

1	STATE OF ILLINOIS)	1	I N D E X
2) SS:	2	WITNESS EXAMINATION
3	COUNTY OF C O O K)	3	JEFFREY COE, M.D.
4	IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS	4	By Mr. Duffy 4
5	COUNTY DEPARTMENT - LAW DIVISION	5	By Mr. Clinton 94
6	CHERYL D. REICHENBACH,)	6	
7	Plaintiff,)	7	
8	vs.) No. 16 L 4776	8	
9	ARONBERG GOLDGEHN DAVIS)	9	
10	& GARMISA,)	10	
11	Defendant.)	11	
12	The discovery deposition of JEFFREY COE,	12	E X H I B I T S
13	M.D., taken in the above-entitled cause, before	13	NUMBER MARKED FOR ID
14	Steven J. Maza, a notary public of Cook County,	14	Dr. Coe Deposition
15	Illinois, on the 9th day of April 2019 at 22	15	Exhibit No. 1 4
16	North Morgan Street, Chicago, Illinois, at the	16	
17	hour of 1:37 p.m.	17	
18	The deposition concluded at 3:17 p.m.	18	
19		19	
20		20	
21		21	
22		22	
23	Steven J. Maza, CSR	23	
24	License No. 084-002479	24	
	1		3
1	APPEARANCES:	1	(Witness sworn.)
2		2	JEFFREY COE, M.D.,
3	THE CLINTON LAW FIRM, LLC	3	called as a witness herein, having been first
4	111 West Washington Street, Suite 1437	4	duly sworn, was examined and testified as
5	Chicago, Illinois 60602	5	follows:
6	(312) 357-1515	6	EXAMINATION
7	ed@clintonlaw.net	7	BY MR. DUFFY:
8	BY: MR. EDWARD X. CLINTON, JR.,	8	Q. Let the record reflect this is the
9	Representing the Plaintiff;	9	deposition of Dr. Jeffrey Coe taken pursuant to
10		10	agreement of the parties and continued from time
11	DONOHUE, BROWN, MATHEWSON & SMYTH	11	to time until today's date by agreement of the
12	140 South Dearborn Street, Suite 800	12	parties.
13	Chicago, Illinois 60603	13	Dr. Coe, have you given a deposition
14	(312) 422-0900	14	before?
15	john.duffy@dbmslaw.com	15	A. I have.
16	BY: MR. JOHN J. DUFFY,	16	Q. I will dispense with the ground rules
17	Representing the Defendant.	17	then.
18		18	What I would like to do is I am going
19	ALSO PRESENT: Cheryl Reichenbach	19	to mark what -- just say it's next No. 1.
20		20	(Whereupon, Dr. Coe Deposition
21		21	Exhibit No. 1 was marked for
22		22	identification.)
23		23	BY MR. DUFFY:
24		24	Q. It's a copy of a report that you have
	2		4



<p>1 authored for Ms. Reichenbach in this case, and I 2 know you have got a copy?</p> <p>3 MR. CLINTON: I have got a copy.</p> <p>4 BY MR. DUFFY:</p> <p>5 Q. So just for identification, I have now 6 handed you Exhibit No. 1, which is a December 6, 7 2018 report that you signed in this case, 8 correct?</p> <p>9 A. That's correct, with my curriculum 10 vitae attached to the end.</p> <p>11 Q. Thank you. 12 And it's dated December 6, 2018?</p> <p>13 A. Yes, that's correct.</p> <p>14 Q. And it's based on an examination that 15 you conducted also on December 6, 2018?</p> <p>16 A. That's correct.</p> <p>17 Q. So you did the examination and wrote 18 the report all in the same day?</p> <p>19 A. It's pretty much the custom at the 20 office to date the reports on the date of the 21 examination.</p> <p>22 This report was actually written in a 23 day or two after the visit.</p> <p>24 Q. Why do you date it two days prior to it</p> <p style="text-align: right;">5</p>	<p>1 Q. And where did you go to college?</p> <p>2 A. University of Michigan in Ann Arbor.</p> <p>3 Q. What did you study in Ann Arbor?</p> <p>4 A. I majored in zoology. It was a 5 pre-medical course. I graduated in 1966.</p> <p>6 Q. And when did you go to medical school? 7 Did you go immediately to medical 8 school?</p> <p>9 A. Immediately. I came back to Chicago 10 and went to the University of Chicago here in 11 Chicago 1966 and graduated in 1970.</p> <p>12 Q. Where did you --</p> <p>13 A. Ancient history.</p> <p>14 Q. Where did you do your internship?</p> <p>15 A. At the University of Michigan Medical 16 Center, again, in Ann Arbor.</p> <p>17 Q. And where did you do your residency?</p> <p>18 A. Also, in Ann Arbor, and this was in 19 pediatrics, just for your information.</p> <p>20 Q. That was what I was going to ask next. 21 So how many years was your pediatrics 22 residency at Michigan?</p> <p>23 A. One year in addition to the internship.</p> <p>24 Q. And have you had any other residencies?</p> <p style="text-align: right;">7</p>
<p>1 being written?</p> <p>2 A. Because that was the actual date of 3 examination. It's easier for me to refer to it 4 that way.</p> <p>5 Q. Okay. Is the report accurate?</p> <p>6 A. Yes, it's complete, and it's accurate. 7 It's as I wrote it.</p> <p>8 Q. And have you had a chance to review it 9 before today's deposition?</p> <p>10 A. I have.</p> <p>11 Q. And is it complete?</p> <p>12 A. Yes.</p> <p>13 Q. I went through your curriculum vitae, 14 but I like to ask these questions anyway just to 15 get a sense of who everybody is. 16 When were you born?</p> <p>17 A. 1945.</p> <p>18 Q. And where were you born?</p> <p>19 A. Here in Chicago.</p> <p>20 Q. Where did you go to high school?</p> <p>21 A. Lakeview High School, a city high 22 school on the north side.</p> <p>23 Q. When did you graduate?</p> <p>24 A. 2000 -- excuse me, 1962.</p> <p style="text-align: right;">6</p>	<p>1 A. No. Then I went later on and became a 2 board certified specialist in occupational 3 medicine.</p> <p>4 Board certification in that field at 5 the time I did it was based on educational 6 achievement, working for a period of five years 7 solely in occupational medicine and then 8 completion of the specialty board examination.</p> <p>9 Q. And when did you take the boards for 10 occupational medicine?</p> <p>11 A. In 1990.</p> <p>12 Q. Have they changed the board exams 13 today?</p> <p>14 A. No. The only thing they changed was 15 that beginning in 1997, they required triannual 16 recertification.</p> <p>17 Q. What does triannual certification mean?</p> <p>18 A. Every three years you had to recertify 19 either by application or at seven years 20 recertify by examination.</p> <p>21 Q. And you don't have to do that?</p> <p>22 A. No. I don't like to use the word 23 grandfather at this point, but, yes, that's 24 correct, I do not.</p> <p style="text-align: right;">8</p>



<p>1 Q. So folks who received an occupational 2 medicine board certification have to take an 3 exam every three years to show that they are 4 current? 5 A. Yes, that's correct. 6 Q. Does the occupational medicine board 7 currently require a residency in occupational 8 medicine? 9 A. It suggests that. There are still 10 alternate paths, one being a residency such as 11 the residency program here at the University of 12 Illinois in Chicago where I actually teach. 13 Another is -- there is still a second 14 path to board certification, which is through 15 work in the field with completion of an advanced 16 degree and also completion of the board 17 certification examination, but I do want to tell 18 you that that's frowned upon at this point and 19 residency certification is the preferred route. 20 Q. When did it switch to residency 21 certification? 22 A. I think in the mid 1990s at that point. 23 Q. So your board certification came in 24 several years before the changes were made?</p> <p style="text-align: right;">9</p>	<p>1 board on the first try? 2 A. I did. 3 Q. Have you ever been the subject of a 4 reprimand from the Board of Occupational 5 Medicine for testimony that you have given in 6 lawsuits? 7 A. No, I have not. 8 Q. Have you been the subject of 9 investigations by that board? 10 A. No, I have not. 11 Q. I was looking at your curriculum vitae 12 before today's deposition, and I wanted to just 13 talk a little bit about your medical practice 14 since you obtained your license. 15 So on Exhibit No. 1, the first page of 16 your curriculum vitae there is a heading there 17 entitled Medical Practice, do you see that? 18 A. I do. 19 Q. And it says from 1972 to 1974, you were 20 an attending physician at the University of 21 Michigan, is that right? 22 A. Yes, that's correct. 23 Q. And did you leave that job of your own 24 volition or were you terminated?</p> <p style="text-align: right;">11</p>
<p>1 A. Yes, that's correct. 2 Q. Have you agreed to voluntarily undergo 3 the triannual recertification? 4 A. No, I have not. 5 Q. You have a medical license in Illinois? 6 A. I do. 7 Q. And other states? 8 A. Yes, that's correct, also in the states 9 of New York and Michigan. 10 Q. Are they current in New York and 11 Michigan? 12 A. No, they are not. They are inactive at 13 this time. 14 I really don't work in those states. I 15 have no need for those licenses. 16 Q. And how about your Illinois license, 17 that's current? 18 A. Yes, that's correct. 19 Q. Other than while -- strike that. 20 Have you taken -- other than the 21 occupational medicine board examination, have 22 you taken any other medical boards? 23 A. No, I have not. 24 Q. Did you pass the occupational medicine</p> <p style="text-align: right;">10</p>	<p>1 A. No, I left it at my own volition. 2 Q. From 1974 to 1976, you served as the 3 Director Employee Health Service and attending 4 physician at Coler Memorial Hospital in New York 5 City? 6 A. Yes, that's correct. 7 Q. And can you describe for me what that 8 job entailed? 9 A. Sure. I'm sorry, John, you are 10 finished? 11 Q. No, go ahead. I am thinking. 12 A. Sure, I would be glad to. 13 So it's pretty much what it sounds 14 like. So Coler Memorial Hospital is one of the 15 city hospitals New York City. It's actually a 16 large hospital. We don't hear it about very 17 much, but it had 700 beds at the time, and it 18 had over a thousand employees, and I was the 19 director of employee health. 20 So I was in charge of the hospital 21 employee health programs, which included 22 clinical responsibilities of examining hospital 23 employees who might have been injured or became 24 ill at work and being the administrator of the</p> <p style="text-align: right;">12</p>



<p>1 hospital employee health program system, which 2 included rules and regulations and plans and 3 procedures for employee health. 4 I was also an attending physician in 5 that system. Attending physician under that 6 title meant that I would from time to time do 7 consultations with people who were hospitalized 8 with the potential for work-related health 9 problems. It was already clear that that was my 10 area of specialty. 11 Q. And in that role from 1974 to 1976, 12 were you employed as an employee of the Coler 13 Memorial Hospital? 14 A. Yes -- I was actually an employee of 15 the New York City Health and Hospitals 16 Corporation. 17 Q. Thank you for that correction. 18 In that role -- strike that. Let me 19 ask you a different question. 20 When you were working as an employee of 21 the New York City Health and Hospitals 22 Corporation, you were also maintaining a private 23 practice that allowed you to see patients at 24 Coler Memorial?</p> <p style="text-align: right;">13</p>	<p>1 that would be defendant in the New York City 2 Health and Hospitals Corporation at Worker's 3 Compensation hearings? 4 A. I suppose that was potentially true, 5 although I don't recall that there were any such 6 cases at the time. 7 Q. Did you give any deposition testimony 8 while you served in that capacity? 9 A. I don't believe that I did. 10 Q. And you also saw patients at the 11 hospital who may have been exposed to particular 12 agents in their jobs, right? 13 A. From time to time, yes, that's correct. 14 Q. Silica? 15 A. Yes, that was one possibility. 16 Q. Asbestos was another? 17 A. Another, that's correct. 18 Q. Did you ever have occasion to testify 19 in those cases for the patients that you saw? 20 A. No, I did not. 21 Q. In 1976, you left the job with New York 22 City? 23 A. Yes, that's correct. 24 Q. Did you leave on your own or were you</p> <p style="text-align: right;">15</p>
<p>1 A. No. I was just solely an employee of 2 the Health and Hospitals Corporation. 3 It was a full-time position. 4 Q. Okay. And so that job in large measure 5 had you dealing with employees of the hospital 6 who were either sick or injured on the job, does 7 that sound right? 8 A. Yes, that's generally correct, but with 9 occasional consultations for patients who might 10 be in the hospital who might have had a problem 11 that related in some way to a workplace. 12 This usually dealt with some type of 13 occupational exposure. So if someone had a 14 chronic lung disease and there was a concern 15 that they might have had silica or asbestos 16 exposure, I would also be consulted about that. 17 Q. I see. 18 So just to be clear, you would evaluate 19 employees of the New York City Health and 20 Hospitals Corporation who were injured or found 21 sick on the job, correct? 22 A. That was one of the things that I would 23 do. 24 Q. And would you be one of the physicians</p> <p style="text-align: right;">14</p>	<p>1 terminated? 2 A. No, I left on my own. 3 I moved back to Chicago. 4 Q. Okay. When you came back to Chicago, 5 you listed on your curriculum vitae that you 6 were in general practice? 7 A. That's correct. 8 Q. And where was your general practice 9 located during that time? 10 A. It was on the near west side. It's 11 actually not far from where we are sitting here 12 today. 13 Q. And did you have hospital privileges? 14 A. I did not. 15 It was an outpatient medical practice, 16 medical office. 17 Q. So just for benefit of lay people, 18 would you describe what hospital privileges are. 19 A. Sure. It's made by application. It's 20 the ability to admit patients to a hospital. 21 Q. And so -- 22 A. It's to be on the staff of a hospital. 23 Q. And so during the time that you were a 24 general practitioner, you did not have the</p> <p style="text-align: right;">16</p>



<p>1 ability to admit any of your patients to a 2 Chicago area hospital, true? 3 A. That's correct. 4 Q. Did you ever apply for privileges to a 5 hospital during this period of time? 6 A. No, I did not. 7 Q. Why not? 8 A. Well, there's really no need for it. 9 This is an outpatient medical clinic work, and 10 if patients were sick or required 11 hospitalization, if they were injured and 12 required more urgent care, they was simply 13 referred to one of a number of local medical 14 centers for care. 15 You know, I mean, as you know, not to 16 belabor the point, we are surrounded by them as 17 we sit here in this neighborhood. 18 Q. Have you ever applied for hospital 19 privileges at Rush? 20 A. No, I have not. 21 Q. So in 1979, it looks like you stopped 22 being a general practitioner? 23 A. Yes, that's correct. 24 Q. Was there a gap between the cessation</p> <p style="text-align: right;">17</p>	<p>1 So Republic and then its successor, LTV 2 Steel, is a large sort of multi-line steel 3 company, a steel producer going from iron ore to 4 finished products. 5 They have a number of plants here in 6 the midwest in what was described as the midwest 7 region. 8 I was the regional medical director. 9 The regional medical director position was 10 located here in Chicago at the plant on the 11 southeast side. 12 I had clinical responsibilities. 13 That's to say I was the physician present at the 14 plant. I would see sick or injured employees. 15 I would be the first provider for acute 16 injuries, and then I had to administrative 17 responsibilities, which is to say I was the 18 administrator for their health and safety 19 programs as it affected employee health, and 20 these could be preventive programs, injury 21 maintenance programs, rehabilitation programs, 22 vocational restoration programs, alternative 23 placement programs. 24 I also participated with safety</p> <p style="text-align: right;">19</p>
<p>1 of your general practice and starting at 2 Republic LTV Steel? 3 A. No, there was not. 4 Q. Okay. 5 A. So it's all blended together, but 6 because this curriculum vitae was getting long, 7 these are not precise dates. 8 Q. All right. So in 1980, you took the 9 position as regional medical director at 10 Republic LTV Steel? 11 A. That's correct. It was Republic Steel, 12 then Republic Steel was purchased by LTV Steel, 13 so I have used both titles. 14 Q. Where was the Republic Steel located 15 at? 16 A. Here. It's 116th Street and Avenue O, 17 so it's on the southeast side of Chicago. 18 Q. And were you an employee of the company 19 at that time? 20 A. Yes. 21 Q. And was -- strike that. 22 why don't you tell me what your job 23 responsibilities were at Republic. 24 A. Sure, I would be glad to.</p> <p style="text-align: right;">18</p>	<p>1 professionals in that position. 2 Q. And you held that job for four years? 3 A. In total, yes, that's correct, but, 4 John, this might make this clearer for you. 5 For part of that period of time, I 6 don't know if anybody's memory goes back as far 7 as mine does about this, too, there was a 8 slowdown in the steel industry, and it was 9 during that period of time that my employer, 10 Republic Steel, sent me to graduate school where 11 I received a Ph.D degree in occupational 12 medicine. 13 Q. When did you receive the occupational 14 medicine Ph.D? 15 A. The actual degree was granted in 1985, 16 but it was based on work that I did in 1982, '83 17 and '84. 18 Q. So after you got the Ph.D, you left 19 Republic Steel? 20 A. I came back and worked for Republic 21 Steel briefly, and then we agreed to part ways 22 because of further retrenchment in the steel 23 industry and an offer of a position not here in 24 the Chicago area any longer, which didn't appeal</p> <p style="text-align: right;">20</p>



<p>1 to me.</p> <p>2 Q. So let me make sure I understand that.</p> <p>3 So when you left Republic Steel, it was</p> <p>4 because there was a reduction in force?</p> <p>5 A. Yes, that's correct.</p> <p>6 Q. And they were no longer in need of your</p> <p>7 services as the regional medical director in</p> <p>8 this area?</p> <p>9 A. That's correct.</p> <p>10 Q. They offered you a position in another</p> <p>11 city?</p> <p>12 A. Yes.</p> <p>13 Q. What was that?</p> <p>14 A. They offered me the medical director of</p> <p>15 the corporation position in Cleveland.</p> <p>16 Q. And that was not something, obviously,</p> <p>17 you wanted to do?</p> <p>18 A. That's correct.</p> <p>19 Q. The period between that and joining</p> <p>20 Liberty Mutual Insurance Company, were you</p> <p>21 unemployed during that period of time?</p> <p>22 A. No, actually I wasn't. So one was</p> <p>23 concurrent with the next.</p> <p>24 Q. So in 1984 after you left Republic</p> <p style="text-align: right;">21</p>	<p>1 loss and safety prevention programs.</p> <p>2 So I was hired as the area medical</p> <p>3 director for loss prevention. I was, in fact,</p> <p>4 the Liberty Mutual resource, so the companywide</p> <p>5 resource for workplace health and safety</p> <p>6 programs.</p> <p>7 I didn't have any clinical</p> <p>8 responsibilities. This wasn't a clinical job.</p> <p>9 I didn't see or examine patients. I didn't do</p> <p>10 evaluations of any sort.</p> <p>11 I was an educational resource, so I</p> <p>12 would review claims and cases for them. I would</p> <p>13 travel to Liberty policyholder locations and</p> <p>14 with other health and safety inspectors and</p> <p>15 personnel carry out audits or evaluations of</p> <p>16 work places.</p> <p>17 I would present educational programs to</p> <p>18 Liberty staff and Liberty policyholders about</p> <p>19 workplace health and safety medical issues, so</p> <p>20 that's the loss prevention medical director job.</p> <p>21 Q. You did case reviews for worker's</p> <p>22 Compensation matters?</p> <p>23 A. To some extent, although that wasn't my</p> <p>24 principal responsibility. I was not a part of</p> <p style="text-align: right;">23</p>
<p>1 Steel, you joined an insurance company?</p> <p>2 A. Yes, that's correct.</p> <p>3 Q. And your title was an area medical</p> <p>4 director in loss prevention?</p> <p>5 A. That's correct.</p> <p>6 Q. What were your job duties as the area</p> <p>7 medical director of Liberty Mutual Insurance</p> <p>8 Company?</p> <p>9 A. That was a great job.</p> <p>10 So at Liberty Mutual, and I don't mean</p> <p>11 to just be talking here. You can stop me if</p> <p>12 this is too much.</p> <p>13 Q. No. All educational.</p> <p>14 A. Liberty Mutual is large multi-line</p> <p>15 insurer. It insured just about everything at</p> <p>16 that point, but here in the Chicago midwest</p> <p>17 region, it was at the time one of the largest of</p> <p>18 the worker's Compensation insurers.</p> <p>19 I'm not sure, as we sit here in 2019,</p> <p>20 whether that still is actually the case, but it</p> <p>21 certainly was at the time.</p> <p>22 Liberty was an unusual and interesting</p> <p>23 mutual insurance company, and it had a very</p> <p>24 large commitment to client interaction and to</p> <p style="text-align: right;">22</p>	<p>1 the claims department.</p> <p>2 Q. But you did review Worker's</p> <p>3 Compensation cases --</p> <p>4 A. Yes --</p> <p>5 THE COURT REPORTER: I'm sorry I didn't get</p> <p>6 your question.</p> <p>7 BY MR. DUFFY:</p> <p>8 Q. It's a true statement that you reviewed</p> <p>9 Worker's Compensation cases for Liberty Mutual?</p> <p>10 A. From time to time usually regarding</p> <p>11 occupational exposures.</p> <p>12 Q. And sometimes you also audited various</p> <p>13 workplaces that were insured by Liberty Mutual?</p> <p>14 A. Yes, that's correct.</p> <p>15 Q. Did you ever testify for Liberty</p> <p>16 Mutual?</p> <p>17 A. No, I did not.</p> <p>18 Q. When was the first time you gave a</p> <p>19 deposition?</p> <p>20 A. Probably in about 1991, '92, something</p> <p>21 like that.</p> <p>22 Q. And you left the -- strike that.</p> <p>23 You worked at Liberty Mutual for about</p> <p>24 four years till about 1989?</p> <p style="text-align: right;">24</p>



