

1 Goldstein - By Plaintiff - Direct

2 MR. BERNSTEIN: Thank you.

3 The plaintiff calls Dr. Robert Goldstein to
4 the witness stand, please.

5 R O B E R T G O L D S T E I N, M. D., called as a
6 witness by the plaintiff, having been first duly sworn by
7 the Court, was examined and testified as follows:

8 THE COURT: Please be seated.

9 (Witness complied.)

10 THE COURT: Give us your name and office
11 address.

12 THE WITNESS: Dr. Robert S. Goldstein, 145
13 East 32nd Street, New York 10016.

14 THE COURT: Your witness.

15 MR. BERNSTEIN: Thank you.

16 DIRECT EXAMINATION

17 BY MR. BERNSTEIN:

18 Q Dr. Goldstein, good afternoon.

19 A Good afternoon, sir.

20 Q Could you describe your educational background for
21 us, please?

22 A Yes.

23 I graduated from Johns Hopkins University in
24 1958, degree of Bachelor of Arts. The next four years,
25 attended and graduated from New York Medical College in
26 New York City with a degree of Doctor of Medicine. The

1 Goldstein - By Plaintiff - Direct
2 following year, I spent as an intern at the then-called
3 Meadowbrook Hospital, now called the Nassau University
4 Medical Center, in East Meadow, Long Island.

5 The next two years, 1963 through '65, I spent
6 as a general medical officer in the United States Army.
7 Upon my honorable discharge two years later, I started on
8 a residency program at the New York Medical College,
9 Flower and Fifth Avenue Hospital, and Metropolitan
10 Hospitals, in New York City. I finished my orthopedic
11 residency in June of 1969 and started in private practice
12 at that time.

13 Q Doctor, do you currently hold any licenses?

14 A Yes.

15 Q Explain that for us.

16 A Well, my license is as a physician with a New
17 York State license, and an orthopedic surgeon.

18 Q Okay. Do you have a certain specialty?

19 A Yes.

20 Q What is it?

21 A My specialty is orthopedic surgery.

22 Q Okay. Tell us, what is orthopedics?

23 A It is the -- it is taking care of the
24 musculoskeletal system. It involves the long bones and it
25 involves the spine. It involves the bones, the joints,
26 the muscles that move the joints, the nerve supply to

1 Goldstein - By Plaintiff - Direct
2 these muscles, the blood supply; and it -- and in
3 orthopedics, we treat trauma, infections, tumors,
4 congenital disorders -- things that babies are born
5 with -- and systemic disorders from other diseases that
6 affect the musculoskeletal system.

7 Q At some point before today, did my office ask you
8 to examine and evaluate Robert Obey?

9 A Yes.

10 Q Okay. And when you did that, did you create
11 certain records?

12 A Yes, I did.

13 Q Okay. You brought those with you?

14 A Yes.

15 Q Okay. Please refer to those if you need them to
16 refresh your recollection.

17 When for the first time did you evaluate
18 Mr. Obey?

19 A April 25th, 2012.

20 Q Now, when you evaluated Mr. Obey at the request of
21 my office -- you don't do that for free, right?

22 A Correct.

23 Q Okay. You charged my office to do that?

24 A Yes.

25 Q And you charged for review of records, and also
26 evaluating Mr. Obey, and then for preparing the report

1 Goldstein - By Plaintiff - Direct

2 which you then sent to my office; true?

3 A That is true.

4 Q Okay. Do you know what your fee was, in this
5 particular case, for the initial evaluation and report?

6 A \$1,000.

7 Q Okay. And then you evaluated him two separate
8 times after that; true?

9 A That is correct.

10 Q And do you know what the fee was for those two
11 separate evaluations?

12 A A thousand dollars each time.

13 Q Okay. And you're also being compensated for your
14 time here in court today?

15 A That's correct.

16 Q Okay. How much?

17 A \$7500.

18 Q Okay. This is not the first time that --
19 actually -- that I have asked you to come into court to
20 testify; true?

