1132:21 reservations (1) 1002:20 residency (4) 973:2,17,25;974:1 resolved (2)</p>	<p>1009:11;1011:17 respect (6) 983:10;986:23; 995:8;1000:19;1009:7; 1049:13 respectfully (1) 1051:12 respond (1) 1044:18 responsible (1) 1009:13 rest (2) 1005:4;1006:4 result (4) 985:18;986:2; 995:19;1097:6 results (10) 982:16,17;985:2; 987:24;989:16;995:12, 22;1001:5;1095:25; 1098:9 resumes (2) 1077:17;1107:1 retain (1) 975:7 retained (6) 975:5;1019:9; 1054:10;1073:1; 1123:25;1124:6 retaining (1) 1019:11 retains (1) 1019:15 return (7) 1058:17,24;1059:8, 14;1102:9;1113:20; 1127:18 returned (1) 972:22 review (25) 975:12;976:3,5,13; 979:3,5,8;987:24; 990:13;991:13;995:6; 997:1;1007:24; 1011:16;1017:5; 1019:6;1031:9,20; 1033:9,11,19;1039:15; 1046:13;1075:6; 1125:10 reviewed (26) 979:17;1007:17; 1011:12;1030:15,18, 23;1031:10,21,22,24; 1032:4,7;1033:4,15,15; 1034:19,21;1039:18; 1046:5;1047:22; 1078:7;1108:13; 1125:16,19;1126:10; 1129:18 reviewing (4) 979:2;1031:7; 1032:18;1036:21 revised (1)</p>	<p>1056:1 Rey (5) 992:9;993:2; 1061:21;1062:10,22 right (118) 981:14,19;983:21; 984:20;986:1,18; 987:11;992:17,20; 998:22,22;1002:22; 1006:7;1009:25; 1010:21;1013:11; 1014:2;1017:22; 1019:11;1021:23; 1022:1,6;1023:2,7,15, 21;1026:8;1027:3,4,14, 15,16,21;1032:8; 1035:7,12,23;1036:21; 1041:22,23,25;1042:9, 13,17,18,25,25; 1043:10,16;1045:4; 1047:9,17;1053:6; 1055:7;1062:11,25; 1064:10,12,16,24; 1067:3;1069:21; 1071:25;1072:13; 1073:2;1079:17,18,18, 24;1080:11;1081:19, 21,21,22;1083:4,9,11; 1084:25;1086:6; 1088:9,14;1092:19,25; 1094:21,24;1095:2,22; 1096:3,9,15,21;1097:6; 1099:17;1100:10; 1102:5;1103:14; 1104:13;1107:16,23; 1109:6,9,12;1111:4,5; 1112:6;1114:2,10,11; 1115:18;1116:1,10,17; 1118:10,20;1119:21; 1122:20;1123:2; 1131:4 right-sided (1) 1075:10 rise (14) 1008:12;1009:1; 1048:5;1053:25; 1063:23;1077:14,18; 1090:14,18;1106:2; 1107:2;1122:21; 1123:4;1133:1 risk (7) 998:3;1000:25; 1089:2;1108:7,8; 1109:11;1117:1 rolled (1) 986:16 Rosanna (1) 1032:10 roughly (1) 974:24 routine (1) 992:3 rule (2)</p>	<p>970:20;1051:23 rules (10) 1049:3,5,6,7,11,13, 21,25;1050:1;1051:25 ruling (1) 1050:5 rulings (1) 1050:14 running (1) 973:4</p> <p style="text-align: center;">S</p> <p>Sabini (1) 1032:11 safest (1) 1108:5 safety (3) 998:3,7;1131:16 Same (15) 982:6;987:10; 1041:4;1047:8; 1053:13;1066:7,8,12, 15;1080:11;1092:14; 1098:21;1102:17; 1103:4;1124:10 samples (1) 1001:4 save (1) 1117:12 saw (20) 988:17,19;991:5; 995:12;1013:2; 1021:13;1030:11; 1032:11,20;1033:24; 1034:3;1035:9;1054:6; 1056:1;1061:6;1098:9; 1106:13,13;1126:20,23 saying (26) 982:9;987:1; 1028:22;1033:14; 1036:14,15,15; 1053:12;1064:7; 1065:15,19;1066:4,5; 1067:5;1068:15,15; 1070:25;1072:4; 1073:18,19,23;1084:4, 5;1085:21;1111:11; 1130:4 scale (3) 978:14;989:17,17 scan (4) 1017:14;1046:13,13; 1047:3 scans (13) 976:5,5,6,7;1030:16, 16;1039:15,19,23,24; 1040:3;1046:7;1047:2 schools (1) 971:22 Schwartz (6) 1030:9;1033:23,24; 1037:15;1078:6;</p>	<p>1111:8 Schwartz's (1) 1045:20 scientific (1) 991:24 score (7) 978:22;979:24; 992:21,22;1095:1,3,7 scored (1) 992:24 scores (5) 979:17;1095:15,16; 1128:19,23 scoring (1) 990:7 screen (2) 978:5;1090:22 screening (4) 981:1,2;990:10; 1095:20 screws (1) 1121:12 seated (1) 970:13 second (13) 983:3;989:20;994:6; 1012:16;1022:24; 1057:14,20;1070:12; 1073:7;1076:24; 1110:23;1122:12; 1132:5 secondary (4) 995:3,5;1063:15; 1067:12 Secondly (1) 970:17 seconds (3) 985:25,25;992:14 section (3) 1041:5;1082:23; 1108:25 seeing (9) 984:7;1001:21; 1002:3;1003:14; 1004:12,19;1087:6; 1126:8;1131:11 seem (1) 1010:10 seeded (1) 989:2 seems (2) 998:20;1108:16 sees (1) 1050:13 seizure (21) 998:17,23;1046:16; 1047:23;1075:7; 1076:12;1077:2; 1079:18;1091:7,13; 1092:8;1104:11; 1105:12,17,18; 1109:14,21;1110:6,21, 24;1111:1</p>