<p>1 A. Yes, that's correct.</p> <p>2 Q. Did you leave of your own volition or</p> <p>3 were you terminated?</p> <p>4 A. No, I left of my own volition.</p> <p>5 Q. Then you served for a single year as a</p> <p>6 medical director doing clinical services for the</p> <p>7 United States Occupational Health in Chicago?</p> <p>8 A. Well, it's U.S. Occupational Health.</p> <p>9 It was an occupational health provider,</p> <p>10 so located downtown a provider of clinical</p> <p>11 occupational health services. It's name was</p> <p>12 U.S. Occupational Health.</p> <p>13 Q. So you did not work for the Federal</p> <p>14 Government?</p> <p>15 A. That's correct.</p> <p>16 Q. It's a private business?</p> <p>17 A. It was. That's correct.</p> <p>18 Q. Were you a part owner?</p> <p>19 A. No, I was not.</p> <p>20 Q. Where was it located?</p> <p>21 A. 205 West Randolph.</p> <p>22 Q. Who were the principals of U.S.</p> <p>23 Occupational Health?</p> <p>24 A. You know, I don't actually know.</p> <p>25</p>	<p>1 that was developing, and I felt really that</p> <p>2 rather than just sit there and wait for calls to</p> <p>3 come in, that I would find a different position</p> <p>4 that was more active.</p> <p>5 Q. And that was in 1990 when you joined</p> <p>6 Mercy Hospital?</p> <p>7 A. Yes, that's correct.</p> <p>8 Q. And the title you have listed here in</p> <p>9 your CV is occupational medicine consultant?</p> <p>10 A. Yes. That's the title that they gave</p> <p>11 me.</p> <p>12 Q. What did you do as an occupational</p> <p>13 medicine consultant at Mercy Hospital?</p> <p>14 A. It's pretty much what it sounds like.</p> <p>15 So Mercy Hospital Medical Center here</p> <p>16 in Chicago had a system of outpatient medical</p> <p>17 clinics. Three of them at the time. There are</p> <p>18 actually more at this point.</p> <p>19 The system was called the MercyWorks.</p> <p>20 They ran it together as one word.</p> <p>21 These were outpatient medical clinics</p> <p>22 that provided injury care consultations and</p> <p>23 advice, whatever was required for the clients,</p> <p>24 and most of the clients were small to medium</p> <p>27</p>
<p>1 I know that the principal physician at</p> <p>2 the time was a Dr. Fischer, F-I-S-C-H-E-R, but I</p> <p>3 actually don't know who owned the company.</p> <p>4 Q. What did you do as the medical</p> <p>5 director?</p> <p>6 A. Well, it was interesting. I did</p> <p>7 clinical services. So I carried out evaluations</p> <p>8 and examinations usually relating to workplace</p> <p>9 health and safety.</p> <p>10 Again, they were trying to develop a</p> <p>11 workplace health and safety private consulting</p> <p>12 business similar to what I had done for Liberty</p> <p>13 Mutual, similar to what I had done for Republic</p> <p>14 of LTV Steel, but through a private provider.</p> <p>15 Q. And you stayed only a single year?</p> <p>16 A. Yes, that's correct.</p> <p>17 Q. Did you leave of your own volition or</p> <p>18 were you terminated?</p> <p>19 A. Again, I left of my own volition.</p> <p>20 Q. Why did you leave after one year?</p> <p>21 A. It wasn't really working.</p> <p>22 I mean the concept I think was a good</p> <p>23 one, but in a way, there was no ready market for</p> <p>24 that type of service or at least there was none</p> <p>26</p>	<p>1 sized industrial companies located here in or</p> <p>2 surrounding Chicago.</p> <p>3 Now, this system had doctors at each of</p> <p>4 their locations. These were outpatient clinics,</p> <p>5 not dissimilar to the clinic that I had worked</p> <p>6 in back in 1976 through '79, so there were</p> <p>7 doctors at the clinic.</p> <p>8 But MercyWorks as a system because of</p> <p>9 the nature of the services that they had</p> <p>10 promised to their industrial clients needed</p> <p>11 someone with broader occupational health</p> <p>12 insurance -- experience, so someone who had seen</p> <p>13 occupational diseases, someone who was more</p> <p>14 familiar with vocational placement, with</p> <p>15 questions of accommodations, with questions of</p> <p>16 vocational change, so they needed someone to be</p> <p>17 the consultant for this system of outpatient</p> <p>18 clinics.</p> <p>19 That was my job. My job was carried</p> <p>20 out from the Mercy Hospital main facility. I</p> <p>21 would go to the various clinics as required. I</p> <p>22 would carry out examinations or evaluations.</p> <p>23 Q. You held this job for one year?</p> <p>24 A. A little over a year. Actually, I</p> <p>28</p>



<p>1 think it was closer to a year and a half.</p> <p>2 Q. And you left Mercy after that period of</p> <p>3 time?</p> <p>4 A. I did.</p> <p>5 Q. And was it of your own volition or were</p> <p>6 you terminated?</p> <p>7 A. No. Again, that was because of my own</p> <p>8 volition.</p> <p>9 Q. Why did you leave after a year and a</p> <p>10 half?</p> <p>11 A. Well, it was interesting, but I felt in</p> <p>12 a way that they needed something different, and</p> <p>13 this is often the case in occupational medicine.</p> <p>14 It's something that I teach about, too, from</p> <p>15 time to time.</p> <p>16 In occupational medicine, sometimes</p> <p>17 these outpatient clinics are looked at as</p> <p>18 channels to funnel patients into the hospital</p> <p>19 system to use the hospital consultants, usually</p> <p>20 in orthopedics, neurosurgery or other</p> <p>21 specialties, to use the hospital medical center</p> <p>22 facilities for diagnostic testing, clinical</p> <p>23 laboratory services.</p> <p>24 Now, I didn't feel this was necessarily</p> <p style="text-align: right;">29</p>	<p>1 A. Yes.</p> <p>2 Q. Do you still have those privileges?</p> <p>3 A. No. I mean I haven't applied for them</p> <p>4 again, so I have no idea, but, no, really I have</p> <p>5 no connection to that medical center.</p> <p>6 Q. Currently, do you have admitting</p> <p>7 privileges at area hospitals?</p> <p>8 A. I do, actually, at the University of</p> <p>9 Illinois Medical Center here in Chicago, and I</p> <p>10 am still on the courtesy staff of Sherman</p> <p>11 Hospital in Elgin, Illinois.</p> <p>12 Now, that's not something active. It's</p> <p>13 not something I do anything with, but I am still</p> <p>14 on the courtesy staff.</p> <p>15 Q. And your admitting privileges at UIC's</p> <p>16 hospital are current?</p> <p>17 A. I believe they are.</p> <p>18 Q. When you say you believe, why do you</p> <p>19 say that?</p> <p>20 A. Sure. I think that's a -- maybe it's a</p> <p>21 question that needs some explanation.</p> <p>22 My specialty is occupational medicine.</p> <p>23 Occupational medicine is an outpatient medical</p> <p>24 specialty. I don't admit patients to the</p> <p style="text-align: right;">31</p>
<p>1 in the best interest of all the patients at all</p> <p>2 the time in the cases that I saw, and rather</p> <p>3 than further discuss this with them, I elected</p> <p>4 to open my own practice and finally after all</p> <p>5 these years in occupational medicine to do it my</p> <p>6 own way.</p> <p>7 So I began my own specialty practice in</p> <p>8 occupational medicine. That's this practice</p> <p>9 called Occupational Medicine Associates of</p> <p>10 Chicago. The date of this was 1991.</p> <p>11 Q. So by my count, in your curriculum</p> <p>12 vitae you had seven jobs in the first 18 years</p> <p>13 of your medical practice, does that sound right?</p> <p>14 A. Yes, that's correct.</p> <p>15 Q. All right. And since 1991, to be fair</p> <p>16 to you, you have been in the same practice,</p> <p>17 which is where we are today?</p> <p>18 A. That's correct.</p> <p>19 Q. When you were at Mercy Hospital, did</p> <p>20 you have privileges to admit patients to Mercy</p> <p>21 Hospital?</p> <p>22 A. Yes.</p> <p>23 Q. Was that the first hospital in the area</p> <p>24 to which you were given admitting privileges?</p> <p style="text-align: right;">30</p>	<p>1 hospital.</p> <p>2 There really is little need for it in</p> <p>3 the clinical practice that I have carried out</p> <p>4 now for more than 20 years. So I do from time</p> <p>5 to time -- at least I have seen patients in the</p> <p>6 hospital for inpatient consultations if there is</p> <p>7 a work-related question that arises.</p> <p>8 Because of that, I have staff</p> <p>9 privileges, but to be clear for you, I haven't</p> <p>10 admitted a patient to the hospital during my</p> <p>11 whole career, which stems from 1972 through the</p> <p>12 present.</p> <p>13 Q. So when you say you believe you have</p> <p>14 admitting privileges at UIC, you are not</p> <p>15 certain, correct?</p> <p>16 A. That's correct, because it simply</p> <p>17 doesn't come up.</p> <p>18 Q. When you go to UIC to see a patient,</p> <p>19 they have already been admitted by another</p> <p>20 physician, correct?</p> <p>21 A. Yes, that's correct.</p> <p>22 Q. And your consultation is limited only</p> <p>23 to the occupational medicine associated with</p> <p>24 their hospitalization?</p> <p style="text-align: right;">32</p>



<p>1 A. Yes, if there is an occupational 2 medicine question, if there is some work issue.</p> <p>3 Q. Starting in 1991, it sounds like you 4 became more active in doing medical/legal work?</p> <p>5 A. Well, what I did and what I have done 6 through my whole career has pretty much a 7 consist medical/legal implication.</p> <p>8 I work in occupational medicine, 9 work-related medicine, and I think, as all of 10 you know, just about everything at a workplace, 11 something arising from a workplace, something 12 coming out of work activities has the potential 13 for being a legal action either in Worker's 14 Compensation or a variety of other civil 15 litigations other than Worker's Compensation, so 16 just about everything that I have done 17 throughout my career has some legal implication.</p> <p>18 Now, to answer your question, yes, from 19 about 1991 from the time I had my practice 20 called Occupational Medicine Associates of 21 Chicago, one of the things that I have done in 22 this practice is carry out evaluations, and 23 evaluations usually are in a medical/legal 24 matter, and because of those evaluations, there</p> <p style="text-align: right;">33</p>	<p>1 A. It's highly variable, but let's say 2 less than ten percent.</p> <p>3 Q. How much of your time is spent teaching 4 as an adjunct at UIC?</p> <p>5 A. It varies, again, quarter to quarter, 6 semester to semester.</p> <p>7 So it may be -- so let's go back and 8 maybe make that a little clearer for you.</p> <p>9 Q. Yeah, let me reask the question.</p> <p>10 A. Sure.</p> <p>11 Q. In 2018, how much time did you spend 12 teaching at UIC?</p> <p>13 A. Probably ten hours in total.</p> <p>14 Q. Ten for the whole year?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. So less than one percent of your 17 time?</p> <p>18 A. That's correct.</p> <p>19 Q. And how about seeing private patients, 20 what percentage of your time is spent doing 21 private patients who have no medical/legal 22 requirements for you?</p> <p>23 A. It's about ten percent, but it varies 24 tremendously week to week, month to month.</p> <p style="text-align: right;">35</p>
<p>1 has been medical/legal testimony.</p> <p>2 Q. Okay. So just to be direct, you 3 started doing medical/legal evaluations and 4 testimony in 1991, correct?</p> <p>5 A. That's correct.</p> <p>6 Q. All right. Since that time, you have 7 been consistently doing medical evaluations and 8 then testimony for those patients since 1991?</p> <p>9 A. As one of the things that I do in this 10 practice, yes, that's correct.</p> <p>11 Q. So let's break down the work that you 12 do.</p> <p>13 So in terms of the medical/legal work 14 where you evaluate patients, write reports and 15 you give testimony, what percentage of your time 16 is spent doing that?</p> <p>17 A. About a third.</p> <p>18 Q. And what constitutes the time you would 19 spend in your practice for evaluating patients 20 at UIC Hospital?</p> <p>21 A. Minimal at this point.</p> <p>22 Q. Less than ten percent?</p> <p>23 A. Yes.</p> <p>24 Q. Less than five percent?</p> <p style="text-align: right;">34</p>	<p>1 Q. Well, let's say in 2018, what percent 2 of your practice was seeing private patients 3 with no request for you to do a report and give 4 testimony?</p> <p>5 A. About ten percent.</p> <p>6 Q. And so I have got, roughly, 50 percent 7 of your time so far?</p> <p>8 A. Yeah.</p> <p>9 Q. So I am just trying to get a better 10 estimate of your practice as it is today.</p> <p>11 A. It might help you since I already told 12 you about a third of the practice has to do with 13 evaluations, if I just told you what the rest of 14 it was, that might make it clearer for you.</p> <p>15 Q. Sure, go ahead.</p> <p>16 A. So another third of I what I do has to 17 do with routine types of clinical examinations 18 in my practice of occupational medicine.</p> <p>19 So for me, what's that all about? Job 20 placement, physical examinations. This is for 21 people who are starting work or for people who 22 are returning to work, what can they do, what's 23 appropriate for them, routine types of physical 24 examinations that require licensure.</p> <p style="text-align: right;">36</p>



<p>1 So these are people like locomotive 2 engineers, long hall truck drivers, some 3 regulated positions like nuclear plant 4 operators. These are people who need a license 5 or a certificate for their job, and still in 6 this third of the practice, I do some 7 examinations for people who at least potentially 8 are exposed to hazards in their workplace. So 9 these are people like hazardous waste workers, 10 chemical or nuclear industry workers. These are 11 usually annual examinations looking for some 12 early sign of an occupational disease. 13 John, just to keep this straight, all 14 of that stuff is a third of what I do. 15 Q. Okay. what else do you do? 16 A. Just say about that third, so these are 17 all referred to me either by employers or by 18 potential employers. 19 Q. Okay. 20 A. Okay. Now, we have got the third that 21 deals with medical evaluations, and I can 22 explain that further for you. 23 So there is a third in the middle. The 24 third in the middle is working as an advisor or</p> <p style="text-align: right;">37</p>	<p>1 A. So the first is Canadian National 2 Railroad, the CN. So CN North America, you 3 know, it's a Canadian railroad, but they have a 4 large North American contingent. 5 The North American part of the CN is 6 better known as the Illinois Central Gulf. The 7 CN purchased that railroad. So I am the medical 8 director of that railroad. 9 I am the medical director of Packaging 10 Company of America, which is a -- sounds like an 11 American company. It's actually an 12 international multi-line paper and liner board 13 manufacturing company. Goes from paper mills to 14 finished products. 15 I am the medical director of the 16 Pregis, P-R-E-G-I-S, Corporation. Pregis is 17 another packaging company that makes plastic 18 inserts. So it makes the foamed inserts that go 19 around furniture or computers and boxes, and 20 it's maybe best known for making bubble wrap 21 actually. They are the bubble wrap 22 manufacturer. 23 And then, finally, I am the medical 24 director of a company called VTMI, which is</p> <p style="text-align: right;">39</p>
<p>1 a consultant. I do this for companies, for 2 insurers, for third-party administrators, labor 3 organizations, some municipal type organizations 4 from time to time. I advise these people about 5 workplace health and safety matters. 6 In this second third of the practice, 7 the principal activity is me working as the 8 medical director for four companies, and that's 9 how I spend most of my time, and the clinical 10 examinations, that ten percent part that I 11 mentioned to you before, those are all 12 examinations for employees for companies for 13 which I am the medical director, and I see these 14 people if they get hurt or sick in the local 15 Chicago area. 16 They are not private patients. They 17 are all employees of the companies for which I 18 am the medical director, so nobody walks into 19 this office. We don't do that kind of work 20 here. 21 Q. So in 2018, you were the medical 22 director of four different employers? 23 A. Yes, that's correct. 24 Q. What were the names?</p> <p style="text-align: right;">38</p>	<p>1 Veolia, V-E-O-L-I-A, Track Maintenance 2 Incorporated. 3 It's a railroad service provider that 4 handles track work and track maintenance work 5 throughout the United States, but mostly in the 6 south and in the west coast. 7 Q. Okay. Let me make sure if I can -- 8 make sure I understand the time you spent. 9 So you spent about a third of your time 10 in 2018 doing medical/legal evaluations and 11 testimony for those folks, correct? 12 A. Yes, that's correct. 13 Q. You do about one-third of your time in 14 clinical examinations for job placement 15 examinations, physicals for truckers, train 16 engineers, and then also physicals for hazardous 17 material workers, correct? 18 A. That's correct. 19 Q. And then another third of your time is 20 done as a consultant for insurers and employers 21 in the municipalities, specifically Canadian 22 National Railroad the Packaging Company of 23 America, Pregis Corporation, and VTMI, correct? 24 A. That's correct.</p> <p style="text-align: right;">40</p>