21 A That is true.

22 Q Okay. And I think -- over the past 10 or
23 11 years, I think I've had you on the witness stand two,
24 three, four times; something in that area?

25 A Yes.

26 Q Okay. And you actually have appeared in court on

1 Goldstein - By Plaintiff - Direct

2 other cases for my office?

3 A I have.

4 Q All right.

5 All right, Doctor. So let's go to the
6 April 25th, 2012, evaluation. On that date, did you take a
7 history from Mr. Obey?

8 A Yes.

9 Q Okay. What history did you take?

10 A The patient told me on that date that on March
11 9th, 2006, he sustained a traumatic amputation of his left
12 foot after he was struck by a subway train. He told me
13 that he had slipped on a track -- a train platform -- and
14 struck his head on a ceramic-coated or -covered girder.
15 He then states he suffered a period of loss of
16 consciousness. He subsequently states, he fell onto the
17 tracks and was struck by a train, causing the traumatic
18 amputation.

19 This is the history I obtained from the
20 patient.

21 Q Okay. Did he then give you a medical history of
22 where he was treated?

23 A Yes.

24 Q What did he tell you?

25 A Following the accident, he was taken by ambulance
26 to Bellevue Hospital Center, where he was examined in the

1 Goldstein - By Plaintiff - Direct
2 emergency room, X-rays were taken and he came under the
3 care of the trauma service. He told me that the same day,
4 he was taken to the operating room, where he had surgery
5 on his left foot, and he had a partially amputated foot
6 that was treated in the operating room, and he was placed
7 with a -- what's called -- a "vacuum dressing" and dressed
8 and taken to -- and admitted to the hospital.

9 Q Okay, Doctor. I'm going to place in front of you
10 what was marked into evidence already as Plaintiff's 20,
11 which is -- which are -- the medical records from Bellevue
12 Hospital.

13 MR. BERNSTEIN: Judge, may I?

14 THE COURT: Yes.

15 (Mr. Bernstein approached, handed the witness
16 said exhibit, then returned to the well of the
17 courtroom.)

18 Q Okay, Doctor, I've done that.

19 I'll just ask you to note that in the upper
20 right-hand corner, there are page numbers.

21 A Yes.

22 Q Okay. And I'm going to direct you to certain page
23 numbers.

24 A Yes.

25 Q And first, if I could ask you to go to page 240 of
26 that record...?

1 Goldstein - By Plaintiff - Direct

2 A I have it.

3 Q Okay. What is on that page?

4 A This (indicating) is an X-ray report from the
5 radiologist, Haskel Fleishaker, and it's an X-ray of the
6 left foot.

7 Q Okay. Just very briefly, explain to us what an
8 X-ray is.

9 A An X-ray is a picture taken of bones, basically,
10 that will show up on an X-ray film because bones have
11 calcium in it to block the X-ray beam. And you get a
12 picture on an X-ray film showing you, basically, what's --
13 what's happening to the bone, whether it's normal or
14 abnormal.

15 Q Okay. And after an X-ray, an X-ray report is
16 created?

17 A That is correct.

18 Q And that's what's in his hospital chart?

19 A Yes.

20 Q What was the date of that X-ray?

21 A March 9th, 2006.

22 Q Okay. Which is the accident date.

23 A Correct.

24 Q Okay. What were the findings on that X-ray?

25 A "There was a fracture/dislocation with marked
26 dorsal dislocation through the midfoot joints and the

1 Goldstein - By Plaintiff - Direct
2 tarsometatarsal joints."

3 Q Doctor, we've brought a foot model here
4 (indicating); I'm going to place this, also, in front of
5 you (handing).

6 Before we go on with the X-ray, I'll ask
7 that, just generally, you hold that up, show it to the jury
8 and explain --

9 THE WITNESS: May I stand, your Honor?

10 THE COURT: Oh, sure.

11 (The witness stood.)