--	--	---	--	---

<p>seizures (81) 998:4,10,20,24; 1001:23;1006:21,25; 1042:8;1044:15,15,15, 16,20,23;1045:6,11,22; 1046:1;1047:2; 1068:24,25;1069:25; 1070:7,21,25;1071:2, 11,14,18,23;1072:3,8, 13;1074:10,11;1075:5, 6,13,16;1078:10,22; 1079:5;1081:11; 1082:5,15;1083:17,20, 23;1084:1,2,3,9; 1085:5,10,15,20; 1092:18,21,24,25; 1100:19,20;1101:3; 1104:19;1109:17; 1110:9;1111:9;1117:1; 1118:3,4,7,15,21,21, 22;1129:22,23;1130:2, 9,25;1131:17</p> <p>self (4) 1042:19;1070:3; 1109:6;1116:21</p> <p>self-care (2) 1094:5;1101:24</p> <p>send (2) 1054:9;1062:9</p> <p>sends (2) 1016:3,5</p> <p>senior (1) 1035:21</p> <p>sensation (4) 994:2;1042:11; 1070:1;1093:21</p> <p>sense (3) 1010:14;1098:6,10</p> <p>sensory (3) 986:9,13;994:16</p> <p>sent (14) 975:15;1017:5,17, 19;1054:13,16; 1055:25;1057:21,23, 24;1058:20;1060:17; 1076:19;1077:4</p> <p>sentence (3) 1022:24;1084:18; 1099:14</p> <p>sentences (2) 981:16;1109:4</p> <p>separate (1) 972:19</p> <p>separation (2) 1003:3;1099:20</p> <p>sepsis (1) 1085:6</p> <p>September (1) 1013:13</p> <p>sequelae (1) 1041:9</p> <p>serious (1) 995:9</p>	<p>service (2) 972:2,2</p> <p>sessions (1) 988:5</p> <p>set (2) 1122:19;1123:2</p> <p>seven (4) 982:5;1107:6; 1108:24;1116:9</p> <p>several (4) 997:21;1032:23; 1075:14;1131:8</p> <p>severe (7) 978:20;992:18; 1039:11;1044:8; 1061:13;1075:4; 1086:1</p> <p>sexual (1) 990:3</p> <p>shake (1) 1022:19</p> <p>shakiness (3) 983:25;984:7,12</p> <p>shaky (2) 984:2,10</p> <p>Shall (2) 1053:17;1107:4</p> <p>shapes (1) 992:13</p> <p>sharp (2) 986:15;1081:22</p> <p>shoes (1) 1053:13</p> <p>shop (2) 1094:8;1117:3</p> <p>shopping (8) 1007:2;1042:24; 1102:1,3;1116:8; 1117:8;1118:6; 1120:11</p> <p>short (4) 1032:11;1073:11; 1080:19;1119:18</p> <p>shorten (1) 1083:24</p> <p>shortened (2) 1083:10;1084:8</p> <p>shortening (1) 1083:22</p> <p>shortens (1) 1084:2</p> <p>shorter (1) 1007:14</p> <p>Shortly (1) 1017:8</p> <p>shout (2) 989:25;990:4</p> <p>show (24) 992:10;1017:11; 1024:12;1025:8; 1030:23;1047:2,3,22, 23;1054:14;1056:22; 1073:4;1076:11,12,15;</p>	<p>1077:23;1078:4; 1080:22;1081:24; 1083:3;1090:23; 1091:15;1105:17; 1126:4</p> <p>showed (4) 1025:17;1046:9,16; 1075:12</p> <p>showing (1) 1025:11</p> <p>shown (3) 1025:2;1075:15; 1129:10</p> <p>shows (4) 1002:22;1034:14,15; 1075:8</p> <p>shrunk (1) 983:19</p> <p>side (17) 983:21,23;984:20, 24;986:18,19;987:23; 996:14;1002:22,23; 1005:15;1011:25; 1017:21;1072:17; 1077:8;1084:14; 1110:1</p> <p>sidebar (5) 1018:10;1022:10; 1072:14;1106:6,7</p> <p>sides (2) 985:8;986:13</p> <p>sign (1) 994:4</p> <p>significant (1) 1081:24</p> <p>signifies (1) 1081:20</p> <p>signify (1) 978:17</p> <p>signs (4) 993:20,22,24;995:7</p> <p>similar (1) 1007:12</p> <p>similarity (1) 978:10</p> <p>Similarly (1) 981:15</p> <p>simple (8) 978:8;981:19,25; 992:10;1034:13; 1050:14;1097:23; 1127:24</p> <p>simply (1) 1069:6</p> <p>Sinai (6) 972:8,8;973:14,16; 974:10;993:4</p> <p>single (5) 1033:3,5;1089:1; 1130:19;1131:23</p> <p>SIROTKIN (3) 1048:10,13;1119:10</p> <p>sitting (3)</p>	<p>987:16,17;1108:8</p> <p>situation (2) 995:2;1103:22</p> <p>situations (1) 989:18</p> <p>six (19) 980:12;982:7; 983:17;988:3;992:24; 999:25;1000:5,6,16; 1001:9,18;1002:4; 1007:15;1037:13; 1070:10,11;1082:22; 1109:21;1113:19</p> <p>sixteen (1) 981:20</p> <p>skeptical (1) 1082:5</p> <p>skilled (1) 1050:24</p> <p>skin (1) 999:25</p> <p>skull (7) 