<p>1 Q. Then the other stuff that we have seen 2 on your résumé, the UIC teaching is less than 3 one percent in 2018? 4 A. It is, that's correct. 5 Q. So is there a reason why you didn't 6 list your work as medical director at the 7 Canadian National Railroad and these other 8 companies? 9 A. No, not really. I mean I don't know. 10 I have never actually put that on my curriculum 11 vitae. 12 If there were questions, I would 13 certainly answer them. 14 Q. It's a third of what you do, but you 15 omitted it from your CV? 16 A. A third of what I do is advising 17 various organizations. It's not just those, but 18 there are other organizations. 19 There are insurers, third-party 20 administrators, other organizations, too. 21 Q. And your private patients are, roughly, 22 ten percent of your practice in 2018? 23 A. Again, I don't actually have any 24 private patients in the sense that I think that</p> <p style="text-align: right;">41</p>	<p>1 assistant professor at UIC? 2 A. None. They don't pay me. 3 It's a voluntary service. 4 Q. Do you teach any classes there? 5 A. I did not teach last year, but the 6 classes that I have taught have usually been 7 about work-related lower back pain and lower 8 back injuries and then impairment and disability 9 including impairment evaluation. 10 Q. When did you last teach that course? 11 A. That was about five years ago. 12 I believe it was 2013 I did that. 13 Q. Was that the last time you taught at 14 UIC Medical School was 2013? 15 A. No, I'm sorry, that's the last time I 16 taught the impairment evaluation course. 17 Q. Sure. In fairness to you, when was the 18 last time you taught at UIC? 19 A. 2017. 20 Q. Do you have plans to teach at UIC this 21 year? 22 A. No, I don't actually. I have been 23 cutting back here. If you have noticed, I am 24 getting somewhat older, and I decided to cut</p> <p style="text-align: right;">43</p>
<p>1 you might be using the term. 2 Q. Okay, fair enough. Thank you. 3 I want to switch now from the time that 4 you spent in 2018 in your practice to the 5 percentage of revenue that you bring in. 6 A. Sure. 7 Q. What percentage of revenue that you 8 collected in 2018 concerned medical/legal work? 9 A. Probably 30 or 40 percent, something in 10 that range. 11 Q. And what percentage of your revenue in 12 2018 concerned the clinical examinations for job 13 placement physicals for truck drivers and haz 14 mat workers? 15 A. About 20 percent. 16 These are estimates on my part. 17 Q. And then when percentage of your income 18 came from being an advisor and consultant for 19 insurers, employers and the medical director at 20 the four companies that you mentioned? 21 A. Well, it's the remainder of it, so it's 22 another 30 to 40 percent. 23 Q. What percentage of your income in 2018 24 was derived from your work as an adjunct</p> <p style="text-align: right;">42</p>	<p>1 back in this practice, so that's one of the 2 things I am doing less of. 3 I do still have the residents in 4 occupational medicine. These are the doctors in 5 training to become specialists in occupational 6 medicine who come here to the office to work 7 with me. I am still doing that, and I show them 8 techniques of evaluation here at my office. 9 Q. Is that part of the residency rotation 10 is to come here? 11 A. It's offered as an option for a 12 clinical rotation in the occupational medicine 13 residency program. 14 Q. And when is the last time the residents 15 came rotating here through your offices for 16 that? 17 A. So I get one at a time. 18 The last actually was about six months 19 ago. 20 Q. And one resident came for that? 21 A. Yes. There is only one at a time, so 22 we only do one resident at a time. 23 Q. In reviewing Exhibit No. 1, which was 24 your December 6 report, I didn't notice that you</p> <p style="text-align: right;">44</p>



<p>1 had listed off the materials that you had 2 reviewed?</p> <p>3 A. I didn't.</p> <p>4 Q. Is that standard for your reports in 5 your cases?</p> <p>6 A. Pretty much, particularly if there are 7 a large number of different types of records, 8 and so what I do is go through, and I want to be 9 clear for you that I don't mean this -- anything 10 in this report to be an exhaustive list of 11 everything that I looked at.</p> <p>12 what I put down here is what was of 13 significance to me in my understanding of this 14 matter. I mean there is the probably ten pounds 15 of records sitting over on the floor, but what 16 was of interest to me, what was of concern to me 17 is what I needed to know to understand this 18 case. That's what's in my report.</p> <p>19 Q. The important stuff is in your report?</p> <p>20 A. To me, that's correct.</p> <p>21 Q. And, obviously, you wrote the report, 22 so if it's important, you want to put it in 23 here, correct?</p> <p>24 A. That's correct.</p> <p style="text-align: right;">45</p>	<p>1 Q. You did not review the second one 2 before issuing your report December 6, 2018, 3 correct?</p> <p>4 A. That's correct.</p> <p>5 Q. But did you review that report?</p> <p>6 A. I have.</p> <p>7 Q. Did that change your opinions?</p> <p>8 A. No, it didn't.</p> <p>9 I mean let me just say. It's 10 interesting. It was very interesting to hear 11 what Dr. Rinella has to say, but it didn't 12 change any of my opinions.</p> <p>13 Q. And did you review Dr. Veselik's 14 deposition?</p> <p>15 A. I did. Again, this was after I wrote 16 my report.</p> <p>17 Q. And so Dr. -- so you came to your 18 conclusions without reading either Dr. Rinella 19 or Dr. Veselik's testimony, correct?</p> <p>20 A. Their recent testimony, that's correct. 21 Dr. Rinella, again, had the prior 22 deposition that I did read.</p> <p>23 Q. And you mentioned that in your report, 24 correct?</p> <p style="text-align: right;">47</p>
<p>1 Q. So did you review Dr. Horio's 2 deposition taken in 2018?</p> <p>3 A. Afterwards. So I received that after I 4 wrote my report, but, yes, I have reviewed that.</p> <p>5 Q. So you came to your conclusions without 6 reading what Dr. Horio had to say, correct?</p> <p>7 A. Yes, that's correct. Nor did what he 8 actually say change any of my conclusions.</p> <p>9 Q. All right. But just to be clear, you 10 came to your conclusions before reading 11 Dr. Horio's deposition, correct?</p> <p>12 A. Yes, that's correct.</p> <p>13 Q. Dr. Horio's deposition was provided to 14 you after December 6, 2018?</p> <p>15 A. That's correct.</p> <p>16 Q. And did you review Dr. Rinella's 17 deposition?</p> <p>18 A. His second deposition. There are two.</p> <p>19 Q. Correct. I'm sorry. 20 He gave one in 2029, correct?</p> <p>21 A. That's correct.</p> <p>22 Q. You read that before you authored your 23 report December 6 of 2018?</p> <p>24 A. I did.</p> <p style="text-align: right;">46</p>	<p>1 A. I don't know if I did, but --</p> <p>2 Q. You did.</p> <p>3 A. Good, then it just goes to show how on 4 top of things I am.</p> <p>5 Q. So did you review the records of 6 Dr. Horio for Ms. Reichenbach?</p> <p>7 A. I believe they were contained in the 8 records that I saw.</p> <p>9 Q. Did you review Dr. Rinella's records?</p> <p>10 A. Yes.</p> <p>11 Q. Did you review Dr. Veselik's records?</p> <p>12 A. Yes.</p> <p>13 Q. Did you review Horio, Rinella and 14 Veselik's records before you authored the report 15 marked as Exhibit 1?</p> <p>16 A. Up through 2011, 2012.</p> <p>17 Q. So you didn't look at any medical 18 records after 2012?</p> <p>19 A. That's correct.</p> <p>20 Q. Why?</p> <p>21 A. I didn't have them at the time, 22 although I later received additional medical 23 records.</p> <p>24 Q. And did those change any of your</p> <p style="text-align: right;">48</p>



<p>1 opinions?</p> <p>2 A. No.</p> <p>3 Q. When did you receive the records after</p> <p>4 2012?</p> <p>5 A. So some of them came more recently.</p> <p>6 So, for example, some of them were part of the</p> <p>7 deposition testimony. They were attached to the</p> <p>8 depositions that were later given, Dr. Rinella</p> <p>9 specifically.</p> <p>10 Q. How did Dr. Horio?</p> <p>11 A. No, I didn't -- I don't think I had any</p> <p>12 attachments to his deposition.</p> <p>13 Q. So you only looked at Dr. Horio's</p> <p>14 records up through 2012?</p> <p>15 A. Yes, that's correct.</p> <p>16 Q. How about Dr. Veselik, did you review</p> <p>17 any of his records after 2012?</p> <p>18 A. No. It's my understanding that he</p> <p>19 was -- after a certain period of time, he was no</p> <p>20 longer actually the principal family physician</p> <p>21 for Ms. Reichenbach, and there is another</p> <p>22 physician, but I don't believe I had his</p> <p>23 records.</p> <p>24 Q. Dr. Shapiro?</p> <p style="text-align: right;">49</p>	<p>1 know if you reviewed her trial testimony in her</p> <p>2 divorce case?</p> <p>3 A. That's correct.</p> <p>4 Q. Did you review the depositions of any</p> <p>5 of the attorneys in this case?</p> <p>6 A. I did. I reviewed the depositions of</p> <p>7 two attorneys in this matter.</p> <p>8 The first was Jay Franks, and then the</p> <p>9 second was -- what's her name? I'm sorry.</p> <p>10 Karen Altman, A-L-T-M-A-N. So I did. I</p> <p>11 reviewed their deposition testimony.</p> <p>12 Q. Why did you read the attorneys'</p> <p>13 depositions?</p> <p>14 A. Well, I was curious about what they</p> <p>15 actually had to say. Let me just stop and tell</p> <p>16 you for a second.</p> <p>17 At this point in my career, I take</p> <p>18 cases that I find to be interesting. I don't</p> <p>19 really take every case that comes along.</p> <p>20 A case that is interesting to me is</p> <p>21 something that's new or something that's</p> <p>22 different or something that has an unusual</p> <p>23 problem or some workplace connotation, workplace</p> <p>24 implication.</p> <p style="text-align: right;">51</p>
<p>1 A. No, another family physician.</p> <p>2 Q. Oh, I see.</p> <p>3 Did you review Dr. Shapiro's records?</p> <p>4 A. I did. I am glad you brought that up.</p> <p>5 That's right. I did have a number of</p> <p>6 Dr. Shapiro's treatment medical records.</p> <p>7 Q. Did you have those before writing your</p> <p>8 report?</p> <p>9 A. Yes, I did.</p> <p>10 Q. Did you get any updated records from</p> <p>11 Dr. Shapiro after 2012 after you wrote your</p> <p>12 report?</p> <p>13 A. No. I don't know if there were any.</p> <p>14 The last record I had from Dr. Shapiro was</p> <p>15 actually years earlier. It was 2004.</p> <p>16 Q. Ms. Reichenbach gave a deposition in</p> <p>17 this case. Did you review that?</p> <p>18 A. I did.</p> <p>19 Q. Did you review her trial testimony in</p> <p>20 the divorce action?</p> <p>21 A. I don't know that I actually reviewed</p> <p>22 that. I don't think I did.</p> <p>23 I reviewed her deposition testimony.</p> <p>24 Q. So according to your memory, you don't</p> <p style="text-align: right;">50</p>	<p>1 I have never seen a legal malpractice</p> <p>2 case. I have seen medical malpractice cases. I</p> <p>3 have seen all sorts of civil litigation, but I</p> <p>4 had never seen a legal malpractice case, so that</p> <p>5 was one of the things that was interesting to me</p> <p>6 in this matter, and so one of the things I</p> <p>7 wanted to learn was what the lawyers actually</p> <p>8 had to say, and their deposition testimony, that</p> <p>9 of Mr. Franks and Ms. Altman, that very</p> <p>10 something as to how they plan to put together a</p> <p>11 case and what their feelings were about the</p> <p>12 judges and how they had planned out their</p> <p>13 presentations.</p> <p>14 So this was one of the things that was</p> <p>15 interesting to me. It was one of the things</p> <p>16 that I found interesting in this matter, and let</p> <p>17 me just say another thing here, too.</p> <p>18 Obviously, we are sitting here today</p> <p>19 because of something that occurred at those</p> <p>20 legal proceedings that has to do with</p> <p>21 Ms. Reichenbach and her disability, her level of</p> <p>22 impairment, her ability to function</p> <p>23 vocationally, and so I wanted to know what it</p> <p>24 was all about because from the medical records,</p> <p style="text-align: right;">52</p>



<p>1 the whole matter seemed particularly clear to 2 me.</p> <p>3 Q. When were your first contacted?</p> <p>4 A. Probably in the spring or early summer 5 of 2018. I think it was actually in June 6 of 2018 that contact was made with my office 7 here in this matter.</p> <p>8 Q. You have some notes in front of you for 9 your work in this case?</p> <p>10 A. I do.</p> <p>11 Q. Would you take a moment to review those 12 and just confirm that first day of contact that 13 you had?</p> <p>14 A. Sure. June 26, 2018, probably sometime 15 around then.</p> <p>16 Q. And who was the first person that 17 contacted you?</p> <p>18 A. So this is the office of Mr. Clinton. 19 I don't know who at the office 20 contacted me.</p> <p>21 Q. How did he get your name?</p> <p>22 A. I don't know.</p> <p>23 Q. Have you ever worked with Mr. Clinton 24 before?</p> <p style="text-align: right;">53</p>	<p>1 Q. So for the general civil medical/legal 2 matters that you are retained, 80 percent of 3 your testimony is for the plaintiff, correct?</p> <p>4 A. As an estimate on my part, yes, that's 5 correct.</p> <p>6 Q. Would that have been true in 2018?</p> <p>7 A. Yes.</p> <p>8 Q. Have you ever testified as an expert 9 against a physician in a medical malpractice 10 case?</p> <p>11 A. I believe there was one case a number 12 of years ago, and I don't keep a case book like 13 that, but it would have been maybe five, seven 14 years ago, something like that.</p> <p>15 Q. And --</p> <p>16 A. It was a burn case. Excuse me.</p> <p>17 Q. And were you testifying for the 18 plaintiff or the physician?</p> <p>19 A. There for the plaintiff.</p> <p>20 Q. Have you ever been asked to give expert 21 testimony for a defendant physician?</p> <p>22 A. Yes.</p> <p>23 Q. How many times?</p> <p>24 A. Once.</p> <p style="text-align: right;">55</p>
<p>1 A. No, I have not.</p> <p>2 Q. In your work giving testimony, what 3 percentage would you estimate you had testified 4 for plaintiffs versus defendants?</p> <p>5 A. It depends on what kind of matter. 6 So in Worker's Compensation cases, 7 which is the bulk of what I do, 90 percent of 8 what I do, about 50 percent of the evaluations 9 are on behalf of petitioners, about 50 percent 10 on behalf of respondents, as they are referred 11 to in these actions. Again, that's nine out of 12 ten things that I do in the medical/legal part 13 of this practice.</p> <p>14 The rest of it is a mixed bag of civil 15 actions that might include even a case like this 16 or some type of personal injury case, usually 17 something arising from a workplace or disability 18 hearing case. These could be a pension or a 19 disability review board. Now, the bulk of those 20 cases are on behalf of plaintiffs.</p> <p>21 Q. When say the bulk, can you give me a 22 percentage of that?</p> <p>23 A. Sure. 80 percent are on behalf of 24 plaintiffs.</p> <p style="text-align: right;">54</p>	<p>1 Q. Was it local?</p> <p>2 A. Yes.</p> <p>3 Q. What hospital did he admit to?</p> <p>4 A. I don't know.</p> <p>5 This was -- again, it had to do with a 6 standard of care for an occupational medicine 7 physician, so it really doesn't have anything to 8 do with hospitals. It's all about outpatient 9 clinical care.</p> <p>10 Q. Has your testimony ever been barred by 11 a trial court?</p> <p>12 A. Not that I know of, no.</p> <p>13 Q. In your work in occupational medicine, 14 have you had occasion to study the data on the 15 median age for people to retire in the United 16 States?</p> <p>17 A. No, I have not.</p> <p>18 Q. Do you have any general understanding 19 as to what that data concludes?</p> <p>20 A. No, I do not. All I know is I am 21 getting older, and I'm not retiring, but still.</p> <p>22 Q. How old are you?</p> <p>23 A. I am 74.</p> <p>24 Q. Do you plan to continue to keep working</p> <p style="text-align: right;">56</p>



<p>1 indefinitely?</p> <p>2 A. Well, it's a topic of debate around my</p> <p>3 house, but at least for the near future.</p> <p>4 Q. Does a patient's expected retirement</p> <p>5 date impact your recommendations about what jobs</p> <p>6 they can or cannot undertake?</p> <p>7 A. It's always a consideration, so there</p> <p>8 are, obviously -- and I don't need to belabor</p> <p>9 the point for you.</p> <p>10 There are a lot of different</p> <p>11 considerations having to do with function, with</p> <p>12 ability, with workplace factors, but age is</p> <p>13 certainly one of them and estimated career span,</p> <p>14 yes, of course.</p> <p>15 Q. Okay. And did you have those</p> <p>16 conversations with Ms. Reichenbach as to when</p> <p>17 she expected to retire?</p> <p>18 A. No.</p> <p>19 Q. But it is important to know that,</p> <p>20 correct?</p> <p>21 A. It's important to know that generally</p> <p>22 if there is a position on offer.</p> <p>23 So, for example, in what I do, there is</p> <p>24 often a position on offer, and the question that</p> <p style="text-align: right;">57</p>	<p>1 A. That would be correct, if she has</p> <p>2 sufficient years of work to actually qualify for</p> <p>3 those benefits, which I do not know.</p> <p>4 Q. You didn't ask?</p> <p>5 A. I did not.</p> <p>6 Q. If she had the option for going to</p> <p>7 Social Security retirement benefits at age 62,</p> <p>8 does that affect your evaluation of her</p> <p>9 employment going forward?</p> <p>10 A. No, not necessarily.</p> <p>11 It's never really a question that's</p> <p>12 been asked --</p> <p>13 Q. Okay.</p> <p>14 A. -- in my experience in almost 40 years</p> <p>15 of this medical practice.</p> <p>16 Q. Ms. Reichenbach's injury occurred in</p> <p>17 Hawaii on vacation, is that right?</p> <p>18 A. Yes. Speaking of that specific injury,</p> <p>19 yes, that's correct.</p> <p>20 Q. That was in 2004?</p> <p>21 A. It was June of 2004.</p> <p>22 Q. So we are coming up on about 15 years</p> <p>23 post injury?</p> <p>24 A. That is correct.</p> <p style="text-align: right;">59</p>
<p>1 comes up --</p> <p>2 Q. May I interrupt for one minute?</p> <p>3 A. Sure.</p> <p>4 Q. Did you ask Ms. Reichenbach when she</p> <p>5 expected to retire?</p> <p>6 A. No.</p> <p>7 Q. Did you ask her when she would be</p> <p>8 eligible for Social Security?</p> <p>9 A. No, I did not.</p> <p>10 Q. When you examined her, she was 60 --</p> <p>11 A. She was 60-years old.</p> <p>12 Q. 61?</p> <p>13 A. I think she was 60-years old.</p> <p>14 Q. So one day after your examination, she</p> <p>15 turned 61?</p> <p>16 A. I believe that's correct.</p> <p>17 Q. Generally, do you know that individuals</p> <p>18 of her age are eligible for Social Security</p> <p>19 retirement benefits starting at age 62?</p> <p>20 A. Yes, that is an option, though at</p> <p>21 reduced benefit levels.</p> <p>22 Q. And as of December 7 of 2019,</p> <p>23 Ms. Reichenbach will be eligible for retirement</p> <p>24 benefits from Social Security, correct?</p> <p style="text-align: right;">58</p>	<p>1 Q. And during that time, she has not</p> <p>2 undergone the spinal surgery that was discussed</p> <p>3 in Dr. Rinella's 2009 deposition, obviously?</p> <p>4 A. She has not.</p> <p>5 Q. Okay. And you read Dr. Rinella's</p> <p>6 deposition that was taken in this case?</p> <p>7 A. I read both of them, ultimately, yes,</p> <p>8 that's correct.</p> <p>9 Q. And the one in this case that was taken</p> <p>10 in 2018, you reviewed?</p> <p>11 A. Yes.</p> <p>12 Q. And, obviously, there has not been an</p> <p>13 indication or a recommendation for him for the</p> <p>14 spinal surgery that's been discussed in his 2009</p> <p>15 deposition, correct?</p> <p>16 A. I mean that's correct. I mean he</p> <p>17 clearly every time he has had the opportunity to</p> <p>18 talk about this or write about it has said it's</p> <p>19 up to Ms. Reichenbach that when she is ready,</p> <p>20 then the surgery would be performed.</p> <p>21 As he has said repeatedly, it is not a</p> <p>22 question of if, but when, and it is for symptom</p> <p>23 control.</p> <p>24 Q. Would it surprise you to learn that the</p> <p style="text-align: right;">60</p>