12 Q Okay. And just show us, generally, the bones of
13 the feet. Then we'll compare the X-ray to that model.

14 A Okay. This (indicating) is a right foot and it
15 shows here, laterally, what I'm looking at.

16 The back of the foot is called the calcaneus,
17 the heel bone that you sit on -- or stand on. And then on
18 top of that is the bone called the talus, and that moves
19 with and articulates with the long bone in your leg,
20 called the tibia, and forms the ankle joint. The thin
21 bone on the outside is called the fibula; on the outside
22 of your leg. These two bones make up the leg.

23 Going distally, towards the toes, on the
24 inner side is a bone called the tarsonavicular; it
25 articulates with the -- with the talus, talonavicular
26 joint.

1 Goldstein - By Plaintiff - Direct

2 Q When you say "articulates," it moves?

3 A There's movement.

4 On the outer side, the next bone that
5 articulates with the calcaneus is called the cuboid; it's
6 cube-shaped.

7 Then there are three bones, called the
8 cuneiform bones, going from the medial side to the lateral
9 side: number one, number two, number three (indicating).
10 So you have -- these are called the tarsal bones, before
11 the ankle bone.

12 Then we have five long bones, are called
13 metatarsals. They articulate, or move with, the tarsal
14 bones that I just told you about, the cuboid, and the
15 cuneiforms.

16 Going distally, you have --

17 Q "Distally" means toward the front?

18 A Towards the toes.

19 And those are your toe joints that you see
20 here (indicating). The big one is your first toe; going
21 towards the outside, your little toe.

22 So this is your model of your foot that we
23 use in teaching; and you have your toes, your metatarsals,
24 your tarsal joints, your navicular and cuboid; then your
25 talus, the calcaneus and your long bones of your leg,
26 making up the ankle (indicating).

1 Goldstein - By Plaintiff - Direct

2 (Witness seated.)

3 Q Okay, Doctor. Thank you.

4 Now, let's go back to that X-ray report and
5 if you could, if there were any positive findings on that
6 X-ray report concerning those bones, could you explain to
7 us what they were and show us on the model what's explained
8 in the X-ray report?

9 A It says here -- I'm reading again -- "Severe
10 fracture/dislocation with marked dorsal dislocation
11 through the midfoot joints."

12 The midfoot joints are the joints right in
13 the middle of your foot.

14 "There is also" --

15 It tells here (indicating) that it goes
16 through the tarsometatarsal joints, meaning the long bones
17 to the little bones. That's where this was all
18 dislocated, as noted on those X-rays.

19 Q Okay. I'm going to ask you to turn to the next
20 page, 241.

21 Okay. The next page was a CAT scan of the
22 head; true?

23 A That's correct.

24 Q Okay. So in the hospital, they did take a CAT
25 scan of his head?

26 A They did.

1 Goldstein - By Plaintiff - Direct

2 Q Okay. And essentially the findings were negative?

3 A Normal contrast of CT scan of the head.

4 Q Okay. Go to page 243 to 244, please.

5 A On 243 there's a CT scan of the left-lower
6 extremity.

7 Q Okay. Which is a CAT scan; true?

8 A Correct.

9 Q Okay. Again go through it with the positive
10 findings, with the foot model, and show us what was found
11 and explain it to us on the foot model.

12 A It says here, in the "Findings," that the ankle
13 mortise, which is up here (indicating), was okay. The
14 mortise makes up the fibula, the tibia and the talus.

15 It says, going distally again (indicating),
16 there was a fracture through the first cuneiform. That is
17 the bone that I showed you, next to the cuboid, right in
18 here (indicating). There's a fracture of this bone.

19 And next to it there was a marked lateral and
20 dorsal dislocation of the first metatarsal, meaning the
21 bone of your big toe (indicating).

22 Q What does the "dislocation" mean?

23 A "Dislocation" means that the joint comes apart;
24 it's separated, like I'm showing you on this model
25 (simulating).

26 There is also dislocation of the -- there was

1 Goldstein - By Plaintiff - Direct
2 disruption of the second and third metatarsal joints; the
3 next two. These joints (indicating) were in disarray.