996:23;998:3,11; 999:18;1075:11; 1079:14;1103:12</p> <p>sleep (3) 991:7,8,9</p> <p>slowing (2) 1075:10;1081:19</p> <p>small (3) 971:21;992:12; 1128:10</p> <p>SMR (4) 1083:6;1084:19,20; 1085:4</p> <p>social (1) 1132:22</p> <p>software (1) 1081:24</p> <p>solid (2) 1070:2;1093:22</p> <p>somebody (19) 983:8;985:12; 994:21;1003:18; 1015:21;1022:15; 1027:16;1036:11; 1037:16;1059:21; 1067:11;1069:12; 1075:13;1085:1; 1086:13;1100:4,13; 1114:2;1117:4</p> <p>somehow (1) 998:10</p> <p>Someone (25) 978:20;984:6;999:3; 1004:5;1006:1,3; 1012:12,13;1015:17; 1022:8,8,14,14;1045:2; 1065:12,14;1066:6; 1083:17;1084:25; 1095:5;1096:6; 1107:12;1114:3; 1121:4;1127:12</p>	<p>someone's (3) 1079:12,14;1089:2</p> <p>Sometime (5) 1013:22;1017:8; 1047:13,16;1057:16</p> <p>sometimes (8) 989:24;991:10; 1120:13,18;1121:3,7, 16,17</p> <p>somewhere (2) 1023:17;1121:13</p> <p>soon (3) 1047:13,16;1132:17</p> <p>Sophir-Kusnetz's (1) 1129:20</p> <p>Sorry (11) 993:10;1032:22; 1033:14;1047:4,14; 1051:9;1056:24; 1079:21;1081:14; 1084:22;1102:2</p> <p>sort (2) 1003:21;1129:14</p> <p>sorts (1) 1049:10</p> <p>South (2) 971:21;1090:21</p> <p>Southside (8) 1031:22,24,25; 1032:11,12,19;1033:8; 1046:7</p> <p>spasticity (1) 985:9</p> <p>speak (9) 970:16;977:4; 989:21;1037:19; 1041:4;1056:16; 1059:13;1105:23; 1119:16</p> <p>speaking (1) 1020:12</p> <p>specialist (13) 999:12;1000:19; 1002:3,4;1003:15,18; 1004:4,13;1104:12; 1107:12;1108:6; 1131:10,12</p> <p>specializes (3) 998:23;1131:3,6</p> <p>specially (2) 1003:19;1009:13</p> <p>specific (1) 1102:6</p> <p>specifically (2) 986:23;1075:9</p> <p>speculation (1) 1088:17</p> <p>speech (3) 981:11;982:13; 1091:10</p> <p>spend (1) 976:24</p> <p>spikes (1)</p>
--	--	---	--	---

<p>1075:12 spoke (4) 1017:10;1078:5; 1100:22;1119:25 spoken (1) 1123:15 Spontaneous (1) 982:13 spontaneously (2) 981:8,10 spot (3) 1001:4;1047:12,15 square (2) 992:13;1006:9 squeeze (1) 984:21 stable (1) 980:13 staff (1) 1105:24 stake (1) 1052:7 stand (11) 970:7,19;985:12; 1008:17;1018:9; 1048:7;1073:14; 1077:17;1102:6; 1107:1;1123:12 Standardized (2) 1084:21,23 starred (1) 1073:10 start (14) 970:15,18;973:1,2; 984:7;999:10,13; 1029:3,7;1048:3; 1074:22;1114:21,24; 1118:22 started (2) 1092:2;1132:16 starting (2) 973:8;1084:19 starts (4) 1029:4,5,11;1120:23 State (10) 970:8;1023:9; 1024:7;1025:11,17,18; 1026:2;1080:23; 1109:2;1113:2 stated (8) 1023:4;1035:14; 1054:24;1072:20; 1080:23;1083:10; 1095:1,25 statement (10) 1038:12;1073:11; 1085:11;1104:23; 1105:7,8;1106:10,11; 1114:4;1118:12 states (2) 1021:11;1093:17 status (10) 977:25;978:3;</p>	<p>980:23;982:23;1029:5; 1054:21;1094:17; 1098:17;1100:23; 1103:9 stay (1) 1120:8 staying (1) 1132:18 Step (5) 1090:16;1110:19,22, 23;1132:3 stepping (1) 1063:20 steps (6) 1063:21;1090:15; 1106:3;1108:11; 1123:5;1133:2 still (9) 984:2;998:19; 1002:3;1006:25; 1082:10,14;1110:9; 1111:8;1132:10 stimulation (1) 994:6 stipulates (1) 1126:22 stipulation (1) 1126:13 stop (4) 970:20;1050:7; 1099:3;1106:16 stopped (3) 972:4;1092:18,21 stove (1) 1121:9 STPHAO (2) 1057:1;1097:25 straight (1) 1066:9 straightforward (1) 1127:24 strange (1) 1120:14 strength (10) 983:20,23,24; 984:17,17,19,21;985:3; 994:19;1002:21 stretch (2) 994:8;1123:14 strike (1) 990:12 stroke (1) 1003:21 strokes (1) 973:6 strongly (1) 1104:19 struggling (1) 1056:25 studies (4) 1007:16,17,24; 1104:19 studio (1)</p>	<p>1091:6 study (1) 1007:14 stuff (5) 1120:7,14;1121:15; 1122:19;1123:2 subject (2) 1102:16,17 subjective (24) 980:15,17,21; 989:11,12;1037:9,10, 17,20;1038:10,18; 1041:13;1043:6,10; 1045:2,3;1068:19; 1070:8,18;1071:1; 