<p>1 median retirement age for an American is 2 62-years old?</p> <p>3 A. No, it really wouldn't surprise me. 4 Again, I will be clear for you. That's 5 not something that I specifically know that type 6 of demographic data, but, no, that would not 7 surprise me.</p> <p>8 Q. You work with any number of individuals 9 in the employment market in your work as medical 10 director, correct?</p> <p>11 A. I do.</p> <p>12 Q. I noticed that you performed a physical 13 examination of Ms. Reichenbach?</p> <p>14 A. I did. It's part of the evaluation 15 that I carried out.</p> <p>16 Q. You did a range of motion for the 17 lumbar spine, is that right?</p> <p>18 A. I did.</p> <p>19 Q. And you found her flexion to be normal?</p> <p>20 A. Yes. Flexion is forward bending. That 21 is normal.</p> <p>22 Q. And her extension was normal?</p> <p>23 A. The her extension is limited. That was 24 limited to 15 degrees out of 35 degrees. It's</p> <p style="text-align: right;">61</p>	<p>1 comparisons from year to year and place to 2 place.</p> <p>3 Q. So you had no data set to compare the 4 range of motion for the lumbar spine that were 5 in the medical records provided to you?</p> <p>6 A. That's correct. I had no reliable data 7 set, so the numbers that I have used for normal 8 are the standard population norms used in 9 evaluations.</p> <p>10 Q. Well, I guess my question was slightly 11 different.</p> <p>12 You didn't see any medical records for 13 Ms. Reichenbach measuring the range of motion of 14 her lumbar spine?</p> <p>15 A. No, I didn't.</p> <p>16 Q. So you don't have anything to compare 17 it to versus your physical examination, correct?</p> <p>18 A. That's correct.</p> <p>19 Q. You did a range of motion for her hips 20 as well?</p> <p>21 A. I did.</p> <p>22 Q. And the range of motion for forward 23 flexion on the right was normal, correct?</p> <p>24 A. The -- yeah, forward flexion is</p> <p style="text-align: right;">63</p>
<p>1 about a 50 percent deficit.</p> <p>2 Q. And --</p> <p>3 A. Extension, again, is backwards bending.</p> <p>4 Q. Backwards, okay.</p> <p>5 And then the right lateral bending, 6 what was that? was that normal or abnormal?</p> <p>7 A. No, that's decreased also.</p> <p>8 So right lateral bending was 9 25 degrees.</p> <p>10 Left lateral bending is 20 degrees.</p> <p>11 Normal lateral bending should be 12 40 degrees.</p> <p>13 Q. Did you see any other evaluations of 14 the range of motion of her lumbar spine in the 15 medical records?</p> <p>16 A. You know, it's interesting to me 17 because part of what I do is teach about 18 evaluations and all the rest. I really didn't 19 see much about that.</p> <p>20 There is some comments from time to 21 time in some of the records about flexion that 22 flexion is preserved, but extension is limited, 23 but there is not a lot of routine measurement, 24 which always makes it difficult to do</p> <p style="text-align: right;">62</p>	<p>1 bringing the knee up to the chest, but, yes, 2 that's normal on both sides actually.</p> <p>3 Q. And how about the abduction?</p> <p>4 A. That's pulling the leg away from the 5 midline of the body. That's also normal, and 6 adduction, the opposite one, crossing the leg, 7 that's normal.</p> <p>8 So I found full normal range of motion 9 in Ms. Reichenbach's hips, though she does have 10 pain, and she has pain from structures 11 surrounding the hips. It's not actually in the 12 hip joint or at least it didn't appear to be 13 when I saw her.</p> <p>14 Q. And then you also did a range of motion 15 for her cervical spine?</p> <p>16 A. Oh, I did, that's correct.</p> <p>17 Q. And was that normal?</p> <p>18 A. It was decreased. She had some -- no, 19 excuse me, that was normal. That is normal.</p> <p>20 Q. So her cervical range of motion was 21 normal, correct?</p> <p>22 A. Yes, that's correct.</p> <p>23 Q. Her hips were normal, correct?</p> <p>24 A. That's correct.</p> <p style="text-align: right;">64</p>



<p>1 Q. The only range of motion limitation you 2 found was in the lumbar spine, correct?</p> <p>3 A. That's correct. That's where the 4 problem is here.</p> <p>5 Q. Sure.</p> <p>6 Did you review the Lemont Park District 7 employment records for Ms. Reichenbach?</p> <p>8 A. No, I haven't seen the records, so I 9 did know about that job, but that's entirely 10 from Ms. Reichenbach's testimony about what she 11 did and how she did it and so on.</p> <p>12 I haven't seen a job description for, 13 for example.</p> <p>14 Q. Okay. Did you ask for any of her 15 employment records?</p> <p>16 A. No, I did not.</p> <p>17 Q. Did she tell you during the examination 18 that she was employed?</p> <p>19 A. Yes.</p> <p>20 Q. In reviewing the attorneys' 21 depositions, did you come to learn that they 22 were trying to prove that she was completely 23 unable to work?</p> <p>24 A. Well, you know, it was kind of a</p> <p style="text-align: right;">65</p>	<p>1 for a spouse in a divorce action involving 2 whether or not the spouse was employable?</p> <p>3 A. Yes, that's correct.</p> <p>4 Q. And let me back up because I can't 5 remember your answer to this question. 6 When you were speaking with 7 Ms. Reichenbach for her December 6 evaluation, 8 did you ask her whether she was employed?</p> <p>9 A. I did.</p> <p>10 Q. And she told you she was?</p> <p>11 A. She told me about the position at the 12 Lemont Park District, which is a part-time 13 position, so she did tell me about that, yes, 14 that's correct.</p> <p>15 Q. And did she tell you about other jobs 16 that she had held since the trial?</p> <p>17 A. She told me about other things that she 18 had applied for and other things that she had 19 done.</p> <p>20 So, for example, she was a 21 representative for Mary Kay Cosmetics, made some 22 amount of money doing that representative work.</p> <p>23 She had applied for retail type 24 positions at various big box or other stores in</p> <p style="text-align: right;">67</p>
<p>1 question to me.</p> <p>2 It appeared from the attorneys' 3 deposition testimony that the standard that they 4 seemed to be utilizing was permanent and total 5 disability for any gainful employment. That's 6 what I read from what they were describing.</p> <p>7 That is in my experience a somewhat 8 unusual and highly restrictive standard. It's 9 not anything that I have seen used in any of the 10 legal action I customarily participate in, but 11 that's what they were talking about, according 12 to what I read.</p> <p>13 Q. Okay. And --</p> <p>14 A. I usually say they use colorful terms 15 like you have to be bedridden or brain damaged.</p> <p>16 Q. Have you ever had occasion to testify 17 for a spouse in a divorce action on 18 employability?</p> <p>19 A. There was once -- actually, one time, 20 yes, many years ago, but there was a case like 21 that in Indiana.</p> <p>22 Q. So a different state?</p> <p>23 A. A different state.</p> <p>24 Q. So you have never testified in Illinois</p> <p style="text-align: right;">66</p>	<p>1 her local area. She had not, apparently, 2 successfully attained those positions, but she 3 had made applications.</p> <p>4 So what I knew about her work record 5 was the Lemont Park District, the Mary Kay 6 representative work.</p> <p>7 Q. Okay. And did you request Mr. Clinton 8 to obtain those employment records for your 9 review so that you could incorporate them in 10 some way or not incorporate them in your report?</p> <p>11 A. No, I did not request them.</p> <p>12 Q. Why not?</p> <p>13 A. Well, I didn't really see the point in 14 it. I mean it was clear enough that the types 15 of jobs that she was talking about, unless there 16 is some grows discrepancy and she had a 17 full-time position working somewhere else that 18 no one knows anything about, were very part-time 19 jobs.</p> <p>20 They were what I would call limited 21 employment, and they were largely at will type 22 of employment positions where she could work at 23 them as she felt able where she could move 24 around in those positions.</p> <p style="text-align: right;">68</p>



<p>1 They weren't standard full-time 2 positions. That's all I felt I really needed to 3 know.</p> <p>4 Q. So just to be clear, you didn't see the 5 point in getting the Lemont Park District 6 records, correct?</p> <p>7 A. I didn't see any point in obtaining 8 specific records, things like payroll records, 9 hourly timecards, for example.</p> <p>10 Q. Okay.</p> <p>11 A. I felt I had sufficient information.</p> <p>12 Q. So you relied on completely what 13 Ms. Reichenbach told you were her job duties and 14 responsibilities, correct?</p> <p>15 A. No, in part.</p> <p>16 There is additional information that 17 was contained in the various depositions that I 18 reviewed.</p> <p>19 Q. Okay. Other than depositions and what 20 she told you, that was the basis for your 21 conclusion about what she did at her work?</p> <p>22 A. Sure, that's correct. That's the basis 23 for what I understood about her work activities 24 at or around the time I saw her.</p> <p style="text-align: right;">69</p>	<p>1 So in your first opinion, you indicate 2 that she has a significant work restriction in 3 2014 due to her L1 vertebral body injury from 4 2004, a lumbar degenerative disc disease and 5 degenerative arthritis and thoracolumbar 6 kyphoscoliosis. Five years of Latin. Five 7 years of Latin.</p> <p>8 Is that correct?</p> <p>9 A. So, yes, that is my opinion.</p> <p>10 So as of 2004, she would have required 11 work restriction because of these conditions.</p> <p>12 Q. And you have a limitation that you say 13 it would have required significant work 14 restriction in 2014. Do you see that?</p> <p>15 A. Yes.</p> <p>16 Q. Why did you limit it to that year?</p> <p>17 A. I think that was the question that -- 18 they were a series of questions that were posed 19 to me, and I think that was a question.</p> <p>20 Q. I see.</p> <p>21 So it was you were just answering the 22 question the lawyers had posed to you?</p> <p>23 A. Yes, that's correct.</p> <p>24 Q. All right. The restrictions in 2014,</p> <p style="text-align: right;">71</p>
<p>1 Q. Have you seen her since December 6, 2 2018?</p> <p>3 A. No, only here today.</p> <p>4 Q. Have you spoken with her by telephone?</p> <p>5 A. No, I have not.</p> <p>6 Q. Is it standard for you to get the 7 employment records for an individual for whom 8 you do an evaluation and provide expert medical 9 testimony?</p> <p>10 A. No, it's not. In fact, it would be 11 quite uncommon, so I do have to rely on 12 histories and other information.</p> <p>13 Q. Sure.</p> <p>14 If you please turn to Page 14 of your 15 report, which we have marked as Exhibit No. 1, I 16 wanted to go through your opinions, if I could.</p> <p>17 A. Sure.</p> <p>18 Q. In paragraph one, you have an opinion 19 that you have written there, correct?</p> <p>20 A. Yes. There are a number of these 21 numbered paragraphs, but, yes, that's correct.</p> <p>22 Q. I'm just going to go through them in 23 numbers because it's the best way for us to go 24 back and read them in the transcript.</p> <p style="text-align: right;">70</p>	<p>1 in your opinion, would have include activity 2 concerning repetitive bending or twisting, is 3 that right?</p> <p>4 A. Yes.</p> <p>5 Q. So she would not be able to do that in 6 2014?</p> <p>7 A. That's correct.</p> <p>8 Q. And there would be a limitation of 9 lifting to the sedentary physical demand level?</p> <p>10 A. Which is ten pounds or less on an 11 occasional basis, and just for fullness here, 12 occasional means a third or less of the workday.</p> <p>13 Q. Let me break that down.</p> <p>14 So one of the limitations that you have 15 a conclusion about concerning Ms. Reichenbach in 16 2014 is that she could not lift more than ten 17 pounds other than on an occasional basis, 18 correct?</p> <p>19 A. Yes, that's correct.</p> <p>20 Q. So it's ten pounds or less on an 21 occasional basis, correct?</p> <p>22 A. Yes.</p> <p>23 Q. If she was working in a job that had a 24 requirement of lifting 50 pounds or more, that</p> <p style="text-align: right;">72</p>



<p>1 would be against your advice, correct?</p> <p>2 A. Yes.</p> <p>3 Q. would you be surprised to see if she</p> <p>4 could lift 50 pounds?</p> <p>5 A. No. I mean she certainly could. It's</p> <p>6 just that it's not recommended. It wasn't</p> <p>7 recommended by her treating physicians, and it</p> <p>8 certainly wouldn't be recommended by me for the</p> <p>9 reason that I went on to state to try to control</p> <p>10 the progressive deterioration, progressive</p> <p>11 deterioration in her spinal anatomy.</p> <p>12 Q. In 2014, was, in your opinion,</p> <p>13 Ms. Reichenbach completely unable to work in any</p> <p>14 capacity?</p> <p>15 A. No.</p> <p>16 Q. The standard that you were talking</p> <p>17 about earlier that you read in the deposition,</p> <p>18 would you have been able to provide that</p> <p>19 testimony that she was completely unable to work</p> <p>20 in any capacity?</p> <p>21 A. No.</p> <p>22 Q. In paragraph two, you have other</p> <p>23 opinions, correct?</p> <p>24 A. I do.</p> <p style="text-align: right;">73</p>	<p>1 degenerative change.</p> <p>2 Now, she needs restrictions. The</p> <p>3 restrictions that I stated, and these are</p> <p>4 estimates on my part in the absence of</p> <p>5 functional testing, so it's a whole other topic</p> <p>6 we could talk about, but would be lifting ten</p> <p>7 pounds or less on an occasional basis, trying to</p> <p>8 avoid repetitive bending or twisting, so that</p> <p>9 already limits the world of employment. That</p> <p>10 doesn't exclude any employment, but that limits</p> <p>11 the world of employment for her.</p> <p>12 So that's employability and/or work</p> <p>13 ability due to spinal deformity, stiffness and</p> <p>14 the issue of chronic pain.</p> <p>15 Q. So the significant limitation in her</p> <p>16 employability and work ability would be the fact</p> <p>17 she could not lift more than ten pounds or do</p> <p>18 repetitive bending or twisting, correct?</p> <p>19 A. Yes.</p> <p>20 Q. Anything else?</p> <p>21 A. No, those would be the bases of it at</p> <p>22 that time.</p> <p>23 Q. You know, one of the things you mention</p> <p>24 in paragraph three is that Ms. Reichenbach</p> <p style="text-align: right;">75</p>
<p>1 Q. And in there, you indicate that as a</p> <p>2 result of Ms. Reichenbach's injury in 2004 and</p> <p>3 the progressive nature of her spinal</p> <p>4 abnormalities, she had a significant limitation</p> <p>5 in her employability and work ability in 2013</p> <p>6 and 2014, is that right?</p> <p>7 A. Because of the various symptoms that</p> <p>8 were arising and the anatomic abnormality, but,</p> <p>9 yes, that's correct.</p> <p>10 Q. would you define for us what you mean</p> <p>11 by significant limitation in her employability</p> <p>12 and work ability?</p> <p>13 A. Well, sure.</p> <p>14 So as I said in paragraph one, so she</p> <p>15 needed restrictions. The restrictions that were</p> <p>16 posed by some treating physicians at or around</p> <p>17 that time and also that seemed reasonable to me</p> <p>18 based on the clinical examination that I carried</p> <p>19 out and what I had learned about the condition</p> <p>20 of her spine, and that's from treatment medical</p> <p>21 records, diagnostic tests and other opinions</p> <p>22 that were contained in the records that I</p> <p>23 reviewed, was that she has got significant</p> <p>24 multi-cause instability in her spine with</p> <p style="text-align: right;">74</p>	<p>1 suffers from chronic pain. Do you see that?</p> <p>2 A. I do.</p> <p>3 Q. And in your interview with</p> <p>4 Ms. Reichenbach, did you ask her whether she was</p> <p>5 taking any pain medication?</p> <p>6 A. I did.</p> <p>7 Q. And what did she tell you?</p> <p>8 A. She told me that she took</p> <p>9 over-the-counter analgesic type medication</p> <p>10 trying to avoid prescription or narcotic pain</p> <p>11 medication, which is certainly reasonable for</p> <p>12 someone with a chronic really open-ended medical</p> <p>13 condition.</p> <p>14 Q. So what over-the-counter medication did</p> <p>15 she tell you she was taking?</p> <p>16 A. So mainly Tylenol at that time.</p> <p>17 Q. And you could get a prescription from a</p> <p>18 physician such as yourself for higher doses of</p> <p>19 nonnarcotic pain medication, is that correct?</p> <p>20 A. There are some nonnarcotic pain</p> <p>21 medications that could or might be helpful for</p> <p>22 her type of spinal pain.</p> <p>23 Q. And what kind would you recommend that</p> <p>24 are nonaddictive?</p> <p style="text-align: right;">76</p>



<p>1 A. Well, for example, Tramadol. It's 2 another choice that can sometimes be used. It's 3 of a higher level of analgesia, better for pain 4 control, and it is believed to be nonaddictive. 5 It though may be sedating, which is 6 another issue, but, again, that's individually 7 variable. 8 Q. Could there be other medications that 9 are nonseminating and nonaddictive? 10 A. There are the antiinflammatory classes 11 of medications usually now nonsteroidal 12 antiinflammatory medicines. 13 These are things that range from 14 over-the-counter to prescription, the Motrins, 15 ibuprofens and others of the world. 16 Now, these can be helpful. They can be 17 useful if they are used chronically, but they 18 also do have side effects, and I would say that 19 in addition to the kind of problems that we are 20 talking about here today, Ms. Reichenbach has 21 other medical conditions that make some of these 22 medications less useful for her like 23 gastrointestinal tract inflammation and so on, 24 but they are things that can be tried.</p> <p style="text-align: right;">77</p>	<p>1 maybe sure I understand your testimony. 2 You did not see any of 3 Ms. Reichenbach's physicians in the medical 4 records that you reviewed write prescriptions 5 for pain medication after 2005, is that a 6 correct statement? 7 A. Not for chronic medication. 8 From time to time they would say, well, 9 you could try this, but I did not see them 10 prescribe chronic long-term analgesic 11 maintenance. 12 Q. Let me then just be very clear because 13 my question was specific. 14 In your review of Ms. Reichenbach's 15 medical records, you did not see any 16 prescriptions for pain medication after 2005, is 17 that a correct statement? 18 A. I can't tell you that. I would have to 19 look back through all of the records. 20 I can tell you that none of them 21 prescribed chronic, that is to say day after 22 day, prescription pain medication. 23 Q. And you don't recall if there were 24 prescriptions that were intermittent?</p> <p style="text-align: right;">79</p>
<p>1 Q. Okay. And in reviewing the medical 2 records, did you see any physician recommend any 3 pain management medications for Ms. Reichenbach? 4 A. Not beyond the things that we have 5 talked about here today that they usually leave 6 it to her. 7 Q. Okay, let me be specific. 8 Did any physicians recommend any 9 prescription pain medication in the records that 10 you reviewed? 11 A. Early on in her clinical course, so in 12 the years 2004, 2005, they did. After that, no. 13 Q. Okay. So just to be clear, no 14 physician in any records that you reviewed 15 recommended prescription pain medication after 16 the year 2005? 17 A. Not chronic long-term prescription 18 medication. So from time to time some of these 19 treating doctors would say, well, you could have 20 this or you could have that, but nobody 21 prescribed chronic maintenance analgesic 22 medication of a prescription nature. 23 Q. Okay. I felt that was my question, but 24 let me just ask that question again just to</p> <p style="text-align: right;">78</p>	<p>1 A. That's correct. 2 Q. You would have to go back and review 3 the records, correct? 4 A. That's correct. 5 Q. Based on Ms. Reichenbach's injury, 6 would you describe her recovery as a good one? 7 A. It's not actually a medical term. 8 I think what I could tell is you this, 9 that the actual acute injury, the burst fracture 10 of the L1 vertebra healed. It healed with 11 deformity. 12 That's a success in that it did not 13 require surgery in and of itself. The sequelae 14 of that fracture contributed to the breakdown in 15 the preexistent degenerative and developmental 16 condition in her spine. 17 That's another mouthful, but before 18 this accident, she had some degenerative 19 arthritis in her spine down around L3, L4 and 20 below, and she had scoliosis, although it was 21 asymptomatic and of a mild extent, and after the 22 accident, that breakdown developed. 23 The breakdown was the ongoing problem. 24 That's the poor outcome from the injury. The</p> <p style="text-align: right;">80</p>