4 And there were complex fractures, many
5 fractures, at the bases of these metatarsal bones.

6 Q Okay. What was the date of that CAT scan?

7 A This was on March 4th -- March 9th -- I'm
8 sorry -- '06.

9 Q Okay.

10 A One second.

11 There was also a fracture with an amputation
12 of the digit at the level of the metatarsal neck and the
13 fourth metatarsal. There was amputation right here
14 (indicating), in the fourth metatarsal. This was missing
15 (indicating).

16 The fifth digit was amputated over here
17 (indicating), in the middle of the metatarsal.

18 So there was a fracture and dislocation on
19 the outside of the foot.

20 Q Okay, thank you.

21 Doctor, I'm going to ask you to turn to page
22 260.

23 (Pause.)

24 A Yes.

25 Q Okay. Doctor, what is that?

26 A This is an operative report on the date of the

1 Goldstein - By Plaintiff - Direct

2 admission, or injury, March 9th, 2006.

3 Q Okay. Doctor, just explain to us, what is an
4 operative report?

5 A Whenever a physician, surgeon, does any type of
6 procedure on a patient, it's mandatory that we make a
7 written report of what was accomplished on that date, what
8 took place in the operating room; and this is in
9 everybody's chart.

10 Q Okay. And this particular operative report, it
11 concerns Mr. Obey?

12 A Yes.

13 Q What was the date of that operation?

14 A March 9th, 2006.

15 Q Okay. The date of our incident.

16 A Correct.

17 Q What operation was performed that day?

18 A The operation performed was a completion of a
19 transmetatarsal amputation. That was the name of the
20 procedure.

21 Q Okay.

22 A And it was done for a traumatic crush injury to
23 the left foot.

24 Q Okay. Does the operative report explain how the
25 procedure was done?

26 A Yes; the next several pages read and detail what

1 Goldstein - By Plaintiff - Direct
2 the surgeon performed.

3 Q And, Doctor, just take a minute to look at that
4 and then describe for us, using the model, exactly what was
5 done during this first operation.

6 (Pause.)

7 A It said that underneath the skin, the tendons and
8 the connective tissue, the soft tissue, was excised,
9 meaning cut out, which is not viable there; and down to
10 the bones. It noted that the third and fourth metatarsals
11 were still intact and there was extensive fracture and
12 dislocation of the other three, remaining metatarsals.
13 And it said that the connective tissue between these
14 tarsal bones and metatarsals were cut -- excised them --
15 so that we took out the broken tissue or -- and bones that
16 were injured in this injury.

17 The -- an electrocautery, meaning a machine
18 that we use to stop, or -- stop the blood vessels from
19 bleeding, was used to control the venous bleeding and the
20 muscle bleeding from the muscles that were in that area.

21 It was then "irrigated," meaning wash out
22 with a lot of saline, salt solution. That is sterile.
23 And it says here, "six liters." It's like six containers
24 of -- liters of -- milk, washing and washing to get away
25 all the debris in this wound that was run over by a train.

26 And it's said here (indicating), then the

1 Goldstein - By Plaintiff - Direct

2 wound was packed with normal saline, "packed" meaning, we
3 didn't close the wound up; it's left open, covered with an
4 ACE bandage.

5 And that was, basically, what was done on
6 that date.

7 Q Okay. Just using the model, show us what was
8 done.

9 A What was done, on the model, basically, was that
10 the fractured bones that were injured here, the fourth and
11 fifth and part of the first, were excised. The tissues
12 that were all in disarray, were all crushed, were not
13 viable, were not -- the tissues weren't getting blood
14 supply -- were all taken away and left as much normal skin
15 as possible.

16 The wound was left open; you could see the
17 ends of the bones. It was packed with saline -- with
18 cloths soaked with saline -- and wrapped up as an open
19 wound to let drain out anything that was infected.