1078:11;1079:6; 1124:19,23 subjectivity (1) 1124:17 subsequent (1) 996:22 subspecialty (1) 972:19 successfully (1) 1127:22 suffered (1) 1007:9 suffering (5) 1086:18,25;1087:7; 1088:3,9 suffers (1) 995:19 sufficient (1) 1118:2 suggest (2) 995:22;1104:19 suggested (2) 1000:23;1081:25 suggesting (1) 1129:11 suggests (4) 987:13;988:24,25; 992:25 summer (6) 1013:22,23;1014:19; 1017:8;1057:10; 1076:24 supervise (2) 1114:4;1120:5 supervising (1) 1117:8 supervision (12) 1006:18,22;1009:8, 9,10,12,16;1108:25; 1109:2;1113:2,7,12 supposed (2) 1051:14,17 sure (44) 970:17;972:12; 991:3;997:19;999:2, 14,15,25;1000:16; 1001:3,5,10,12; 1004:24;1005:9;</p>	<p>1018:11;1022:11; 1025:14;1042:16; 1044:22,23;1068:23; 1070:7,21;1071:2,9,14, 17,23;1073:8;1075:16; 1078:5;1080:16; 1088:20;1089:20; 1090:10;1092:22; 1097:20;1114:21,25; 1120:11;1121:7; 1124:13;1132:9 surgeon (6) 999:17,19;1000:9, 10,12;1107:13 surgeons (1) 1000:13 surgeries (8) 977:4;1086:4; 1088:22;1100:6; 1104:4;1107:23; 1108:2;1114:11 surgery (45) 972:6;996:5,19,25; 997:24;998:2,7;999:6, 9,15,15,23;1000:2; 1001:6,25;1006:24; 1009:11,15;1027:25, 25;1033:7;1075:11; 1087:8;1088:16; 1089:5,8;1103:16,19; 1105:17;1107:17,21; 1108:9,10;1113:3; 1114:7,11,11;1115:7, 11,12,18;1116:2,2; 1118:11;1131:7 surprised (1) 995:10 sustain (2) 1069:5;1106:5 Sustained (60) 979:11,15;984:7; 997:11;1007:21; 1008:2;1018:6; 1019:13,18,23; 1022:23;1024:16,18; 1028:8;1029:9; 1034:10;1037:25; 1041:10;1046:11; 1047:12,19;1052:3,9; 1056:7;1059:7,11; 1060:5,24;1063:11,12; 1065:24;1066:2,11; 1068:4;1072:6,10; 1073:21;1074:2; 1076:4,8;1078:14; 1080:8;1082:12,19; 1084:16;1087:10; 1088:19;1090:7; 1097:12;1099:19; 1101:2,7;1105:2,5; 1111:15,18;1112:11; 1117:15;1122:4,4 suture (2)</p>	<p>1000:12,14 sutures (2) 999:25;1000:14 swabs (1) 1001:4 sworn (1) 971:11 sworn/affirmed (1) 970:7 symmetrical (1) 985:8 symptoms (6) 990:8,10;995:16; 1104:18;1128:11; 1129:12 system (1) 974:4 systems (1) 1007:19</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>table (2) 1049:9;1053:5 talk (13) 972:10,20;999:6; 1005:12;1027:18; 1037:9;1054:23; 1060:13;1064:20; 1088:20;1120:15; 1128:3;1131:7 talked (9) 988:23;991:4; 1061:3;1064:21; 1069:20;1092:23; 1103:14;1107:17; 1123:18 talking (25) 970:20;1018:9; 1020:10;1047:4; 1052:10,17,18,20,21; 1056:23;1057:1; 1067:1;1070:10; 1071:10;1092:15; 1103:24;1105:15; 1112:2;1115:10,11; 1116:25;1118:4; 1121:9;1132:22,22 talks (1) 995:10 tandem (3) 987:20,22;1000:18 tap (5) 983:2,2,4,5,5 task (1) 973:2 tasks (2) 1009:18;1101:25 team (4) 976:20;1027:8; 1058:3;1123:22 Tegretol (1) 1130:11</p>
---	--	--	---	---

<p>telephone (3) 1012:12;1014:20; 1018:14</p> <p>telling (9) 977:11,12;1027:2; 1045:8;1053:11; 1072:8,12;1097:16; 1129:4</p> <p>tells (3) 989:13;1071:21,22</p> <p>temporal (1) 1081:22</p> <p>ten (18) 981:9,9,12,14,16,23, 23;982:5,7,9;992:14; 1008:16;1011:13,19, 19;1016:10;1019:8; 1056:16</p> <p>tend (1) 980:12</p> <p>ten-minute (2) 1017:1,18</p> <p>term (8) 1037:8,9;1062:24; 1064:23;1065:3,4; 1095:12,13</p> <p>terminology (1) 1028:24</p> <p>terms (6) 1026:1;1035:22; 1131:16,16,16;1132:13</p> <p>test (63) 977:11,13;978:4,5, 11,12,18;979:6;980:17, 17,18;981:1,2,2; 982:21,24,25;983:1; 985:3,3,11,12,17,21, 24;986:1;991:19,20,21, 24;992:5,9,9;993:2,24; 994:6;995:22;1014:19; 1033:2;1046:8,8; 1061:21,23;1062:1,10, 14,22;1079:19; 1088:11;1094:21; 1095:1,15,19,20,22,24, 25;1096:7,17,25; 1097:4,4;1098:9</p> <p>tested (3) 1086:21;1088:12; 1110:25</p> <p>testified (18) 971:12;1006:6; 1011:13,13,20,24; 1022:3;1028:4; 1030:15,25;1031:1; 1037:14,16;1078:9; 