<p>1 actual vertebral fracture did heal and solidify.</p> <p>2 Q. Is it common for burst fractures of</p> <p>3 vertebrae to result in surgery?</p> <p>4 A. No, I don't think it's common. It</p> <p>5 depends on the extent of the fracture.</p> <p>6 If the collapse gets to be 50 percent</p> <p>7 or more and the patient remains symptomatic, if</p> <p>8 there is no sign of progressive healing, then</p> <p>9 the practice now is to actually try to operate</p> <p>10 to solidify the vertebrae.</p> <p>11 This is the vertebroplasty, basically,</p> <p>12 a cement injection into the vertebrae. So that</p> <p>13 is done under certain circumstances, but most L1</p> <p>14 vertebral fractures are of less than 50 percent</p> <p>15 magnitude and do heal without surgery.</p> <p>16 Q. So Ms. Reichenbach's fell within that</p> <p>17 more than 50 percent don't require surgery,</p> <p>18 correct?</p> <p>19 A. She was actually at 50 percent</p> <p>20 collapse, but she did not require surgery.</p> <p>21 Q. It was conservatively managed?</p> <p>22 A. It was, that's correct.</p> <p>23 Q. And that was through a brace, a back</p> <p>24 brace, right?</p> <p style="text-align: right;">81</p>	<p>1 discussed a lot by Dr. Rinella, but the ultimate</p> <p>2 outcome here, the path is to at some point</p> <p>3 operate on this.</p> <p>4 As Dr. Rinella says, I was just reading</p> <p>5 it again, it's not a question of whether, it's</p> <p>6 just a question of when in his estimation.</p> <p>7 Q. And that's the only long-term</p> <p>8 limitation to her employment that you would add</p> <p>9 to the short-term limitations in paragraph one,</p> <p>10 correct?</p> <p>11 A. The surgery will require considerable</p> <p>12 time lost from any type of gainful activity that</p> <p>13 she might have been engaged in, and then will</p> <p>14 require its own group of restrictions when the</p> <p>15 extent of healing is determined. That wouldn't</p> <p>16 be until a year and a half after the surgery</p> <p>17 though.</p> <p>18 Q. So in your estimation, she would be out</p> <p>19 of work for a year and a half after the surgery?</p> <p>20 A. I think that's a reasonable estimation.</p> <p>21 Q. Any other long-term ramifications for</p> <p>22 her employment other than the surgery and the</p> <p>23 convalescing of, basically, a year and a half?</p> <p>24 A. No.</p> <p style="text-align: right;">83</p>
<p>1 A. Yeah. Once it was finally identified</p> <p>2 and it was clear that this actually had</p> <p>3 progressed without the bracing, so this --</p> <p>4 Dr. Shapiro, the initial treating physician, and</p> <p>5 Dr. Rinella next, the bracing seems to have</p> <p>6 allowed the pressures to be modified on that</p> <p>7 vertebra, and the vertebra then healed without</p> <p>8 further collapse, so it remains at some degree</p> <p>9 of collapse around 40 to 50 percent, something</p> <p>10 in that range.</p> <p>11 Q. In paragraph three of your report, you</p> <p>12 indicate that Ms. Reichenbach's injury and</p> <p>13 degenerative disc disease in the thoracic lumbar</p> <p>14 kyphoscoliosis have both short-term and</p> <p>15 long-term effects on her employability, right?</p> <p>16 A. Yes.</p> <p>17 Q. The short-term affects are the ones</p> <p>18 that you discussed in paragraph one, correct?</p> <p>19 A. That's correct. That's the work</p> <p>20 restriction, the limitations.</p> <p>21 Q. And the long-term effects are the fact</p> <p>22 that she may have to undergo surgery in the</p> <p>23 future?</p> <p>24 A. That's correct. I mean this has been</p> <p style="text-align: right;">82</p>	<p>1 Q. Now, if she has the surgery you</p> <p>2 indicate in paragraph four, it would limit her</p> <p>3 employability?</p> <p>4 A. Yes, that is correct.</p> <p>5 I mean this is the sad truth of this</p> <p>6 matter that the surgery is for a purpose. The</p> <p>7 purpose is to prevent further breakdown and</p> <p>8 deterioration, further collapse in her spine.</p> <p>9 A secondary purpose is pain control,</p> <p>10 but it would not increase her employability.</p> <p>11 This is not to make her more employable. This</p> <p>12 is just to try to make this -- to prevent this</p> <p>13 from getting any worse, and that's the cruel</p> <p>14 truth here that this is the massive surgery that</p> <p>15 Dr. Rinella has described, and it does have a</p> <p>16 purpose. It does have a role, but one of the</p> <p>17 roles is not to make her more employable.</p> <p>18 Q. If she has the surgery, what would be</p> <p>19 the additional limitations other than the year</p> <p>20 and a half convalescing that she would have on</p> <p>21 her employment?</p> <p>22 A. Well, then you really don't want her to</p> <p>23 do a lot of bending. She's got a multilevel</p> <p>24 fusion in her back.</p> <p style="text-align: right;">84</p>



<p>1 Assuming all goes well, Dr. Rinella's 2 spent some period of time in his testimony 3 describing the complications that can occur, but 4 let's assume it all goes well.</p> <p>5 She has a completely stiff back. The 6 stiffness extends from T10, which, basically, is 7 the bottom of the ribcage, through the sacrum. 8 She just is going to be quite stiff, and so 9 where previously restrictions were stated to 10 limit bending, limit twisting, try to avoid 11 those activities.</p> <p>12 After the surgery, she really needs to 13 avoid those activities, and that's to protect 14 the surrounding structures, particularly her 15 hips now.</p> <p>16 Q. The surgery that Dr. Rinella is 17 testifying about, does it involve a fusion all 18 the way from T10 down to the sacrum?</p> <p>19 A. Yes.</p> <p>20 Q. Okay.</p> <p>21 A. That's as he described it. He is going 22 to fuse all of those levels.</p> <p>23 Q. When you discussed with Ms. Reichenbach 24 your recommendations for her in terms of future</p> <p style="text-align: right;">85</p>	<p>1 that you were not her physician?</p> <p>2 A. Yes.</p> <p>3 Q. How do you do that?</p> <p>4 A. Well, you tell them that they are here 5 for the purpose of evaluation in a medical/legal 6 matter; that she was referred more specifically 7 for this evaluation by her attorney in this 8 case; that I was going to be carrying out an 9 examination that would be used as part of a 10 legal proceeding. I was not her treating 11 physician.</p> <p>12 I often get people who say, well, doc, 13 can you write me a prescription, and I can't do 14 that for them.</p> <p>15 Q. Because the only way you can write a 16 prescription is if she is your patient?</p> <p>17 A. That's correct.</p> <p>18 Q. So who do you work for then?</p> <p>19 A. In this case, I am carrying out this 20 service, this evaluation for her attorney in a 21 specific legal action.</p> <p>22 Q. So you were hired by her attorney, not 23 by Ms. Reichenbach?</p> <p>24 A. That's correct.</p> <p style="text-align: right;">87</p>
<p>1 assistance for her condition, you recommended an 2 exercise program, is that right?</p> <p>3 A. It's what Dr. Rinella recommended.</p> <p>4 Q. Okay.</p> <p>5 A. It's what the other treating physicians 6 even Dr. Veselik and the later family physician 7 recommended, but, yes, I would also concur, and 8 I am putting it this way because I made no 9 specific recommendations for her. I am really 10 not a treating physician in this matter.</p> <p>11 Q. Is she your patient?</p> <p>12 A. No.</p> <p>13 Q. Why did you see her if she is not your 14 patient?</p> <p>15 A. I saw her for the purpose of evaluation 16 in a legal action. That's a different matter 17 than having her as my patient.</p> <p>18 Q. Did you prescribe any medications for 19 her?</p> <p>20 A. No.</p> <p>21 Q. Did you prescribe any exercises for 22 her?</p> <p>23 A. No, I didn't.</p> <p>24 Q. Did you make clear to Ms. Reichenbach</p> <p style="text-align: right;">86</p>	<p>1 Q. And who paid you? Was it the attorney 2 or Ms. Reichenbach?</p> <p>3 A. You know, I actually don't know the 4 details of that.</p> <p>5 I can tell you that the bill for my 6 service was sent to her attorney.</p> <p>7 Q. All right. And have you been paid?</p> <p>8 A. I believe I have.</p> <p>9 Q. How much have you charged to date?</p> <p>10 A. There was a charge for our retained fee 11 for looking at this case. That I believe was 12 \$4000 at the time.</p> <p>13 Then there might have been later 14 charges. I am not sure if we've done this yet 15 for the office visit. That's \$175 for an office 16 visit, and then for time reviewing the medical 17 records and additional information that would 18 include the depositions, I have spent almost 19 another ten hours in this matter at this point, 20 and I don't believe a bill has been sent for 21 that. Then there is the time spent in this 22 deposition today, so I mean it does all add up.</p> <p>23 MR. CLINTON: Is this a good time to take a 24 minute break --</p> <p style="text-align: right;">88</p>



<p>1 MR. DUFFY: Sure.</p> <p>2 MR. CLINTON: -- John, just a minute?</p> <p>3 THE WITNESS: Sure.</p> <p>4 (Whereupon, a short break was</p> <p>5 taken.)</p> <p>6 BY MR. DUFFY:</p> <p>7 Q. So let me kind of understand your</p> <p>8 charges.</p> <p>9 You charge the \$4000 retainer, correct?</p> <p>10 A. That's correct.</p> <p>11 Q. And has that been exhausted by your</p> <p>12 work on the case?</p> <p>13 A. I believe so.</p> <p>14 Q. And would that be the retainer that was</p> <p>15 necessary to conduct your evaluation, review</p> <p>16 records and write your report?</p> <p>17 A. That is correct.</p> <p>18 Q. Then you had additional ten hours of</p> <p>19 review of medical records and depositions that</p> <p>20 were sent to you after you did your report?</p> <p>21 A. And in preparation for this deposition</p> <p>22 today, so all of that, yes.</p> <p>23 Q. And you have been paid \$4000, correct?</p> <p>24 A. Yes.</p> <p style="text-align: right;">89</p>	<p>1 Q. And this memorandum asking 13 questions</p> <p>2 is dated November 8 of 2018?</p> <p>3 A. Yes.</p> <p>4 Q. When did they pay the \$4000 to you?</p> <p>5 A. Probably in June or July.</p> <p>6 I really don't know.</p> <p>7 Q. Do you have any billing records</p> <p>8 indicating when you were paid?</p> <p>9 A. I don't. I can try to find that for</p> <p>10 you, but I don't in the file.</p> <p>11 Then the examination, as you know, was</p> <p>12 in December 2018.</p> <p>13 Q. Did you speak with Mr. Jochum by</p> <p>14 telephone?</p> <p>15 A. I believe I spoke to him once in this</p> <p>16 matter.</p> <p>17 Q. Did he inform you that he had attended</p> <p>18 the deposition of Dr. Rinella?</p> <p>19 A. No, not specifically, no.</p> <p>20 Q. Did Mr. Jochum describe Dr. Rinella's</p> <p>21 testimony to you over the telephone?</p> <p>22 A. No.</p> <p>23 Q. Did Dr. Mr. Jochum ask you -- strike</p> <p>24 that.</p> <p style="text-align: right;">91</p>
<p>1 Q. And do you have a bill that's</p> <p>2 outstanding currently for any of the time that</p> <p>3 you have amassed in reviewing medical records,</p> <p>4 depositions or preparing for your deposition?</p> <p>5 A. No, I don't.</p> <p>6 Q. Okay. What do you charge per hour?</p> <p>7 A. I believe that's billed at \$400 an</p> <p>8 hour.</p> <p>9 Q. Give me one moment to look at my notes,</p> <p>10 if I could.</p> <p>11 A. Sure.</p> <p>12 Q. You indicated earlier that you were</p> <p>13 given a list of questions by the attorneys for</p> <p>14 Ms. Reichenbach?</p> <p>15 A. Yes.</p> <p>16 Q. Do you have that list of questions with</p> <p>17 you, sir?</p> <p>18 A. I do.</p> <p>19 Q. May I see it?</p> <p>20 A. Sure. I took them as recommendations</p> <p>21 for topics to address.</p> <p>22 Q. Your first contact was in June of 2018</p> <p>23 from Mr. Clinton's office?</p> <p>24 A. I believe that's correct.</p> <p style="text-align: right;">90</p>	<p>1 Did Mr. Jockum inform you that the</p> <p>2 testimony of Ms. Reichenbach's actual physicians</p> <p>3 was not favorable to the case and that they</p> <p>4 needed you to come in and testify instead?</p> <p>5 A. No, not specifically.</p> <p>6 What I understood here was that this</p> <p>7 was a question about vocational potential.</p> <p>8 Q. I know -- I understand your area of</p> <p>9 expertise --</p> <p>10 MR. CLINTON: Let him finish the --</p> <p>11 MR. DUFFY: I just want to ask about a</p> <p>12 specific question, so if I could my last</p> <p>13 question read back, please.</p> <p>14 (Whereupon, the record was read</p> <p>15 as requested.)</p> <p>16 MR. DUFFY: Please answer that question.</p> <p>17 THE WITNESS: No.</p> <p>18 BY MR. DUFFY:</p> <p>19 Q. Okay, thank you.</p> <p>20 Where would you go to learn when you</p> <p>21 were first paid?</p> <p>22 A. I think I would have to find our office</p> <p>23 manager to look that up, and then I could tell</p> <p>24 you that.</p> <p style="text-align: right;">92</p>




<p>1 Q. Could we take a short break? Could you 2 ask her now? Is she here?</p> <p>3 A. No, because everybody is gone, and we 4 are the only ones here, but I can find that out 5 for you, of course.</p> <p>6 Q. That would be great if you could.</p> <p>7 A. Sure.</p> <p>8 Q. I'll send a subpoena for the materials 9 in your file, and I will ask for that as well.</p> <p>10 A. Of course.</p> <p>11 Q. Thank you.</p> <p>12 Did you ask for anything that 13 Mr. Clinton's office refused to provide you?</p> <p>14 A. No.</p> <p>15 Q. Did you have everything you needed to 16 reach your conclusions and write your report on 17 December 6, 2018?</p> <p>18 A. Yes.</p> <p>19 MR. DUFFY: Those are all the questions I 20 have, Doctor.</p> <p>21 Thank you for your time.</p> <p>22 THE WITNESS: You're welcome.</p> <p>23</p> <p>24</p> <p style="text-align: right;">93</p>	<p>1 the collapse is affecting nerves on the right 2 side of her spine.</p> <p>3 It's pinching some of those nerves, and 4 that accounts for some of her right hip, right 5 buttock and thigh pain. She has other sources 6 of pain also.</p> <p>7 Q. Okay. What do you mean in -- I am 8 going to read No. 7 to you.</p> <p>9 A. Sure.</p> <p>10 Q. Based on the this evaluation, I would 11 describe Ms. Reichenbach's condition as one of 12 chronic severe back pain and stiffness with some 13 right lumbar radiculopathy symptoms unimproved 14 by treatments today and progressive in nature, 15 then you have parentheses in view of 16 radiological identified progression of spinal 17 deformities.</p> <p>18 What do you mean -- just trying to 19 trying to understand the words.</p> <p>20 A. This is like a whole mouthful of words 21 there that really try to capture the situation 22 here.</p> <p>23 So the symptoms are pain and stiffness. 24 we have talked a little bit about the stiffness</p> <p style="text-align: right;">95</p>
<p>1 EXAMINATION</p> <p>2 BY MR. CLINTON:</p> <p>3 Q. I just have a couple questions based 4 often -- what is kyphoscoliosis and degenerative 5 arthritis?</p> <p>6 A. So let's take them separately.</p> <p>7 Kyphoscoliosis refers to a complex 8 group of abnormal curves within the spine.</p> <p>9 Kyphosis, k-y-p-h, is the forward 10 backwards bending, and this is the bending 11 that's present at L1 in Ms. Reichenbach's spine.</p> <p>12 Scoliosis is a sideways or S-shaped 13 curve in the spine. Hers is largely convex to 14 the right, so she has got two different abnormal 15 curves in her spine, a forward backward bending, 16 forward curve and a side to side curve that's 17 reducing the size of the rib column on her right 18 side.</p> <p>19 Now, the second term is degenerative 20 arthritis. This is breakdown in her spine. 21 It's wear and tear. It's got various 22 components, but it's a breakdown of the bones of 23 the spine causing some surrounding collapse, 24 and, unfortunately, in Ms. Reichenbach's case,</p> <p style="text-align: right;">94</p>	<p>1 on clinical examination.</p> <p>2 The pain is her subjective complaint.</p> <p>3 I would say about that subjective complaint, 4 it's been consistent to me and to all the 5 treating physicians whose records I have seen, 6 too.</p> <p>7 Right lumbar radiculopathy is some 8 pinching of the nerves on the right side of her 9 spine from multiple sources. That's from the L1 10 fracture, the L3,4 breakdown and the deformity, 11 that twisting and bending of her spine, pinching 12 the right-sided nerve roots.</p> <p>13 Radiculopathy symptoms are pain, 14 numbness, tingling or burning on her right side.</p> <p>15 Unimproved by treatments to date, 16 because that's really the case. I mean 17 Dr. Rinella I think has been quite clear in this 18 matter that the only other thing to do, the only 19 other avenue that hasn't been explored is the 20 surgery, this large surgery to stabilize her 21 spine.</p> <p>22 Progressive in nature because it has 23 gotten worse over time. Dr. Rinella and other 24 records have documented the increasing degree of</p> <p style="text-align: right;">96</p>



<p>1 curvature. That would be the progressive 2 breakdown, unfortunately, in her spine. 3 Q. If she were to have the surgery, would 4 she have greater ability to work, in other 5 words, to carry weight and things like that? 6 A. No, sadly, she would not. 7 Q. Why is that? 8 A. Because then her spine would be fused. 9 Right at the moment, she has more range 10 of motion, although it is in association with 11 pain, and it is in association with the abnormal 12 alignment stresses that are causing her spine to 13 deform evermore over time. 14 Now, the surgery, this large scale 15 surgery that Dr. Rinella's talked about, would 16 stop the progression. It would stop the 17 collapse in her spine, but it would leave her 18 with greater stiffness. 19 So this surgery, again, is to try to 20 control pain, and it's to prevent further 21 breakdown, but it would not increase her 22 employability. 23 MR. CLINTON: Thank you. 24 That's all I have.</p> <p>97</p>	<p>1 STATE OF ILLINOIS) 2) SS: 3 COUNTY OF C O O K) 4 5 IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS 6 COUNTY DEPARTMENT - LAW DIVISION 7 CHERYL D. REICHENBACH,) 8 Plaintiff,) 9 vs.) No. 16 L 4776 10 ARONBERG GOLDGEHN DAVIS) 11 & GARMISA,) 12 Defendants.) 13 I, JEFFREY COE, M.D., being first duly 14 sworn, on oath say that I am the deponent in the 15 aforesaid deposition taken on the 9th day of 16 April 2019; that I have read the foregoing 17 transcript of my deposition, as taken aforesaid, 18 and affix my signature to same. 19 _____ 20 JEFFREY COE, M.D. 21 22 SUBSCRIBED AND SWORN before me this ____ day of 23 _____ 2019 24 Notary Public</p> <p>99</p>
<p>1 MR. DUFFY: No further questions for me. 2 You can either waive signature -- 3 THE WITNESS: Is anything happening in the 4 immediate future where you need this read 5 overnight or something? 6 MR. DUFFY: Oh, no, no, no. 7 THE WITNESS: I would reserve the signature 8 then, thanks. I would be glad to read it. 9 MR. CLINTON: Okay. 10 (Whereupon, the proceedings were 11 concluded at 3:17 p.m.) 12 13 14 15 16 17 18 19 20 21 22 23 24</p> <p>98</p>	<p>1 STATE OF ILLINOIS) 2) SS: 3 COUNTY OF C O O K) 4 I, Steven J. Maza, a notary public within 5 and for the County of Cook County and State of 6 Illinois, do hereby certify that heretofore, 7 to-wit, on the 9th day of April 2019, personally 8 appeared before me, at 22 North Morgan Street, 9 Chicago, Illinois, JEFFREY COE, M.D., in a cause 10 now pending and undetermined in the Circuit 11 Court of Cook County, Illinois, wherein CHERYL 12 D. REICHENBACH is the Plaintiff, and ARONBERG 13 GOLDGEHN DAVIS & GARMISA is the Defendant. 14 I further certify that the said JEFFREY 15 COE, M.D. was first duly sworn to testify the 16 truth, the whole truth and nothing but the truth 17 in the cause aforesaid; that the testimony then 18 given by said witness was reported 19 stenographically by me in the presence of the 20 said witness, and afterwards reduced to 21 typewriting by Computer-Aided Transcription, and 22 the foregoing is a true and correct transcript 23 of the testimony so given by said witness as 24 aforesaid.</p> <p>100</p>