20 Q Okay. What does "excised" mean? Just because you
21 keep using that term, Doctor.

22 A "Excised" means cut away from your body, removed.

23 Q Okay. Could you go to page 264, please?

24 Now, Doctor, just to save time, on page 264,
25 that concerns a March 13th, 2006, second operation; true?

26 A That is correct.

1 Goldstein - By Plaintiff - Direct

2 Q Okay. Explain to us what was done four days later
3 during that operation.

4 A The -- the term of the procedure was "left-foot
5 wound debridement." I'm going to use that word a lot.
6 "Debridement" means taking a knife and scissors and
7 cutting away any tissue that does not look alive or
8 viable. You use the scissors, holding it away -- holding
9 the tissue that looks dead, cutting it away to get viable,
10 bleeding tissue, so the wound won't become necrotic; dead
11 tissue in the wound.

12 And that was done on the 13th by the surgeon;
13 and cleaning up the wound again, and washing out the wound
14 again.

15 Q Okay. That procedure was performed under a
16 general anesthetic?

17 A Yes, sir.

18 Q What does that mean?

19 A It means that the patient was put asleep [sic],
20 completely asleep; not under local or a spinal that you
21 can get -- they want them out cold, so that he didn't have
22 any pain in these procedures.

23 Q And a vacuum dressing was placed?

24 A Again, that vacuum is where we have a suction on
25 it to draw out all the things that we don't want in that
26 wound, and to get some healing.

1 Goldstein - By Plaintiff - Direct

2 Q Okay. So the wound is still open?

3 A Yes.

4 Q Okay. Page 264, which is the third --

5 I'm sorry; 268. Excuse me.

6 A This is the third procedure performed on the
7 patient, and again there was, as the report states,
8 irrigation and debridement of the transmetatarsal --
9 through the metatarsals -- amputation of the left foot.
10 And the pre- and postoperative diagnosis was: "Status post
11 transmetatarsal amputation of the left foot." And again
12 clean the -- cleaning the wound, washing it out, debriding
13 it, cutting away dead tissue to get to viable tissue, and
14 letting it try to heal.

15 Q Okay. General anesthetic also?

16 A Yes.

17 Q How was that administered?

18 A It's administered by an intravenous in the arm;
19 certain medications that puts [sic] the patient to sleep.
20 Once he's asleep, he's intubated -- a tube down -- so he
21 can breathe properly through the -- and giving him proper
22 air into his lungs so he doesn't, you know, have -- so he
23 has good air supply.

24 Q Okay. Doctor, before I go to the fourth
25 operation, which is going to be on page 271, I'm going to
26 ask you opinion questions at this point.

1 Goldstein - By Plaintiff - Direct

2 Doctor, after meeting Mr. Obey, reviewing his
3 medical records, did you form an opinion, within a
4 reasonable degree of medical certainty, as to the cause of
5 his partial amputation of March 9th, 2006?

6 A Yes.

7 Q What was that opinion?

8 A With a reasonable degree of medical certainty,
9 after my review of the records, it noted that a train ran
10 over his foot and caused this fracture/dislocation, crush
11 injury, partial amputation.

12 Q Okay. And at least as of this third operation,
13 where the amputation had been completed by an operation, do
14 you have an opinion, within a reasonable degree of medical
15 certainty, as to whether that medical condition, the
16 amputation -- I know it's a silly question but I have to
17 ask it -- is permanent?

18 A Yes. Obviously, an amputation is a permanent
19 condition.

20 Q Okay, let's go to the fourth operation, on page
21 271.

22 A On the date March 15th, 2006, the patient had his
23 third -- fourth -- operation and it was performed again in
24 the operating room under general anesthesia, and he had
25 revision of the amputation, meaning some of the -- more --
26 bone was taken away so that the wound and the -- and the

1 Goldstein - By Plaintiff - Direct

2 end of the transmetatarsal and tarsal amputation would be
3 able to be covered with skin and closed, eventually.

4 Q Okay.

5 A And again it was -- again with the vac. dressing
6 applied.

7 Q And why is it important to have that wound area
8 covered with skin?

9 A Well, if you can't cover it with skin or with a
10 skin graft, you're going to have an open wound. Open
11 wound gets infected, can't walk on it; it leads to further
12 surgery, amputations.