1081:11;1082:25; 1091:25;1125:16</p> <p>testify (7) 1010:12;1011:17; 1019:2,14,20;1126:16, 18</p> <p>testifying (3)</p>	<p>1012:4;1019:9; 1030:8</p> <p>testimony (21) 971:7;996:11; 1009:7;1037:12; 1051:14;1063:9,14; 1078:15,16,18; 1091:21;1111:24,24; 1112:6,13;1117:10; 1119:6,7,14;1122:3,6</p> <p>testing (11) 982:17;984:20; 991:16;1004:25; 1055:12;1079:23; 1088:3;1096:6; 1098:24;1124:25; 1128:22</p> <p>tests (7) 980:22;982:22; 995:11;1062:4; 1096:18;1128:17,18</p> <p>Thanksgiving (1) 1132:11</p> <p>theatrical (1) 1052:4</p> <p>theatrics (1) 1037:24</p> <p>thens (1) 1027:8</p> <p>Theodore (4) 1030:9;1033:24; 1037:15;1078:6</p> <p>therapeutic (1) 1130:21</p> <p>therapies (3) 1002:6,25;1004:10</p> <p>therapist (1) 1003:4</p> <p>therapy (4) 1003:2,4,8,11</p> <p>thereafter (2) 1039:17;1127:19</p> <p>thereof (1) 1060:14</p> <p>thinking (1) 978:6</p> <p>third (2) 1076:25;1109:3</p> <p>thirteen (1) 979:23</p> <p>thirty (1) 978:14</p> <p>Thomas (1) 981:18</p> <p>though (2) 982:15;1002:15</p> <p>thought (5) 1052:16;1078:22; 1097:8,9;1125:7</p> <p>thoughts (2) 1093:18;1130:13</p> <p>three (21) 972:7;973:3;979:24;</p>	<p>980:1,12;992:13; 994:20;1002:12; 1004:6,6;1011:24; 1012:2;1031:1; 1032:10;1044:16; 1057:7;1070:15; 1071:16;1076:20; 1109:4;1110:6</p> <p>three-lead (1) 1081:23</p> <p>three-step (1) 982:2</p> <p>throughout (2) 994:13;1050:16</p> <p>throw (1) 1125:2</p> <p>tibialis (1) 988:25</p> <p>tie (1) 1053:18</p> <p>tied (2) 1063:15;1064:15</p> <p>tight (1) 1050:24</p> <p>tightrope (1) 987:21</p> <p>times (28) 982:14;997:7; 998:19;999:24; 1000:10,20;1002:2,12; 1004:6,6,8;1006:3,22; 1010:25;1011:11,20, 24;1019:8;1031:1; 1051:3;1057:6,7; 1071:16;1076:20; 1077:1;1091:9; 1119:20;1123:15</p> <p>tired (1) 1094:1</p> <p>title (1) 1098:16</p> <p>today (11) 975:21;1008:5; 1019:2;1030:20; 1049:14,17,17; 1073:15;1124:15; 1131:16,25</p> <p>toe (1) 987:21</p> <p>toes (1) 987:20</p> <p>together (6) 974:10;982:18; 995:24;1003:22,25; 1120:20</p> <p>told (48) 982:17;990:8; 1008:4;1016:15; 1018:2,7,14,21,25; 1021:12,23;1023:18; 1026:10,13,15;1027:9; 1028:5;1041:6,20; 1043:7,9,10;1045:6;</p>	<p>1046:6;1051:3,20,21; 1053:21;1071:1; 1077:3;1078:9;1087:2; 1092:21;1098:16; 1099:17;1107:7; 1109:6,12;1119:18,19; 1123:16,25;1124:3,6,8, 14;1131:24;1132:23</p> <p>TOMM (1) 1061:23</p> <p>tomorrow (1) 1132:8</p> <p>tone (1) 985:9</p> <p>tonight (1) 1132:19</p> <p>took (10) 972:5;985:25;991:4, 10;1034:20;1073:14; 1091:25;1104:5; 1121:18,18</p> <p>top (5) 993:12;994:7; 1058:11;1070:15; 1113:19</p> <p>topics (1) 1123:13</p> <p>total (3) 975:2;1057:7;1068:8</p> <p>totally (5) 976:10;989:3; 1056:5;1059:15; 1060:19</p> <p>touch (3) 986:14,20;1124:18</p> <p>tough (1) 1053:14</p> <p>toward (2) 990:1;1052:19</p> <p>towards (3) 1052:5;1053:5; 1110:20</p> <p>trained (3) 988:8;1003:19; 1009:13</p> <p>training (5) 971:18,24;973:3,25; 1007:7</p> <p>transcript (3) 1034:3,7,13</p> <p>translates (1) 1002:23</p> <p>trauma (3) 1003:20;1118:11,14</p> <p>traumatic (6) 973:5;1039:5,8,11; 1044:7;1086:1</p> <p>treat (8) 973:6;1002:16,16, 17,17;1006:16,16; 1027:18</p> <p>treated (1) 1049:17</p>	<p>treating (4) 1021:22;1027:3; 1038:11;1129:18</p> <p>treatment (6) 1005:8;1021:24; 1039:25;1127:7; 1129:17;1131:5</p> <p>tremors (5) 984:8,9,10,11; 1091:12</p> <p>triage (2) 1091:3,5</p> <p>trial (8) 1049:3;1052:7,8; 1112:1;1119:6,7,14; 1122:3</p> <p>triangle (1) 992:14</p> <p>tricks (1) 1120:14</p> <p>tried (2) 985:15;998:19</p> <p>tries (1) 1120:8</p> <p>trigeminal (1) 1099:7</p> <p>trouble (1) 987:16</p> <p>true (57) 1010:15;1011:9; 