<p>1 I further certify that the signature to 2 the foregoing deposition was reserved and that 3 there were present at the deposition the 4 attorneys hereinbefore mentioned. 5 I further certify that I am not counsel 6 for nor in any way related to the parties to 7 this suit, nor am I in any way interested in the 8 outcome thereof. 9 IN TESTIMONY WHEREOF: I have hereunto 10 set my hand and affixed my notarial seal this 11 10th day of April 2019. 12 13 14 15 16 17 18 19 20 21 22 23 24</p> <p style="text-align: center;"></p> <p style="text-align: center;">NOTARY PUBLIC, COOK COUNTY, ILLINOIS</p> <p style="text-align: right;">101</p>	
<p>1 McCorkle Litigation Services, Inc. 2 200 N. LaSalle Street, Suite 2900 3 Chicago, Illinois 60601-1014 4 DATE: 4-10-19 5 THE CLINTON LAW FIRM, LLC 6 111 West Washington Street, Suite 1437 7 Chicago, Illinois 60602 8 TO: MR. EDWARD X. CLINTON, JR. 9 IN RE: Reichenbach vs. Aronberg 10 COURT NUMBER: 16 L 4776 11 DATE TAKEN: 4-9-19 12 DEPONENT: Jeffrey Coe, M.D. 13 Dear Mr. Clinton: 14 Enclosed is the deposition transcript for the 15 aforementioned deponent in the above-entitled 16 cause. Also enclosed are additional signature 17 pages, if applicable, and errata sheets. 18 19 Per your agreement to secure signature, please 20 submit the transcript to the deponent for review 21 and signature. All changes or corrections must 22 be made on the errata sheets, not on the 23 transcript itself. All errata sheets should be 24 signed and all signature pages need to be signed and notarized. After the deponent has completed the above, please return all signature pages and errata sheets to me at the above address, and I will handle distribution to the respective parties. If you have any questions, please call me at the phone number below. Sincerely, Cindy Alicea Court Reporter Present: Signature Department Steven J. Maza cc: Mr. John Duffy</p> <p style="text-align: right;">102</p>	



<div>Exhibits</div> <div>Dr. Coe Exhibit 1</div> <div>3:15 4:21 5:6 11:15</div> <div>44:23 48:15 70:15</div> <div>\$</div> <div>\$175</div> <div>88:15</div> <div>\$400</div> <div>90:7</div> <div>\$4000</div> <div>88:12 89:9,23 91:4</div> <div>1</div> <div>1</div> <div>4:19,21 5:6 11:15</div> <div>44:23 48:15 70:15</div> <div>116th</div> <div>18:16</div> <div>13</div> <div>91:1</div> <div>14</div> <div>70:14</div> <div>15</div> <div>59:22 61:24</div> <div>18</div> <div>30:12</div> <div>1945</div> <div>6:17</div> <div>1962</div> <div>6:24</div> <div>1966</div> <div>7:5,11</div> <div>1970</div> <div>7:11</div> <div>1972</div> <div>11:19 32:11</div> <div>1974</div> <div>11:19 12:2 13:11</div> <div>1976</div> <div>12:2 13:11 15:21</div> <div>28:6</div> <div>1979</div> <div>17:21</div> <div>1980</div> <div>18:8</div> <div>1982</div> <div>20:16</div> <div>1984</div> <div>21:24</div> <div>1985</div> <div>20:15</div> <div>1989</div> <div>24:24</div> <div>1990</div> <div>8:11 27:5</div> <div>1990s</div> <div>9:22</div> <div>1991</div> <div>24:20 30:10,15 33:3,</div> <div>19 34:4,8</div> <div>1997</div> <div>8:15</div> <div>2</div> <div>20</div> <div>32:4 42:15 62:10</div> <div>2000</div> <div>6:24</div> <div>2004</div> <div>50:15 59:20,21 71:4,</div> <div>10 74:2 78:12</div> <div>2005</div> <div>78:12,16 79:5,16</div>	<div>2009</div> <div>60:3,14</div> <div>2011</div> <div>48:16</div> <div>2012</div> <div>48:16,18 49:4,14,17</div> <div>50:11</div> <div>2013</div> <div>43:12,14 74:5</div> <div>2014</div> <div>71:3,14,24 72:6,16</div> <div>73:12 74:6</div> <div>2017</div> <div>43:19</div> <div>2018</div> <div>5:7,12,15 35:11 36:1</div> <div>38:21 40:10 41:3,22</div> <div>42:4,8,12,23 46:2,</div> <div>14,23 47:2 53:5,6,14</div> <div>55:6 60:10 70:2</div> <div>90:22 91:2,12 93:17</div> <div>2019</div> <div>22:19 58:22</div> <div>2029</div> <div>46:20</div> <div>205</div> <div>25:21</div> <div>25</div> <div>62:9</div> <div>26</div> <div>53:14</div> <div>3</div> <div>30</div> <div>42:9,22</div> <div>35</div> <div>61:24</div> <div>3:17</div> <div>98:11</div> <div>4</div> <div>40</div> <div>42:9,22 59:14 62:12</div> <div>82:9</div> <div>5</div> <div>50</div> <div>36:6 54:8,9 62:1</div> <div>72:24 73:4 81:6,14,</div> <div>17,19 82:9</div> <div>6</div> <div>6</div> <div>5:6,12,15 44:24</div> <div>46:14,23 47:2 67:7</div> <div>70:1 93:17</div> <div>60</div> <div>58:10</div> <div>60-years</div> <div>58:11,13</div> <div>61</div> <div>58:12,15</div> <div>62</div> <div>58:19 59:7</div> <div>62-years</div> <div>61:2</div> <div>7</div> <div>7</div> <div>58:22 95:8</div> <div>700</div> <div>12:17</div> <div>74</div> <div>56:23</div>	<div>79</div> <div>28:6</div> <div>8</div> <div>8</div> <div>91:2</div> <div>80</div> <div>54:23 55:2</div> <div>83</div> <div>20:16</div> <div>84</div> <div>20:17</div> <div>9</div> <div>90</div> <div>54:7</div> <div>92</div> <div>24:20</div> <div>A</div> <div>A-L-T-M-A-N</div> <div>51:10</div> <div>abduction</div> <div>64:3</div> <div>ability</div> <div>16:20 17:1 52:22</div> <div>57:12 74:5,12 75:13,</div> <div>16 97:4</div> <div>abnormal</div> <div>62:6 94:8,14 97:11</div> <div>abnormalities</div> <div>74:4</div> <div>abnormality</div> <div>74:8</div> <div>absence</div> <div>75:4</div> <div>accident</div> <div>80:18,22</div> <div>accommodations</div> <div>28:15</div> <div>accounts</div> <div>95:4</div> <div>accurate</div> <div>6:5,6</div> <div>achievement</div> <div>8:6</div> <div>action</div> <div>33:13 50:20 66:10,</div> <div>17 67:1 86:16 87:21</div> <div>actions</div> <div>54:11,15</div> <div>active</div> <div>27:4 31:12 33:4</div> <div>activities</div> <div>33:12 69:23 85:11,</div> <div>13</div> <div>activity</div> <div>38:7 72:1 83:12</div> <div>actual</div> <div>6:2 20:15 80:9 81:1</div> <div>92:2</div> <div>acute</div> <div>19:15 80:9</div> <div>add</div> <div>83:8 88:22</div> <div>addition</div> <div>7:23 77:19</div> <div>additional</div> <div>48:22 69:16 84:19</div> <div>88:17 89:18</div> <div>address</div> <div>90:21</div> <div>adduction</div> <div>64:6</div> <div>adjunct</div> <div>35:4 42:24</div>	<div>administrative</div> <div>19:16</div> <div>administrator</div> <div>12:24 19:18</div> <div>administrators</div> <div>38:2 41:20</div> <div>admit</div> <div>16:20 17:1 30:20</div> <div>31:24 56:3</div> <div>admitted</div> <div>32:10,19</div> <div>admitting</div> <div>30:24 31:6,15 32:14</div> <div>advanced</div> <div>9:15</div> <div>advice</div> <div>27:23 73:1</div> <div>advise</div> <div>38:4</div> <div>advising</div> <div>41:16</div> <div>advisor</div> <div>37:24 42:18</div> <div>affect</div> <div>59:8</div> <div>affected</div> <div>19:19</div> <div>affecting</div> <div>95:1</div> <div>affects</div> <div>82:17</div> <div>age</div> <div>56:15 57:12 58:18,</div> <div>19 59:7 61:1</div> <div>agents</div> <div>15:12</div> <div>agreed</div> <div>10:2 20:21</div> <div>agreement</div> <div>4:10,11</div> <div>ahead</div> <div>12:11 36:15</div> <div>alignment</div> <div>97:12</div> <div>allowed</div> <div>13:23 82:6</div> <div>alternate</div> <div>9:10</div> <div>alternative</div> <div>19:22</div> <div>Altman</div> <div>51:10 52:9</div> <div>amassed</div> <div>90:3</div> <div>America</div> <div>39:2,10 40:23</div> <div>American</div> <div>39:4,5,11 61:1</div> <div>amount</div> <div>67:22</div> <div>analgesia</div> <div>77:3</div> <div>analgesic</div> <div>76:9 78:21 79:10</div> <div>anatomic</div> <div>74:8</div> <div>anatomy</div> <div>73:11</div> <div>Ancient</div> <div>7:13</div> <div>and/or</div> <div>75:12</div> <div>Ann</div> <div>7:2,3,16,18</div> <div>annual</div> <div>37:11</div> <div>answering</div> <div>71:21</div> <div>antiinflammatory</div> <div>77:10,12</div>	<div>anybody's</div> <div>20:6</div> <div>apparently</div> <div>68:1</div> <div>appeal</div> <div>20:24</div> <div>appeared</div> <div>66:2</div> <div>application</div> <div>8:19 16:19</div> <div>applications</div> <div>68:3</div> <div>applied</div> <div>17:18 31:3 67:18,23</div> <div>apply</div> <div>17:4</div> <div>Arbor</div> <div>7:2,3,16,18</div> <div>area</div> <div>13:10 17:2 20:24</div> <div>21:8 22:3,6 23:2</div> <div>30:23 31:7 38:15</div> <div>68:1 92:8</div> <div>arises</div> <div>32:7</div> <div>arising</div> <div>33:11 54:17 74:8</div> <div>arthritis</div> <div>71:5 80:19 94:5,20</div> <div>asbestos</div> <div>14:15 15:16</div> <div>assistance</div> <div>86:1</div> <div>assistant</div> <div>43:1</div> <div>Associates</div> <div>30:9 33:20</div> <div>association</div> <div>97:10,11</div> <div>assume</div> <div>85:4</div> <div>Assuming</div> <div>85:1</div> <div>asymptomatic</div> <div>80:21</div> <div>attached</div> <div>5:10 49:7</div> <div>attachments</div> <div>49:12</div> <div>attained</div> <div>68:2</div> <div>attended</div> <div>91:17</div> <div>attending</div> <div>11:20 12:3 13:4,5</div> <div>attorney</div> <div>87:7,20,22 88:1,6</div> <div>attorneys</div> <div>51:5,7 90:13</div> <div>attorneys'</div> <div>51:12 65:20 66:2</div> <div>audited</div> <div>24:12</div> <div>audits</div> <div>23:15</div> <div>authored</div> <div>5:1 46:22 48:14</div> <div>avenue</div> <div>18:16 96:19</div> <div>avoid</div> <div>75:8 76:10 85:10,13</div> <div>B</div> <div>back</div> <div>7:9 16:3,4 20:6,20</div> <div>28:6 35:7 43:7,8,23</div> <div>44:1 67:4 70:24</div> <div>79:19 80:2 81:23</div> <div>84:24 85:5 92:13</div>	<div>95:12</div> <div>backward</div> <div>94:15</div> <div>backwards</div> <div>62:3,4 94:10</div> <div>bag</div> <div>54:14</div> <div>barred</div> <div>56:10</div> <div>based</div> <div>5:14 8:5 20:16 74:18</div> <div>80:5 94:3 95:10</div> <div>bases</div> <div>75:21</div> <div>basically</div> <div>81:11 83:23 85:6</div> <div>basis</div> <div>69:20,22 72:11,17,</div> <div>21 75:7</div> <div>bedridden</div> <div>66:15</div> <div>beds</div> <div>12:17</div> <div>began</div> <div>30:7</div> <div>beginning</div> <div>8:15</div> <div>behalf</div> <div>54:9,10,20,23</div> <div>belabor</div> <div>17:16 57:8</div> <div>believed</div> <div>77:4</div> <div>bending</div> <div>61:20 62:3,5,8,10,11</div> <div>72:2 75:8,18 84:23</div> <div>85:10 94:10,15</div> <div>96:11</div> <div>benefit</div> <div>16:17 58:21</div> <div>benefits</div> <div>58:19,24 59:3,7</div> <div>big</div> <div>67:24</div> <div>bill</div> <div>88:5,20 90:1</div> <div>billed</div> <div>90:7</div> <div>billing</div> <div>91:7</div> <div>bit</div> <div>11:13 95:24</div> <div>blended</div> <div>18:5</div> <div>board</div> <div>8:2,4,8,12 9:2,6,14,</div> <div>16,23 10:21 11:1,4,9</div> <div>39:12 54:19</div> <div>boards</div> <div>8:9 10:22</div> <div>body</div> <div>64:5 71:3</div> <div>bones</div> <div>94:22</div> <div>book</div> <div>55:12</div> <div>born</div> <div>6:16,18</div> <div>bottom</div> <div>85:7</div> <div>box</div> <div>67:24</div> <div>boxes</div> <div>39:19</div> <div>brace</div> <div>81:23,24</div> <div>bracing</div> <div>82:3,5</div> <div>brain</div> <div>66:15</div>
---	--	---	---	--	--



break 34:11 72:13 88:24 89:4 93:1 breakdown 80:14,22,23 84:7 94:20,22 96:10 97:2,21 briefly 20:21 bring 42:5 bringing 64:1 broader 28:11 brought 50:4 bubble 39:20,21 bulk 54:7,19,21 burn 55:16 burning 96:14 burst 80:9 81:2 business 25:16 26:12 buttock 95:5	31:5,9 centers 17:14 Central 39:6 certificate 37:5 certification 8:4,17 9:2,14,17,19,21,23 certified 8:2 cervical 64:15,20 cessation 17:24 chance 6:8 change 28:16 46:8 47:7,12 48:24 75:1 changed 8:12,14 channels 29:18 charge 12:20 88:10 89:9 90:6 charged 88:9 charges 88:14 89:8 chemical 37:10 chest 64:1 Chicago 6:19 7:9,10,11 9:12 16:3,4 17:2 18:17 19:10 20:24 22:16 25:7 27:16 28:2 30:10 31:9 33:21 38:15 choice 77:2 chronic 14:14 75:14 76:1,12 78:17,21 79:7,10,21 95:12 chronically 77:17 circumstances 81:13 city 6:21 12:5,15 13:15, 21 14:19 15:1,22 21:11 civil 33:14 52:3 54:14 55:1 claims 23:12 24:1 classes 43:4,6 77:10 clear 13:9 14:18 32:9 45:9 46:9 53:1 61:4 68:14 69:4 78:13 79:12 82:2 86:24 96:17 clearer 20:4 35:8 36:14 Cleveland 21:15 client 22:24 clients 27:23,24 28:10 clinic 17:9 28:5,7	clinical 12:22 19:12 23:7,8 25:6,10 26:7 29:22 32:3 36:17 38:9 40:14 42:12 44:12 56:9 74:18 78:11 96:1 clinics 27:17,21 28:4,18,21 29:17 Clinton 5:3 53:18,23 68:7 88:23 89:2 92:10 94:2 97:23 98:9 Clinton's 90:23 93:13 closer 29:1 CN 39:2,5,7 coast 40:6 Coe 4:2,9,13,20 Coler 12:4,14 13:12,24 collapse 81:6,20 82:8,9 84:8 94:23 95:1 97:17 collected 42:8 college 7:1 colorful 66:14 column 94:17 comments 62:20 commitment 22:24 common 81:2,4 companies 28:1 38:1,8,12,17 41:8 42:20 company 18:18 19:3 21:20 22:1,8,23 26:3 39:10,11,13,17,24 40:22 companywide 23:4 compare 63:3,16 comparisons 63:1 Compensation 15:3 22:18 23:22 24:3,9 33:14,15 54:6 complaint 96:2,3 complete 6:6,11 completely 65:22 69:12 73:13, 19 85:5 completion 8:8 9:15,16 complex 94:7 complications 85:3 components 94:22 computers 39:19 concept 26:22	concern 14:14 45:16 concerned 42:8,12 concluded 98:11 concludes 56:19 conclusion 69:21 72:15 conclusions 46:5,8,10 47:18 93:16 concur 86:7 concurrent 21:23 condition 74:19 76:13 80:16 86:1 95:11 conditions 71:11 77:21 conduct 89:15 conducted 5:15 confirm 53:12 connection 31:5 connotation 51:23 conservatively 81:21 considerable 83:11 consideration 57:7 considerations 57:11 consist 33:7 consistent 96:4 consistently 34:7 constitutes 34:18 consultant 27:9,13 28:17 38:1 40:20 42:18 consultants 29:19 consultation 32:22 consultations 13:7 14:9 27:22 32:6 consulted 14:16 consulting 26:11 contact 53:6,12 90:22 contacted 53:3,17,20 contained 48:7 69:17 74:22 contingent 39:4 continue 56:24 continued 4:10 contributed 80:14 control 60:23 73:9 77:4 84:9 97:20 convalescing 83:23 84:20	conversations 57:16 convex 94:13 copy 4:24 5:2,3 corporation 13:16,22 14:2,20 15:2 21:15 39:16 40:23 correct 5:8,9,13,16 8:24 9:5 10:1,8,18 11:22 12:6 14:8,21 15:13,17,23 16:7 17:3,23 18:11 20:3 21:5,9,18 22:2, 5 24:14 25:1,15,17 26:16 27:7 30:14,18 32:15,16,20,21 34:4, 5,10 35:18 38:23 40:11,12,17,18,23, 24 41:4 45:20,23,24 46:6,7,11,12,15,19, 20,21 47:3,4,19,20, 24 48:19 49:15 51:3 55:3,5 57:20 58:16, 24 59:1,19,24 60:8, 15,16 61:10 63:6,17, 18,23 64:16,21,22, 23,24 65:2,3 67:3,14 69:6,14,22 70:19,21 71:8,23 72:7,18,19, 21 73:1,23 74:9 75:18 76:19 79:6,17 80:1,3,4 81:18,22 82:18,19,24 83:10 84:4 87:17,24 89:9, 10,17,23 90:24 correction 13:17 Cosmetics 67:21 count 30:11 couple 94:3 court 24:5 56:11 courtesy 31:10,14 crossing 64:6 cruel 84:13 curious 51:14 current 9:4 10:10,17 31:16 curriculum 5:9 6:13 11:11,16 16:5 18:6 30:11 41:10 curvature 97:1 curve 94:13,16 curves 94:8,15 custom 5:19 customarily 66:10 cut 43:24 cutting 43:23 CV 27:9 41:15	D damaged 66:15 data 56:14,19 61:6 63:3,6 date 4:11 5:20,24 6:2 30:10 57:5 88:9 96:15 dated 5:12 91:2 dates 18:7 day 5:18,23 53:12 58:14 79:21,22 days 5:24 dealing 14:5 deals 37:21 dealt 14:12 debate 57:2 December 5:6,12,15 44:24 46:14,23 47:2 58:22 67:7 70:1 91:12 93:17 decided 43:24 decreased 62:7 64:18 defendant 15:1 55:21 defendants 54:4 deficit 62:1 define 74:10 deform 97:13 deformities 95:17 deformity 75:13 80:11 96:10 degenerative 71:4,5 75:1 80:15,18 82:13 94:4,19 degree 9:16 20:11,15 82:8 96:24 degrees 61:24 62:9,10,12 demand 72:9 demographic 61:6 department 24:1 depends 54:5 81:5 deposition 4:9,13,20 6:9 11:12 15:7 24:19 46:2,11, 13,17,18 47:14,22 49:7,12 50:16,23 51:11 52:8 60:3,6,15 66:3 73:17 88:22 89:21 90:4 91:18 depositions 49:8 51:4,6,13 65:21 69:17,19 88:18 89:19 90:4
---	---	---	---	--	---