13 Q Okay. Page 275, please.

14 A The next procedure and operation --

15 Q Which is number five.

16 A -- was done on March 17th, 2006.

17 And again, irrigation and debridement of left
18 midfoot amputation, and it was again -- this was done by
19 Dr. Toni McLaurin, who is a trauma surgeon -- orthopedic
20 surgeon -- at Bellevue Hospital. And again, cleaning up
21 the wound, trying to get it as clean as possible, get
22 bleeding tissue so it would heal. That's the basis of
23 doing debridements.

24 Q Okay, thank you.

25 Page 278.

26 A On 278 --

1 Goldstein - By Plaintiff - Direct

2 Q Operation number six.

3 A This is on March 19th, 2006. This is again
4 another procedure on the left foot, and the pre- and
5 postoperative diagnosis was: "Traumatic amputation of the
6 left foot." The procedure was: "Left-Foot irrigation and
7 debridement, revision [of the trans --] of the traumatic
8 midfoot amputation to a Chopart amputation."

9 Now, this is through the tarsal bones. When
10 you take a -- an -- incision through all the metatarsals
11 at the tarsal bones, that's called "Lisfranc." When you
12 go further, it's called "Chopart's." These names were
13 given for doctors who performed these amputations many,
14 many years ago. So Lisfranc is more distal; Chopart's is
15 closer to the ankle.

16 Q Okay. So what was done during this operation?

17 A On this operation, it was a revision of the
18 traumatic foot amputation to a Chopart's amputation,
19 bringing the bones further to the ankle --

20 Q Does that mean additional bones were removed?

21 A That is correct.

22 And on the same date, a
23 12-centimeter-by-5-centimeter split-thickness skin graft
24 was harvested, "harvested" meaning taken from your thigh
25 skin and put on the wound, to try to cover the wound and
26 get it closed.

1 Goldstein - By Plaintiff - Direct

2 Q Okay. Doctor, that was the last operation at
3 Bellevue Hospital?

4 A Correct.

5 Q Now, having reviewed those records, and actually
6 reviewed them for us and explained it for us, do you have
7 an opinion, within a reasonable degree of medical
8 certainty, as to the cause of the need for those six
9 surgeries at Bellevue Hospital?

10 A Yes. The need for this, or those multiple
11 procedures, was the traumatic amputation that occurred on
12 the 9th of March.

13 Q Okay. Doctor, after Bellevue Hospital, you're
14 aware that Mr. Obey was then transferred over to Coler
15 Hospital?

16 A Bird S. Coler Hospital.

17 Q Okay. You actually have some familiarity with
18 that hospital, right?

19 A It was my first residence and residency. My
20 first operation, I did at that hospital. It's on -- we
21 called it Welfare Island in those days.

22 Q Okay. What island do we call it now?

23 A It's Roosevelt -- part of Roosevelt Island.

24 Q There you go. Okay.

25 And since you're familiar with that hospital,
26 what type of hospital is that?

1 Goldstein - By Plaintiff - Direct

2 A It's a rehabilitation, long-term -- people who
3 have no place to go are kept there for years, at times,
4 and it's basically a rehabilitation/nursing facility
5 today.

6 Q Okay. Now, let's go back to your evaluation on
7 April 25th of 2012. At that point in time, Mr. Obey was
8 still residing at that facility?

9 A That is correct.

10 Q On that date, did he make any complaints to you?

11 A Yes.

12 Q What complaints did he make?

13 A He told me that he had pain in his left foot and
14 left heel, especially at night. He told me he ambulated
15 about one-half hour a day in an ankle-foot orthosis --
16 that is a -- like a prosthesis that goes in your shoe --
17 so that he could walk with some support. And -- but he
18 said he mostly used the wheelchair almost routinely.

19 He told me that the left-foot amputation
20 wound had finally closed on the date that I saw him, but
21 the skin that covered the wound was very, very fragile,
22 frail, weak and thin at this time.