1012:9;1026:18; 1035:18;1036:8,11; 1037:2;1038:9,12,15, 18;1056:18;1061:21; 1062:10,14;1063:4,7; 1068:12,21,24;1069:1; 1071:23,25;1072:1; 1077:3;1079:12; 1083:16;1084:1; 1085:10;1095:20; 1097:4,9,13;1098:18; 1099:4,21;1100:2,20; 1102:25;1103:3,24,25; 1104:15;1105:13; 1108:22;1111:13; 1113:21,25;1115:8,9, 10,16,19;1118:8,12,15</p> <p>truth (3) 1045:8;1072:8,12</p> <p>truthfully (1) 995:14</p> <p>try (11) 991:23;1010:4; 1044:25;1048:3; 1050:13;1063:7; 1065:13;1076:2; 1120:15,20;1123:13</p> <p>trying (13) 980:19;1000:3; 1015:3;1028:21,23; 1033:2,3;1043:25; 1069:22;1084:24; 1108:4,21;1110:19</p>
--	--	---	---	--

<p>Tuesday (1) 1132:10</p> <p>tuning (2) 986:16,20</p> <p>turn (2) 1041:4;1098:15</p> <p>turns (1) 1121:8</p> <p>twenty (1) 981:20</p> <p>twenty-six (1) 978:15</p> <p>twice (3) 983:5;1000:5; 1130:11</p> <p>two (37) 972:2;973:15; 974:25;975:2;981:9, 14;985:14;994:22; 997:7;999:24;1000:24; 1001:2,16,18;1002:12, 13;1004:7;1006:3,4; 1010:25;1011:11; 1032:10;1036:12,15; 1041:3;1052:11; 1059:4;1067:13; 1092:2;1096:21; 1097:21;1107:22; 1108:2,10;1114:11; 1115:7,12</p> <p>two-stage (1) 1000:24</p> <p>two-step (1) 982:1</p> <p>two-year (1) 1000:7</p> <p>type (2) 1001:20;1009:9</p> <p>types (2) 978:17;1120:2</p> <p>typical (4) 983:8;1001:9; 1049:25;1075:13</p> <p>Typically (7) 980:10;994:20; 999:23;1001:7;1004:5; 1075:4;1117:25</p>	<p>undergone (1) 1004:23</p> <p>underlined (2) 1073:6,10</p> <p>understandable (2) 1112:20,25</p> <p>understands (1) 982:11</p> <p>understood (3) 1026:7;1027:11,12</p> <p>undertreat (1) 1125:8</p> <p>unemployable (6) 1055:14;1056:4; 1059:15,21,21;1060:19</p> <p>unexpected (1) 994:2</p> <p>unit (1) 973:18</p> <p>unless (3) 970:25;1005:19; 1044:17</p> <p>unnecessary (1) 1052:1</p> <p>unusual (3) 987:9;988:8;1100:7</p> <p>up (31) 970:19;971:20; 973:4;976:10;982:3; 987:16,17;999:14; 1002:13;1005:12; 1020:8;1029:22; 1036:2;1047:25; 1051:7,24,24;1053:20; 1064:24;1066:9; 1078:4;1079:17; 1090:22;1094:5; 1106:7;1110:16; 1121:11,14;1122:19; 1123:2;1132:10</p> <p>upon (8) 970:23;978:23; 998:1;1007:7;1091:8, 8;1120:24;1127:12</p> <p>upper (1) 983:21</p> <p>use (14) 989:25;1000:13; 1003:5;1028:24; 1029:1;1034:8;1044:3; 1065:3,4,4;1069:23; 1096:24,24;1098:20</p>	<p>988:16;1001:8,9,11,24; 1003:3;1010:11,15; 1016:22;1061:20,23</p> <p>utmost (1) 1020:4</p> <p style="text-align: center;">V</p> <p>vacillates (1) 1051:6</p> <p>vacuum (1) 1064:14</p> <p>Vaguely (1) 1012:14</p> <p>validation (4) 991:19,24;992:4; 993:24</p> <p>validity (2) 991:16,19</p> <p>vantage (1) 1053:11,11</p> <p>variability (2) 1128:23;1129:10</p> <p>various (2) 989:6;1128:11</p> <p>verbal (1) 981:24</p> <p>verified (4) 1023:4,19,20;1024:6</p> <p>vibration (1) 986:21</p> <p>vibrations (1) 986:17</p> <p>video (8) 1075:14;1076:11; 1077:2,5;1091:15,19, 20;1092:1</p> <p>view (2) 998:7;1127:24</p> <p>violating (2) 1049:21;1050:15</p> <p>visits (4) 980:11;999:22; 1000:5;1001:2</p> <p>voice (4) 970:16;1020:8; 1036:2;1110:16</p>	<p>wants (4) 982:14;1065:21; 1120:12,15</p> <p>washed (1) 1121:12</p> <p>washing (2) 1094:5;1121:11</p> <p>watch (2) 981:22;1121:22</p> <p>way (29) 975:24;977:7;983:1; 984:1;987:1;1003:7; 1014:2;1016:3,5; 1019:3,25;1030:7; 1037:18;1041:8; 1049:4;1052:4; 1064:22;1065:3; 1078:11,12,19; 1079:17;1086:9; 1097:7,8;1106:12; 1108:5,16;1123:23</p> <p>Wayne (1) 993:3</p> <p>ways (2) 1059:4;1078:19</p> <p>weak (1) 1093:1</p> <p>weakness (10) 983:17;987:13,15; 988:16,24;989:2,2; 1042:10;1069:25; 1092:25</p> <p>weaknesses (1) 1002:21</p> <p>wear (3) 1111:22;1112:7,14</p> <p>wearing (2) 1111:25;1112:4</p> <p>Wednesday (1) 1132:10</p> <p>week (10) 981:12;1002:12; 1005:4;1006:3,4; 1009:8,20;1013:17; 1116:9;1132:9</p> <p>weekend (1) 1132:24</p> <p>weekly (1) 1000:4</p> <p>weeks (7) 999:25;1000:5,16; 1001:9,16,16;1104:6</p> <p>Weill (1) 1030:9</p> <p>welcome (1) 971:15</p> <p>well-being (1) 1004:25</p> <p>weren't (10) 1021:22;1025:25; 1068:23;1070:7,21; 1092:22;1108:17,20; 1123:25;1124:6</p>	<p>Werner (7) 1045:24;1072:21,23; 1073:23;1104:12,20,24</p> <p>what's (9) 994:14;1075:18,25; 1080:3,5,10;1084:20; 1112:18;1117:16</p> <p>whatsoever (1) 1123:23</p> <p>WHEREUPON (8) 996:13;1005:14; 1048:15,17;1072:16; 1077:7;1084:13; 1109:25</p> <p>wherever (1) 1120:20</p> <p>whole (4) 987:15;1004:2,2; 1038:17</p> <p>Who's (2) 970:3;1111:8</p> <p>wife (1) 979:25</p> <p>wife (1) 1047:10</p> <p>Winter's (1) 1032:24</p> <p>wishing (1) 1121:11</p> <p>withdraw (1) 996:16</p> <p>Withdrawn (5) 1004:17;1071:17; 1096:5;1103:2; 1116:12</p> <p>within (2) 1049:10,25</p> <p>without (5) 1041:18;1049:18; 1064:5;1080:11; 1118:3</p> <p>witness (53) 970:3,4,7,10;971:9; 976:9;980:5;996:9; 1005:21;1007:5; 1008:15,17,17; 1020:12;1036:1,3; 1045:14,18;1048:7,7; 1049:15,19,20,20; 1050:10,20,20,25; 1051:1,1,2,11,11,18, 21;1052:5,15,19,21; 1053:5,16,24;1056:24; 1066:18;1077:17,17; 1081:2;1090:16; 1102:16;1107:1,1; 1113:16;1132:4</p> <p>witnessed (1) 1091:7</p> <p>wooden (1) 985:21</p> <p>word (7) 994:24;1029:1;</p>
<p style="text-align: center;">U</p> <p>unable (2) 1076:1;1094:7</p> <p>unacceptable (1) 1050:3</p> <p>under (20) 971:7;973:24; 998:24;1002:16,17; 1006:16;1041:5; 1043:22;1054:20; 1069:20;1083:3; 1098:16;1107:7; 1109:2;1113:19,19; 1118:8,21,23;1129:9</p>	<p>989:25;1000:13; 1003:5;1028:24; 1029:1;1034:8;1044:3; 1065:3,4,4;1069:23; 1096:24,24;1098:20</p> <p>used (7) 984:18;986:15,16; 994:24;1039:25; 1040:19;1065:5</p> <p>Using (4) 1023:9,19;1024:6; 1095:12</p> <p>usual (1) 1049:25</p> <p>usually (13) 980:11;984:6;</p>	<p style="text-align: center;">W</p> <p>Waddell (3) 993:20,22,24</p> <p>waiting (2) 1101:21;1112:17</p> <p>waives (1) 1081:22</p> <p>walked (2) 987:8,10</p> <p>walking (8) 987:19,20,20,21,22, 22,22;992:18</p> <p>walks (1) 987:4</p>	<p>were (1) 1000:4</p> <p>well-being (1) 1004:25</p> <p>weren't (10) 1021:22;1025:25; 1068:23;1070:7,21; 1092:22;1108:17,20; 1123:25;1124:6</p>	<p>witnessed (1) 1091:7</p> <p>wooden (1) 985:21</p> <p>word (7) 994:24;1029:1;</p>

1064:8;1065:5,5; 1098:20;1099:6 words (9) 981:15;1010:11; 1018:15;1022:20; 1034:17;1074:14; 1093:18;1094:5; 1118:5 work (14) 973:15,17;975:17, 25;987:1;1000:17; 1003:5;1016:3;1035:3; 1055:6;1058:24; 1059:9;1110:20; 1127:13 worked (4) 972:1;974:10; 1035:14,17 working (10) 972:4,22;999:14; 1016:21;1111:3; 1118:22;1130:14,14, 22;1132:9 works (1) 1035:3 worn (1) 1112:4 worried (3) 1044:13;1069:24; 1087:3 write (12) 975:15;982:8,9; 992:15;1023:16; 1024:8,11;1084:10; 1101:3;1113:4,22; 1114:8 written (1) 1058:22 wrong (6) 1026:16,16;1028:22; 1063:3;1095:2; 1121:21 wrote (18) 1023:14;1024:1,3,4, 8;1025:16,22;1029:6; 1042:23;1059:8; 1076:25;1083:15,17; 1084:9;1085:9;1101:3; 1103:12;1116:10	997:7;1002:2;1004:6, 8;1010:25;1011:4,11; 1012:25;1013:9; 1021:9,13;1044:16; 1054:6,17;1092:1 years (33) 971:24,24;972:2,4,7; 973:4,16,18,20;974:11, 18,25;983:17;988:3; 990:12,14;997:21; 1000:7;1001:24; 1002:1,13;1004:7; 1006:4;1007:15,15; 1010:21,24;1011:12; 1032:10;1049:21; 1084:8;1129:9;1131:8 yelling (3) 1049:18;1051:16; 1052:19 Yes/no (1) 981:17 yesterday (1) 1076:25 yielded (1) 985:3 yoga (2) 1091:6,7 York (7) 970:12;1023:9; 1024:7;1025:11,17,18; 1026:2 young (6) 983:22;984:22; 985:24;1039:22; 1040:4;1111:10	16 (1) 985:14 17 (1) 985:25 18 (7) 985:14;1021:8; 1054:16;1058:9,10; 1078:2;1080:24 18.8 (1) 985:25 18th (1) 1069:18 19 (2) 1078:2;1080:24	3	9