derived 42:24 describe 12:7 16:18 80:6 91:20 95:11 describing 66:6 85:3 description 65:12 details 88:4 deterioration 73:10,11 84:8 determined 83:15 develop 26:10 developed 80:22 developing 27:1 developmental 80:15 diagnostic 29:22 74:21 difficult 62:24 direct 34:2 director 12:3,19 18:9 19:8,9 21:7,14 22:4,7 23:3, 20 25:6 26:5 38:8, 13,18,22 39:8,9,15, 24 41:6 42:19 61:10 disability 43:8 52:21 54:17,19 66:5 disc 71:4 82:13 discrepancy 68:16 discuss 30:3 discussed 60:2,14 82:18 83:1 85:23 disease 14:14 37:12 71:4 82:13 diseases 28:13 dispense 4:16 dissimilar 28:5 District 65:6 67:12 68:5 69:5 divorce 50:20 51:2 66:17 67:1 doc 87:12 Doctor 93:20 doctors 28:3,7 44:4 78:19 documented 96:24 doses 76:18 downtown 25:10 drivers 37:2 42:13 due 71:3 75:13 DUFFY 4:7,23 5:4 24:7 89:1, 6 92:11,16,18 93:19	98:1,6 duly 4:4 duties 22:6 69:13 <hr/> E <hr/> earlier 50:15 73:17 90:12 early 37:12 53:4 78:11 easier 6:3 educational 8:5 22:13 23:11,17 effects 77:18 82:15,21 elected 30:3 Elgin 31:11 eligible 58:8,18,23 employability 66:18 74:5,11 75:12, 16 82:15 84:3,10 97:22 employable 67:2 84:11,17 employed 13:12 65:18 67:8 employee 12:3,19,21 13:1,3, 12,14,20 14:1 18:18 19:19 employees 12:18,23 14:5,19 19:14 38:12,17 employer 20:9 employers 37:17,18 38:22 40:20 42:19 employment 59:9 61:9 65:7,15 66:5 68:8,21,22 70:7 75:9,10,11 83:8,22 84:21 end 5:10 engaged 83:13 engineers 37:2 40:16 entailed 12:8 entitled 11:17 estimate 36:10 54:3 55:4 estimated 57:13 estimates 42:16 75:4 estimation 83:6,18,20 evaluate 14:18 34:14 evaluating 34:19 evaluation 43:9,16 44:8 59:8 61:14 67:7 70:8 86:15 87:5,7,20 89:15 95:10 evaluations 23:10,15 26:7 28:22 33:22,23,24 34:3,7 36:13 37:21 40:10	54:8 62:13,18 63:9 evermore 97:13 exam 9:3 examination 4:6 5:14,17,21 6:3 8:8,20 9:17 10:21 58:14 61:13 63:17 65:17 74:18 87:9 91:11 94:1 96:1 examinations 26:8 28:22 36:17,20, 24 37:7,11 38:10,12 40:14,15 42:12 examine 23:9 examined 4:4 58:10 examining 12:22 exams 8:12 exclude 75:10 excuse 6:24 55:16 64:19 exercise 86:2 exercises 86:21 exhausted 89:11 exhaustive 45:10 Exhibit 4:21 5:6 11:15 44:23 48:15 70:15 expected 57:4,17 58:5 experience 28:12 59:14 66:7 expert 55:8,20 70:8 expertise 92:9 explain 37:22 explanation 31:21 explored 96:19 exposed 15:11 37:8 exposure 14:13,16 exposures 24:11 extends 85:6 extension 61:22,23 62:3,22 extent 23:23 80:21 81:5 83:15 <hr/> F <hr/> F-I-S-C-H-E-R 26:2 facilities 29:22 facility 28:20 fact 23:3 70:10 75:16 82:21 factors 57:12	fair 30:15 42:2 fairness 43:17 familiar 28:14 family 49:20 50:1 86:6 favorable 92:3 Federal 25:13 fee 88:10 feel 29:24 feelings 52:11 fell 81:16 felt 27:1 29:11 68:23 69:2,11 78:23 field 8:4 9:15 file 91:10 93:9 finally 30:4 39:23 82:1 find 27:3 51:18 91:9 92:22 93:4 finish 92:10 finished 12:10 19:4 39:14 Fischer 26:2 flexion 61:19,20 62:21,22 63:23,24 floor 45:15 foamed 39:18 folks 9:1 40:11 force 21:4 forward 59:9 61:20 63:22,24 94:9,15,16 found 14:20 52:16 61:19 64:8 65:2 fracture 80:9,14 81:1,5 96:10 fractures 81:2,14 Franks 51:8 52:9 front 53:8 frowned 9:18 full 64:8 full-time 14:3 68:17 69:1 fullness 72:11 function 52:22 57:11 functional 75:5 funnel 29:18 furniture 39:19	fuse 85:22 fused 97:8 fusion 84:24 85:17 future 57:3 82:23 85:24 98:4 <hr/> G <hr/> gainful 66:5 83:12 gap 17:24 gastrointestinal 77:23 gave 24:18 27:10 46:20 50:16 general 16:6,8,24 17:22 18:1 55:1 56:18 generally 14:8 57:21 58:17 give 15:7 34:15 36:3 54:21 55:20 90:9 giving 54:2 glad 12:12 18:24 50:4 98:8 good 26:22 48:3 80:6 88:23 Government 25:14 graduate 6:23 20:10 graduated 7:5,11 grandfather 8:23 granted 20:15 great 22:9 93:6 greater 97:4,18 ground 4:16 group 83:14 94:8 grows 68:16 guess 63:10 Gulf 39:6 <hr/> H <hr/> half 29:1,10 83:16,19,23 84:20 hall 37:2 handed 5:6 handles 40:4 happening 98:3 Hawaii 59:17 haz 42:13	hazardous 37:9 40:16 hazards 37:8 heading 11:16 heal 81:1,15 healed 80:10 82:7 healing 81:8 83:15 health 12:3,19,21 13:1,3,8, 15,21 14:2,19 15:2 19:18,19 23:5,14,19 25:7,8,9,11,12,23 26:9,11 28:11 38:5 hear 12:16 47:10 hearing 54:18 hearings 15:3 held 20:2 28:23 67:16 helpful 76:21 77:16 high 6:20,21 higher 76:18 77:3 highly 35:1 66:8 hip 64:12 95:4 hips 63:19 64:9,11,23 85:15 hired 23:2 87:22 histories 70:12 history 7:13 Horio 46:6 48:6,13 49:10 Horio's 46:1,11,13 49:13 hospital 12:4,14,16,20,22 13:1,13 14:5,10 15:11 16:13,18,20, 22 17:2,5,18 27:6, 13,15 28:20 29:18, 19,21 30:19,21,23 31:11,16 32:1,6,10 34:20 56:3 hospitalization 17:11 32:24 hospitalized 13:7 hospitals 12:15 13:15,21 14:2, 20 15:2 31:7 56:8 hour 90:6,8 hourly 69:9 hours 35:13 88:19 89:18 house 57:3 hurt 38:14 <hr/> I <hr/> ibuprofens 77:15
--	---	--	--	---	--



idea 31:4 identification 4:22 5:5 identified 82:1 95:16 ill 12:24 Illinois 9:12 10:5,16 31:9,11 39:6 66:24 immediately 7:7,9 impact 57:5 impairment 43:8,9,16 52:22 implication 33:7,17 51:24 important 45:19,22 57:19,21 inactive 10:12 include 54:15 72:1 88:18 included 12:21 13:2 including 43:9 income 42:17,23 incorporate 68:9,10 Incorporated 40:2 increase 84:10 97:21 increasing 96:24 indefinitely 57:1 Indiana 66:21 indicating 91:8 indication 60:13 individual 70:7 individually 77:6 individuals 58:17 61:8 industrial 28:1,10 industry 20:8,23 37:10 inflammation 77:23 inform 91:17 92:1 information 7:19 69:11,16 70:12 88:17 initial 82:4 injection 81:12 injured 12:23 14:6,20 17:11 19:14 injuries 19:16 43:8 injury 19:20 27:22 54:16 59:16,18,23 71:3 74:2 80:5,9,24 82:12 inpatient 32:6	inserts 39:18 inspectors 23:14 instability 74:24 insurance 21:20 22:1,7,23 28:12 insured 22:15 24:13 insurer 22:15 insurers 22:18 38:2 40:20 41:19 42:19 interaction 22:24 interest 30:1 45:16 interesting 22:22 26:6 29:11 47:10 51:18,20 52:5, 15,16 62:16 intermittent 79:24 international 39:12 internship 7:14,23 interrupt 58:2 interview 76:3 investigations 11:9 involve 85:17 involving 67:1 iron 19:3 issue 33:2 75:14 77:6 issues 23:19 issuing 47:2	July 91:5 June 53:5,14 59:21 90:22 91:5	21 Lemont 65:6 67:12 68:5 69:5 level 52:21 72:9 77:3 levels 58:21 85:22 Liberty 21:20 22:7,10,14,22 23:4,13,18 24:9,13, 15,23 26:12 license 10:5,16 11:14 37:4 licenses 10:15 licensure 36:24 lift 72:16 73:4 75:17 lifting 72:9,24 75:6 limit 71:16 84:2 85:10 limitation 65:1 71:12 72:8 74:4,11 75:15 83:8 limitations 72:14 82:20 83:9 84:19 limited 32:22 61:23,24 62:22 68:20 limits 75:9,10 liner 39:12 list 41:6 45:10 90:13,16 listed 16:5 27:8 45:1 litigation 52:3 litigations 33:15 local 17:13 38:14 56:1 68:1 located 16:9 18:14 19:10 25:10,20 28:1 locations 23:13 28:4 locomotive 37:1 long 18:6 37:2 long-term 78:17 79:10 82:15, 21 83:7,21 longer 20:24 21:6 49:20 looked 29:17 45:11 49:13 loss 22:4 23:1,3,20 lost 83:12 lot 57:10 62:23 83:1 84:23 lower 43:7 LTV 18:2,10,12 19:1 26:14 lumbar 61:17 62:14 63:4,14 65:2 71:4 82:13 95:13 96:7	lung 14:14	21:7,14 22:3,7 23:2, 19,20 25:6 26:4 27:15,16,21 29:21 30:13 31:5,9,23 34:7 37:21 38:8,13,18,21 39:7,9,15,23 41:6 42:19 43:14 48:17, 22 50:6 52:2,24 55:9 59:15 61:9 62:15 63:5,12 70:8 74:20 76:12 77:21 78:1 79:3,15 80:7 88:16 89:19 90:3 medical/legal 33:4,7,23 34:1,3,13 35:21 40:10 42:8 54:12 55:1 87:5 medication 76:5,9,11,14,19 78:9,15,18,22 79:5, 7,16,22 medications 76:21 77:8,11,22 78:3 86:18 medicine 8:3,7,10 9:2,6,8 10:21,24 11:5 20:12, 14 27:9,13 29:13,16 30:5,8,9 31:22,23 32:23 33:2,8,9,20 36:18 44:4,6,12 56:6,13 medicines 77:12 medium 27:24 memorandum 91:1 Memorial 12:14,13 13:13,24 memory 20:6 50:24 mention 75:23 mentioned 38:11 42:20 47:23 Mercy 27:6,13,15 28:20 29:2 30:19,20 Mercyworks 27:19 28:8 Michigan 7:2,15,22 10:9,11 11:21 mid 9:22 middle 37:23,24 midline 64:5 midwest 19:6 22:16 mild 80:21 mills 39:13 mine 20:7 Minimal 34:21 minute 58:2 88:24 89:2 mixed 54:14 modified 82:6 moment 53:11 90:9 97:9 money 67:22
---	--	---	---	----------------------	---



month 35:24 months 44:18 motion 61:16 62:14 63:4,13, 19,22 64:8,14,20 65:1 97:10 Motrins 77:14 mouthful 80:17 95:20 move 68:23 moved 16:3 multi-cause 74:24 multi-line 19:2 22:14 39:12 multilevel 84:23 multiple 96:9 municipal 38:3 municipalities 40:21 mutual 21:20 22:7,10,14,23 23:4 24:9,13,16,23 26:13 <hr/> N <hr/> names 38:24 narcotic 76:10 National 39:1 40:22 41:7 nature 28:9 74:3 78:22 95:14 96:22 necessarily 29:24 59:10 needed 28:10,16 29:12 45:17 69:2 74:15 92:4 93:15 neighborhood 17:17 nerve 96:12 nerves 95:1,3 96:8 neurosurgery 29:20 nonaddictive 76:24 77:4,9 nonnarcotic 76:19,20 nonsedating 77:9 nonsteroidal 77:11 normal 61:19,21,22 62:6,11 63:7,23 64:2,5,7,8, 17,19,21,23 norms 63:8 north 6:22 39:2,4,5 notes 53:8 90:9 notice 44:24 noticed 43:23 61:12	November 91:2 nuclear 37:3,10 number 17:13 19:5 45:7 50:5 55:11 61:8 70:20 numbered 70:21 numbers 63:7 70:23 numbness 96:14 <hr/> O <hr/> obtain 68:8 obtained 11:14 obtaining 69:7 occasion 15:18 56:14 66:16 occasional 14:9 72:11,12,17,21 75:7 occupational 8:2,7,10 9:1,6,7 10:21,24 11:4 14:13 20:11,13 24:11 25:7, 8,9,11,12,23 27:9,12 28:11,13 29:13,16 30:5,8,9 31:22,23 32:23 33:1,8,20 36:18 37:12 44:4,5, 12 56:6,13 occur 85:3 occurred 52:19 59:16 offer 20:23 57:22,24 offered 21:10,14 44:11 office 5:20 16:16 38:19 44:6,8 53:6,18,19 88:15 90:23 92:22 93:13 offices 44:15 older 43:24 56:21 omitted 41:15 one-third 40:13 ongoing 80:23 open 30:4 open-ended 76:12 operate 81:9 83:3 operators 37:4 opinion 70:18 71:1,9 72:1 73:12 opinions 47:7,12 49:1 70:16 73:23 74:21 opportunity 60:17 opposite 64:6 option 44:11 58:20 59:6	ore 19:3 organizations 38:3 41:17,18,20 orthopedics 29:20 outcome 80:24 83:2 outpatient 16:15 17:9 27:16,21 28:4,17 29:17 31:23 56:8 outstanding 90:2 over-the-counter 76:9,14 77:14 overnight 98:5 owned 26:3 owner 25:18 <hr/> P <hr/> P-R-E-G-I-S 39:16 p.m. 98:11 packaging 39:9,17 40:22 paid 88:1,7 89:23 91:8 92:21 pain 43:7 64:10 75:14 76:1,5,10,19,20,22 77:3 78:3,9,15 79:5, 16,22 84:9 95:5,6, 12,23 96:2,13 97:11, 20 paper 39:12,13 paragraph 70:18 73:22 74:14 75:24 82:11,18 83:9 84:2 paragraphs 70:21 parentheses 95:15 Park 65:6 67:12 68:5 69:5 part 20:5,21 23:24 25:18 38:10 39:5 42:16 44:9 49:6 54:12 55:4 61:14 62:17 69:15 75:4 87:9 part-time 67:12 68:18 participate 66:10 participated 19:24 parties 4:10,12 pass 10:24 path 9:14 83:2 paths 9:10 patient 32:10,18 81:7 86:11, 14,17 87:16 patient's 57:4 patients 13:23 14:9 15:10,19	16:20 17:1,10 23:9 29:18 30:1,20 31:24 32:5 34:8,14,19 35:19,21 36:2 38:16 41:21,24 pay 43:2 91:4 payroll 69:8 pediatrics 7:19,21 pension 54:18 people 13:7 16:17 36:21 37:1,4,7,9 38:4,14 56:15 87:12 percent 34:22,24 35:2,16,23 36:1,5,6 38:10 41:3, 22 42:9,15,22 54:7, 8,9,23 55:2 62:1 81:6,14,17,19 82:9 percentage 34:15 35:20 42:5,7, 11,17,23 54:3,22 performed 60:20 61:12 period 8:6 17:5 20:5,9 21:19,21 29:2 49:19 85:2 permanent 66:4 person 53:16 personal 54:16 personnel 23:15 petitioners 54:9 Ph.d 20:11,14,18 physical 36:20,23 61:12 63:17 72:9 physicals 40:15,16 42:13 physician 11:20 12:4 13:4,5 19:13 26:1 32:20 49:20,22 50:1 55:9, 18,21 56:7 76:18 78:2,14 82:4 86:6,10 87:1,11 physicians 14:24 73:7 74:16 78:8 79:3 86:5 92:2 96:5 pinching 95:3 96:8,11 place 63:1,2 placement 19:23 28:14 36:20 40:14 42:13 places 23:16 plaintiff 55:3,18,19 plaintiffs 54:4,20,24 plan 52:10 56:24 planned 52:12 plans 13:2 43:20 plant 19:10,14 37:3	plants 19:5 plastic 39:17 point 8:23 9:18,22 17:16 22:16 27:18 34:21 51:17 57:9 68:13 69:5,7 83:2 88:19 policyholder 23:13 policyholders 23:18 poor 80:24 population 63:8 posed 71:18,22 74:16 position 14:3 18:9 19:9 20:1, 23 21:10,15 27:3 57:22,24 67:11,13 68:17 positions 37:3 67:24 68:2,22, 24 69:2 possibility 15:15 post 59:23 potential 13:8 33:12 37:18 92:7 potentially 15:4 37:7 pounds 45:14 72:10,17,20, 24 73:4 75:7,17 practice 11:13,17 13:23 16:6, 8,15 18:1 30:4,7,8, 13,16 32:3 33:19,22 34:10,19 36:2,10,12, 18 37:6 38:6 41:22 42:4 44:1 54:13 59:15 81:9 practitioner 16:24 17:22 pre-medical 7:5 precise 18:7 preexistent 80:15 preferred 9:19 Pregis 39:16 40:23 preparation 89:21 preparing 90:4 prescribe 79:10 86:18,21 prescribed 78:21 79:21 prescription 76:10,17 77:14 78:9, 15,17,22 79:22 87:13,16 prescriptions 79:4,16,24 present 19:13 23:17 32:12 94:11 presentations 52:13 preserved 62:22	pressures 82:6 pretty 5:19 12:13 27:14 33:6 45:6 prevent 84:7,12 97:20 prevention 22:4 23:1,3,20 preventive 19:20 previously 85:9 principal 23:24 26:1 38:7 49:20 principles 25:22 prior 5:24 47:21 private 13:22 25:16 26:11, 14 35:19,21 36:2 38:16 41:21,24 privileges 16:13,18 17:4,19 30:20,24 31:2,7,15 32:9,14 problem 14:10 51:23 65:4 80:23 problems 13:9 77:19 procedures 13:3 proceeding 87:10 proceedings 52:20 98:10 producer 19:3 products 19:4 39:14 professionals 20:1 professor 43:1 program 9:11 13:1 44:13 86:2 programs 12:21 19:19,20,21, 22,23 23:1,6,17 progressed 82:3 progression 95:16 97:16 progressive 73:10 74:3 81:8 95:14 96:22 97:1 promised 28:10 protect 85:13 prove 65:22 provide 70:8 73:18 93:13 provided 27:22 46:13 63:5 provider 19:15 25:9,10 26:14 40:3 pulling 64:4 purchased 18:12 39:7 purpose 84:6,7,9,16 86:15 87:5
--	--	---	--	---	--