23 That's the complaints he gave me on that
24 date.

25 Q Okay. And then you reviewed medical records;
26 true?

1 Goldstein - By Plaintiff - Direct

2 A Yes.

3 Q Okay. You performed a physical examination?

4 A Yes.

5 Q Okay. Tell us about your examination.

6 A I know I gave you --

7 Did you accept my chart? I had all the...

8 Let me just put them in order.

9 Q If you need a copy of your report, I can give it
10 to you.

11 A That's all right. I had it when I came in.

12 Q Excuse me, Doctor (handing).

13 A Good. Part of it is missing now.

14 My report on that date -- my physical
15 findings on April 25th, 2012 --

16 You gave me November 19th of '13. I'm sorry.

17 Q Here's April 25th of 2012, and that's a page 6
18 (handing).

19 A My physical findings were that he was six feet
20 tall, weighing 232 pounds. He was left-hand dominant. He
21 was appropriately undressed in my examination room. We
22 give him shorts to put on. He was noted to be utilizing a
23 left ankle-foot orthosis. He was ambulating with a limp,
24 favoring his left-lower extremity, using a cane in his
25 right hand.

26 On visual examination of the lower

1 Goldstein - By Plaintiff - Direct

2 extremities and examination, there was full range of
3 motion of both hips, both knees and the right ankle.

4 Observation of the left foot revealed a
5 Chopart amputation, with a 9-centimeter anterior -- in
6 front of the ankle -- surgical incision scar. There was
7 no drainage noted on that date about the scar; however,
8 the skin appeared very thin and was pinkish in color.
9 There was no pain when I palpated that area. The
10 neurovascular structures, at that point, were intact.

11 And I gave a diagnosis.

12 Q Okay. And what was your diagnosis on that date?

13 A Traumatic crush injury, left midfoot, resulting
14 in traumatic midfoot amputation and status post multiple
15 surgical procedures on the dates that we went through.

16 Q Okay. Did you make any recommendations at that
17 time?

18 A Well, my "Discussion" was:

19 This patient sustained a severe permanent
20 injury to his left midfoot that was causally related to
21 the accident that occurred on March 9th, 2006. It was my
22 opinion, he had a long-term disability as a result of this
23 accident, which necessitated him using the ankle-foot
24 orthosis, as well as special shoes. And, I said, he would
25 require this for the duration of his lifetime.

26 In addition, the left-foot wound, which is

1 Goldstein - By Plaintiff - Direct

2 tenuous at this time, will require future orthopedic care;
3 the treatment will be -- will depend on the breakdown of
4 the skin.

5 My opinion was that the prognosis was
6 guarded, he was still symptomatic, and he was 57 years old
7 at this time.

8 Q Okay. When did you next see Mr. Obey?

9 A I next saw the patient on January 31st, 2013.

10 Q Okay. Same thing: My office paid for your
11 evaluation and prepared report on that day?

12 A That's correct.

13 Q Okay. On that day, did you record his complaints?

14 A Yes.

15 Q Okay. What complaints did he have?

16 A On that date, patient stated that he had constant
17 pain in his left foot at the amputation site. He told me
18 that the left-foot amputation wound was now open and it
19 was draining and required frequent dressing changes to be
20 done. He reported continuing pain in his left heel; he
21 said the pain was worse at night. He told me, now he
22 could ambulate about a quarter of a mile four or five
23 times per week with the assistance of a cane.

24 Q Okay. You performed a physical examination that
25 day, right?

26 A Yes.

1 Goldstein - By Plaintiff - Direct

2 Q Okay. Just concentrating on the left ankle and
3 foot area, what did you find?

4 A I noted, besides what I told you before, that
5 there now was a three-by-two-and-a-half-centimeter
6 draining ulcer noted on the anterior portion of the stump
7 of the amputation. The skin appeared thin and fragile,
8 and there was tenderness on palpation.

9 Q Okay. Did your diagnosis change at that point,
10 from when you had evaluated him earlier?

11 A Other than he had the same injuries, he now had a
12 draining wound.

13 Q Okay. And did you form an opinion, within a
14 reasonable degree of medical certainty, as to whether he
15 would require future medical treatment regarding that open
16 wound?

17 A I did.

18 Q Tell us what you found.

19 A I told -- in my "Discussion," it was my opinion,
20 with a reasonable degree of medical certainty, that the
21 patient requires a below-knee amputation, at this time, to
22 treat his chronic wound drainage.