worked (4) 972:1;974:10; 1035:14,17 working (10) 972:4,22;999:14; 1016:21;1111:3; 1118:22;1130:14,14, 22;1132:9 works (1) 1035:3 worn (1) 1112:4 worried (3) 1044:13;1069:24; 1087:3 write (12) 975:15;982:8,9; 992:15;1023:16; 1024:8,11;1084:10; 1101:3;1113:4,22; 1114:8 written (1) 1058:22 wrong (6) 1026:16,16;1028:22; 1063:3;1095:2; 1121:21 wrote (18) 1023:14;1024:1,3,4, 8;1025:16,22;1029:6; 1042:23;1059:8; 1076:25;1083:15,17; 1084:9;1085:9;1101:3; 1103:12;1116:10	years (33) 971:24,24;972:2,4,7; 973:4,16,18,20;974:11, 18,25;983:17;988:3; 990:12,14;997:21; 1000:7;1001:24; 1002:1,13;1004:7; 1006:4;1007:15,15; 1010:21,24;1011:12; 1032:10;1049:21; 1084:8;1129:9;1131:8 yelling (3) 1049:18;1051:16; 1052:19 Yes/no (1) 981:17 yesterday (1) 1076:25 yielded (1) 985:3 yoga (2) 1091:6,7 York (7) 970:12;1023:9; 1024:7;1025:11,17,18; 1026:2 young (6) 983:22;984:22; 985:24;1039:22; 1040:4;1111:10	16 (1) 985:14 17 (1) 985:25 18 (7) 985:14;1021:8; 1054:16;1058:9,10; 1078:2;1080:24 18.8 (1) 985:25 18th (1) 1069:18 19 (2) 1078:2;1080:24	3 (2) 992:12,13 300 (1) 1130:11 30s (1) 983:22 35 (1) 984:23	90 (1) 1075:25 98 (1) 1075:25 9-hole (1) 985:21
written (1) 1058:22 wrong (6) 1026:16,16;1028:22; 1063:3;1095:2; 1121:21 wrote (18) 1023:14;1024:1,3,4, 8;1025:16,22;1029:6; 1042:23;1059:8; 1076:25;1083:15,17; 1084:9;1085:9;1101:3; 1103:12;1116:10	Z	2	4	
Xanax (1) 991:7 Xian (1) 1032:24	zero (2) 1001:25;1011:6 Zolofit (1) 990:16	2 (5) 992:12,13;1057:25; 1092:14;1104:11 2.9 (1) 985:1 2:00 (1) 1048:2 2:15 (2) 1048:3,18 20 (4) 1116:18,18,20; 1122:8 2013 (3) 995:20;1039:16,16 2014 (7) 1046:8,14;1047:22; 1078:2,2;1080:24,24 2015 (3) 979:21;991:3; 1109:20 2016 (1) 991:3 2017 (1) 991:14 2018 (1) 991:11 2019 (9) 1013:8;1058:7,14, 16,23;1060:17;1061:7; 1091:17;1133:7	4 (2) 1094:12,16 40 (2) 973:11;985:25 41 (4) 1024:24;1025:1,8,15 42 (4) 1048:13,16;1049:21; 1054:15 43 (2) 1048:13,16 45 (1) 976:25 48 (1) 1080:11 48-hour (2) 1080:3,15	
Y	1	2015 (3) 979:21;991:3; 1109:20 2016 (1) 991:3 2017 (1) 991:14 2018 (1) 991:11 2019 (9) 1013:8;1058:7,14, 16,23;1060:17;1061:7; 1091:17;1133:7	5	
year (24) 971:24;972:6; 974:24;975:1;976:16; 979:22,24;988:11,12;	1 (3) 992:12,13;1103:12 10:00 (2) 1132:14;1133:7 11/6/2015 (1) 1090:22 12 (1) 1104:6 13 (1) 992:17 14 (2) 973:16,18 14th (2) 1119:10,11 15 (1) 992:11 15-Item (2) 992:9;993:2	24 (3) 1080:3,11,15 24-hour (4) 1009:11;1046:8; 1078:2;1081:18 25 (1) 1133:7 26 (1) 1039:16 27 (1) 1039:16 29 (9) 976:16;1013:8,9,9, 15;1020:22;1021:13; 1054:6;1058:7	50 (1) 1075:24 55 (1) 984:23 556 (2) 1119:9,11 557 (2) 1120:22,23 558 (1) 1120:22	
		24 (3) 1080:3,11,15 24-hour (4) 1009:11;1046:8; 1078:2;1081:18 25 (1) 1133:7 26 (1) 1039:16 27 (1) 1039:16 29 (9) 976:16;1013:8,9,9, 15;1020:22;1021:13; 1054:6;1058:7	6	
		24 (3) 1080:3,11,15 24-hour (4) 1009:11;1046:8; 1078:2;1081:18 25 (1) 1133:7 26 (1) 1039:16 27 (1) 1039:16 29 (9) 976:16;1013:8,9,9, 15;1020:22;1021:13; 1054:6;1058:7	6 (4) 1054:19,20;1058:10; 1098:15 6.7 (1) 1084:8 6.8 (1) 984:22 60 (2) 973:9,10	
		24 (3) 1080:3,11,15 24-hour (4) 1009:11;1046:8; 1078:2;1081:18 25 (1) 1133:7 26 (1) 1039:16 27 (1) 1039:16 29 (9) 976:16;1013:8,9,9, 15;1020:22;1021:13; 1054:6;1058:7	8	
		24 (3) 1080:3,11,15 24-hour (4) 1009:11;1046:8; 1078:2;1081:18 25 (1) 1133:7 26 (1) 1039:16 27 (1) 1039:16 29 (9) 976:16;1013:8,9,9, 15;1020:22;1021:13; 1054:6;1058:7	80 (1) 1075:24	