<p>pursuant 4:9</p> <p>put 41:10 45:12,22 52:10</p> <p>putting 86:8</p> <hr/> <p>Q</p> <hr/> <p>qualify 59:2</p> <p>quarter 35:5</p> <p>question 13:19 24:6 31:21 32:7 33:2,18 35:9 57:24 59:11 60:22 63:10 66:1 67:5 71:17,19,22 78:23, 24 79:13 83:5,6 92:7,12,13,16</p> <p>questions 6:14 28:15 41:12 71:18 90:13,16 91:1 93:19 94:3 98:1</p> <hr/> <p>R</p> <hr/> <p>radiculopathy 95:13 96:7,13</p> <p>radiological 95:16</p> <p>railroad 39:2,3,7,8 40:3,22 41:7</p> <p>ramifications 83:21</p> <p>ran 27:20</p> <p>Randolph 25:21</p> <p>range 42:10 61:16 62:14 63:4,13,19,22 64:8, 14,20 65:1 77:13 82:10 97:9</p> <p>reach 93:16</p> <p>read 46:22 47:22 51:12 60:5,7 66:6,12 70:24 73:17 92:13,14 95:8 98:4,8</p> <p>reading 46:6,10 47:18 83:4</p> <p>ready 26:23 60:19</p> <p>reask 35:9</p> <p>reason 41:5 73:9</p> <p>reasonable 74:17 76:11 83:20</p> <p>recall 15:5 79:23</p> <p>receive 20:13 49:3</p> <p>received 9:1 20:11 46:3 48:22</p> <p>recent 47:20</p> <p>recently 49:5</p> <p>recertification 8:16 10:3</p> <p>recertify 8:18,20</p> <p>recommend 76:23 78:2,8</p>	<p>recommendation 60:13</p> <p>recommendations 57:5 85:24 86:9 90:20</p> <p>recommended 73:6,7,8 78:15 86:1, 3,7</p> <p>record 4:8 50:14 68:4 92:14</p> <p>records 45:7,15 48:5,8,9,11, 14,18,23 49:3,14,17, 23 50:3,6,10 52:24 62:15,21 63:5,12 65:7,8,15 68:8 69:6, 8 70:7 74:21,22 78:2,9,14 79:4,15,19 80:3 88:17 89:16,19 90:3 91:7 96:5,24</p> <p>recovery 80:6</p> <p>reduced 58:21</p> <p>reducing 94:17</p> <p>reduction 21:4</p> <p>refer 6:3</p> <p>referred 17:13 37:17 54:10 87:6</p> <p>refers 94:7</p> <p>reflect 4:8</p> <p>refused 93:13</p> <p>region 19:7 22:17</p> <p>regional 18:9 19:8,9 21:7</p> <p>regulated 37:3</p> <p>regulations 13:2</p> <p>rehabilitation 19:21</p> <p>Reichenbach 5:1 48:6 49:21 50:16 52:21 57:16 58:4,23 60:19 61:13 63:13 65:7 67:7 69:13 72:15 73:13 75:24 76:4 77:20 78:3 85:23 86:24 87:23 88:2 90:14</p> <p>Reichenbach's 59:16 64:9 65:10 74:2 79:3,14 80:5 81:16 82:12 92:2 94:11,24 95:11</p> <p>related 14:11</p> <p>relating 26:8</p> <p>reliable 63:6</p> <p>relied 69:12</p> <p>rely 70:11</p> <p>remainder 42:21</p> <p>remains 81:7 82:8</p> <p>remember 67:5</p> <p>repeatedly 60:21</p>	<p>repetitive 72:2 75:8,18</p> <p>report 4:24 5:7,18,22 6:5 36:3 44:24 45:10,18, 19,21 46:4,23 47:2, 5,16,23 48:14 50:8, 12 68:10 70:15 82:11 89:16,20 93:16</p> <p>REPORTER 24:5</p> <p>reports 5:20 34:14 45:4</p> <p>representative 67:7,8,15 68:6</p> <p>reprimand 11:4</p> <p>Republic 18:2,10,11,12,14,23 19:1 20:10,19,20 21:3,24 26:13</p> <p>request 36:3 68:7,11</p> <p>requested 92:15</p> <p>require 9:7 36:24 80:13 81:17,20 83:11,14</p> <p>required 8:15 17:10,12 27:23 28:21 71:10,13</p> <p>requirement 72:24</p> <p>requirements 35:22</p> <p>reserve 98:7</p> <p>residencies 7:24</p> <p>residency 7:17,22 9:7,10,11, 19,20 44:9,13</p> <p>resident 44:20,22</p> <p>residents 44:3,14</p> <p>resource 23:4,5,11</p> <p>respondents 54:10</p> <p>responsibilities 12:22 18:23 19:12, 17 23:8 69:14</p> <p>responsibility 23:24</p> <p>rest 36:13 54:14 62:18</p> <p>restoration 19:22</p> <p>restriction 71:2,11,14 82:20</p> <p>restrictions 71:24 74:15 75:2,3 83:14 85:9</p> <p>restrictive 66:8</p> <p>result 74:2 81:3</p> <p>retail 67:23</p> <p>retained 55:2 88:10</p> <p>retainer 89:9,14</p> <p>retire 56:15 57:17 58:5</p> <p>retirement 57:4 58:19,23 59:7 61:1</p>	<p>retiring 56:21</p> <p>retrenchment 20:22</p> <p>returning 36:22</p> <p>revenue 42:5,7,11</p> <p>review 6:8 23:12 24:2 46:1, 16 47:1,5,13 48:5,9, 11,13 49:16 50:3,17, 19 51:4 53:11 54:19 65:6 68:9 79:14 80:2 89:15,19</p> <p>reviewed 24:8 45:2 46:4 50:21,23 51:1,6,11 60:10 69:18 74:23 78:10,14 79:4</p> <p>reviewing 44:23 65:20 78:1 88:16 90:3</p> <p>reviews 23:21</p> <p>rib 94:17</p> <p>ribcage 85:7</p> <p>right-sided 96:12</p> <p>Rinella 47:11,18,21 48:13 49:8 82:5 83:1,4 84:15 85:16 86:3 91:18 96:17,23</p> <p>Rinella's 46:16 48:9 60:3,5 85:1 91:20 97:15</p> <p>role 13:11,18 84:16</p> <p>roles 84:17</p> <p>roots 96:12</p> <p>rotating 44:15</p> <p>rotation 44:9,12</p> <p>roughly 36:6 41:21</p> <p>route 9:19</p> <p>routine 36:17,23 62:23</p> <p>rules 4:16 13:2</p> <p>Rush 17:19</p> <p>résumé 41:2</p> <hr/> <p>S</p> <hr/> <p>S-SHAPED 94:12</p> <p>sacrum 85:7,18</p> <p>sad 84:5</p> <p>sadly 97:6</p> <p>safety 19:18,24 23:1,5,14, 19 26:9,11 38:5</p> <p>scale 97:14</p> <p>school 6:20,21,22 7:6,8 20:10 43:14</p>	<p>scoliosis 80:20 94:12</p> <p>secondary 84:9</p> <p>Security 58:8,18,24 59:7</p> <p>sedating 77:5</p> <p>sedentary 72:9</p> <p>semester 35:6</p> <p>send 93:8</p> <p>sense 6:15 41:24</p> <p>separately 94:6</p> <p>sequelae 80:13</p> <p>series 71:18</p> <p>served 12:2 15:8 25:5</p> <p>service 12:3 26:24 40:3 43:3 87:20 88:6</p> <p>services 21:7 25:6,11 26:7 28:9 29:23</p> <p>set 63:3,7</p> <p>severe 95:12</p> <p>Shapiro 49:24 50:11,14 82:4</p> <p>Shapiro's 50:3,6</p> <p>Sherman 31:10</p> <p>short 89:4 93:1</p> <p>short-term 82:14,17 83:9</p> <p>show 9:3 44:7 48:3</p> <p>sick 14:6,21 17:10 19:14 38:14</p> <p>side 6:22 16:10 18:17 19:11 77:18 94:16, 18 95:2 96:8,14</p> <p>sides 64:2</p> <p>sideways 94:12</p> <p>sign 37:12 81:8</p> <p>signature 98:2,7</p> <p>signed 5:7</p> <p>significance 45:13</p> <p>significant 71:2,13 74:4,11,23 75:15</p> <p>silica 14:15 15:14</p> <p>similar 26:12,13</p> <p>simply 17:12 32:16</p> <p>single 25:5 26:15</p> <p>sir 90:17</p> <p>sit 17:17 22:19 27:2</p>	<p>sitting 16:11 45:15 52:18</p> <p>situation 95:21</p> <p>size 94:17</p> <p>sized 28:1</p> <p>slightly 63:10</p> <p>slowdown 20:8</p> <p>small 27:24</p> <p>Social 58:8,18,24 59:7</p> <p>solely 8:7 14:1</p> <p>solidify 81:1,10</p> <p>sort 19:2 23:10</p> <p>sorts 52:3</p> <p>sound 14:7 30:13</p> <p>sounds 12:13 27:14 33:3 39:10</p> <p>sources 95:5 96:9</p> <p>south 40:6</p> <p>southeast 18:17 19:11</p> <p>span 57:13</p> <p>speak 91:13</p> <p>speaking 59:18 67:6</p> <p>specialist 8:2</p> <p>specialists 44:5</p> <p>specialties 29:21</p> <p>specialty 8:8 13:10 30:7 31:22,24</p> <p>specific 59:18 69:8 78:7 79:13 86:9 87:21 92:12</p> <p>specifically 40:21 49:9 61:5 87:6 91:19 92:5</p> <p>spend 34:19 35:11 38:9</p> <p>spent 34:16 35:3,20 40:8,9 42:4 85:2 88:18,21</p> <p>spinal 60:2,14 73:11 74:3 75:13 76:22 95:16</p> <p>spine 61:17 62:14 63:4,14 64:15 65:2 74:20,24 80:16,19 84:8 94:8, 11,13,15,20,23 95:2 96:9,11,21 97:2,8, 12,17</p> <p>spoke 91:15</p> <p>spoken 70:4</p> <p>spouse 66:17 67:1,2</p> <p>spring 53:4</p>
---	--	--	--	--	---



stabilize 96:20 staff 16:22 23:18 31:10, 14 32:8 standard 45:4 56:6 63:8 66:3, 8 69:1 70:6 73:16 started 34:3 starting 18:1 33:3 36:21 58:19 state 66:22,23 73:9 stated 75:3 85:9 statement 24:8 79:6,17 states 10:7,8,14 25:7 40:5 56:16 stayed 26:15 steel 18:2,10,11,12,14 19:2,3 20:8,10,19, 21,22 21:3 22:1 26:14 stems 32:11 stiff 85:5,8 stiffness 75:13 85:6 95:12,23, 24 97:18 stop 22:11 51:15 97:16 stopped 17:21 stores 67:24 straight 37:13 Street 18:16 stresses 97:12 strike 10:19 13:18 18:21 24:22 91:23 structures 64:10 85:14 study 7:3 56:14 stuff 37:14 41:1 45:19 subject 11:3,8 subjective 96:2,3 subpoena 93:8 success 80:12 successfully 68:2 successor 19:1 suffers 76:1 sufficient 59:2 69:11 suggests 9:9 summer 53:4 suppose 15:4	surgery 60:2,14,20 80:13 81:3,15,17,20 82:22 83:11,16,19,22 84:1, 6,14,18 85:12,16 96:20 97:3,14,15,19 surprise 60:24 61:3,7 surprised 73:3 surrounded 17:16 surrounding 28:2 64:11 85:14 94:23 switch 9:20 42:3 sworn 4:1,4 symptom 60:22 symptomatic 81:7 symptoms 74:7 95:13,23 96:13 system 13:1,5 27:16,19 28:3,8,17 29:19 <hr/> T <hr/> T10 85:6,18 taking 76:5,15 talk 11:13 60:18 75:6 talked 78:5 95:24 97:15 talking 22:11 66:11 68:15 73:16 77:20 taught 43:6,13,16,18 teach 9:12 29:14 43:4,5, 10,20 62:17 teaching 35:3,12 41:2 tear 94:21 techniques 44:8 telephone 70:4 91:14,21 ten 34:22 35:2,13,14,23 36:5 38:10 41:22 45:14 54:12 72:10, 16,20 75:6,17 88:19 89:18 term 42:1 80:7 94:19 terminated 11:24 16:1 25:3 26:18 29:6 terms 34:13 66:14 85:24 testified 4:4 54:3 55:8 66:24 testify 15:18 24:15 66:16 92:4 testifying 55:17 85:17 testimony 11:5 15:7 34:1,4,8, 15 36:4 40:11 47:19, 20 49:7 50:19,23 51:1,11 52:8 54:2	55:3,21 56:10 65:10 66:3 70:9 73:19 79:1 85:2 91:21 92:2 testing 29:22 75:5 tests 74:21 thigh 95:5 thing 8:14 52:17 96:18 things 14:22 33:21 34:9 44:2 48:4 52:5,6,14, 15 54:12 67:17,18 69:8 75:23 77:13,24 78:4 97:5 thinking 12:11 third-party 38:2 41:19 thoracic 82:13 thoracolumbar 71:5 thousand 12:18 till 24:24 time 4:10,11 8:5 10:13 12:17 13:6 15:6,13 16:9,23 17:5 18:19 20:5,9 21:21 22:17, 21 24:10,18 26:2 27:17 29:3,15 30:2 32:4,5 33:19 34:6, 15,18 35:3,11,17,20 36:7 38:4,9 40:8,9, 13,19 42:3 43:13,15, 18 44:14,17,21,22 48:21 49:19 60:1,17 62:20,21 66:19 69:24 74:17 75:22 76:16 78:18 79:8 83:12 85:2 88:12,16, 21,23 90:2 93:21 96:23 97:13 timecards 69:9 times 55:23 tingling 96:14 title 13:6 22:3 27:8,10 titles 18:13 today 8:13 16:12 30:17 36:10 52:18 70:3 77:20 78:5 88:22 89:22 95:14 today's 4:11 6:9 11:12 told 36:11,13 67:10,11, 17 69:13,20 76:8 top 48:4 topic 57:2 75:5 topics 90:21 total 20:3 35:13 66:4 track 40:1,4 tract 77:23	train 40:15 training 44:5 Tramadol 77:1 transcript 70:24 travel 23:13 treating 73:7 74:16 78:19 82:4 86:5,10 87:10 96:5 treatment 50:6 74:20 treatments 95:14 96:15 tremendously 35:24 trial 50:19 51:1 56:11 67:16 triannual 8:15,17 10:3 truck 37:2 42:13 truckers 40:15 true 15:4 17:2 24:8 55:6 truth 84:5,14 turn 70:14 turned 58:15 twisting 72:2 75:8,18 85:10 96:11 Tylenol 76:16 type 14:12 26:24 38:3 54:16 61:5 67:23 68:21 76:9,22 83:12 types 36:17,23 45:7 68:14 <hr/> U <hr/> U.S. 25:8,12,22 UIC 32:14,18 34:20 35:4, 12 41:2 43:1,14,18, 20 UIC's 31:15 ultimate 83:1 ultimately 60:7 unable 65:23 73:13,19 uncommon 70:11 undergo 10:2 82:22 undergone 60:2 understand 21:2 40:8 45:17 79:1 89:7 92:8 95:19 understanding 45:13 49:18 56:18 understood 69:23 92:6 undertake 57:6	unemployed 21:21 unimproved 95:13 96:15 United 25:7 40:5 56:15 University 7:2,10,15 9:11 11:20 31:8 unusual 22:22 51:22 66:8 updated 50:10 urgent 17:12 utilizing 66:4 <hr/> V <hr/> V-E-O-L-I-A 40:1 vacation 59:17 variable 35:1 77:7 varies 35:5,23 variety 33:14 Veolia 40:1 versus 54:4 63:17 vertebra 80:10 82:7 vertebrae 81:3,10,12 vertebral 71:3 81:1,14 vertebroplasty 81:11 Veselik 49:16 86:6 Veselik's 47:13,19 48:11,14 view 95:15 visit 5:23 88:15,16 vitae 5:10 6:13 11:11,16 16:5 18:6 30:12 41:11 vocational 19:22 28:14,16 92:7 vocationally 52:23 volition 11:24 12:1 25:2,4 26:17,19 29:5,8 voluntarily 10:2 voluntary 43:3 VTMI 39:24 40:23 <hr/> W <hr/> wait 27:2 waive 98:2 walks 38:18 wanted 11:12 21:17 52:7,23 70:16	waste 37:9 ways 20:21 wear 94:21 week 35:24 weight 97:5 west 16:10 25:21 40:6 word 8:22 27:20 words 95:19,20 97:5 work 9:15 10:14 12:24 17:9 20:16 23:16 25:13 33:2,4,8,12 34:11,13 36:21,22 38:19 40:4 41:6 42:8,24 44:6 53:9 54:2 56:13 59:2 61:8,9 65:23 67:22 68:4,6,22 69:21,23 71:2,11,13 73:13,19 74:5,12 75:12,16 82:19 83:19 87:18 89:12 97:4 work-related 13:8 32:7 33:9 43:7 workday 72:12 worked 20:20 24:23 28:5 53:23 Worker's 15:2 22:18 23:21 24:2,9 33:13,15 54:6 workers 37:9,10 40:17 42:14 working 8:6 13:20 26:21 37:24 38:7 56:24 68:17 72:23 workplace 14:11 23:5,19 26:8, 11 33:10,11 37:8 38:5 51:23 54:17 57:12 workplaces 24:13 world 75:9,11 77:15 worse 84:13 96:23 wrap 39:20,21 write 34:14 60:18 79:4 87:13,15 89:16 93:16 writing 50:7 written 5:22 6:1 70:19 wrote 5:17 6:7 45:21 46:4 47:15 50:11 <hr/> Y <hr/> year 7:23 25:5 26:15,20 28:23,24 29:1,9 35:14 43:5,21 63:1 71:16 78:16 83:16, 19,23 84:19 years 7:21 8:6,18,19 9:3,
---	--	---	--	--	---



24 20:2 24:24 30:5,
12 32:4 43:11 50:15
55:12,14 59:2,14,22
66:20 71:6,7 78:12

York

10:9,10 12:4,15
13:15,21 14:19 15:1,
21

Z

zoology

7:4