23 Furthermore, it was my opinion that he would
24 benefit from a below-knee amputation -- or a below-knee
25 prosthesis -- which would make ambulation much better and
26 a better chance of healing, of course, the skin in that

1 Goldstein - By Plaintiff - Direct

2 area. And I gave my breakdown of what it would cost to
3 perform this surgery.

4 Q Okay, Doctor. Just before we get to the dollar
5 amounts that operation will cost, I'm going to place in
6 front of you what is marked as Plaintiff's Exhibit 25 in
7 evidence. Okay? Now, Mr. Obey exhibited his left-foot
8 wound here in court and we have a picture of that
9 (handing). Okay?

10 So I want you to tell all of us, what,
11 exactly, are we looking at in this picture?

12 A We're looking at his left-foot stump. This is
13 the remainder of his left-lower extremity after the
14 amputations, the debridements and the taking out more bone
15 to try to get healing.

16 The -- remember, I said there was a wound
17 incision that went from left to right side, in front of
18 the wound; and this (indicating) is the area of skin graft
19 that has broken down. This is pus and inflammatory tissue
20 that you see as yellow in front of the thing. That's
21 called an "ulceration," and that goes deep into the soft
22 tissues, to the bone.

23 Q Okay. Why is that of concern?

24 A It's a concern that you'll get deeper infection
25 and get an osteomyelitis into the bone, and -- and this
26 just doesn't heal. It's a poor place to heal. He doesn't

1 Goldstein - By Plaintiff - Direct

2 have good circulation here and if we did another skin
3 graft here, chances are, it would fail again.

4 So the best, in my opinion, procedure to be
5 done at that time, when I saw him the second time, in
6 January of '13, was to perform a below-knee amputation;
7 get healing here (indicating). You ambulate better with a
8 prosthesis below-knee than above-knee. And I think that
9 he would heal because we're not in the area of this
10 chronic drainage and infection.

11 Q Okay. Doctor, just before I move on to the dollar
12 amounts, the area of his foot that was amputated, does that
13 serve some function?

14 A It acts like a peg leg. That's what it -- that's
15 how [sic] it operates as; you're walking on a peg leg.
16 You have poor balance because, you know, you're just
17 walking on a stump. You need an orthosis, which he had;
18 his shoe. It's not like a -- like a leg. It's much more
19 stable if you have a below-knee amputation than this
20 stump.

21 Q Okay, Doctor. Explain for us -- okay? -- within a
22 reasonable degree of medical certainty, what is the dollar
23 amount of that operation? The below-knee amputation.

24 A With a reasonable degree of medical certainty, I
25 put in my notes -- I'm going to review it -- that the cost
26 of medical clearance, hospital charges, anesthesia, and

1 Goldstein - By Plaintiff - Direct
2 the surgeon's fee to perform this surgery, and get him
3 healed, would be approximately \$50,000.

4 I felt that he would -- I know that he would
5 -- also need intensive physical therapy, post-surgery,
6 three times a week for at least four months, at a cost of
7 \$150 per session.

8 I stated, initially he will need a
9 prosthesis, which -- the initial cost will be about
10 \$10,000. He has to be fitted for this, and with a
11 prosthetist.

12 In addition, he'll require -- these
13 prostheses do not last, and I said every five years he
14 would need a new one, at approximately 5,000 a prosthesis.

15 He also required care by an orthopedic
16 surgeon three times a year, at a cost of \$350 per session.

17 He also would need to be seen by a
18 prosthetist to check his prosthesis -- you know, we always
19 worry about pressure sores and such -- three times a year,
20 at a cost of \$250 per session.

21 And my prognosis was given at that time.

22 Q Okay. When did you see Mr. Obey for the third and
23 last time?

24 A The last time I saw Mr. Obey was on
25 November 19th, 2013, a few months ago.

26 Q Okay. And what complaints did he make to you at

1 Goldstein - By Plaintiff - Direct

2 that time?

3 A He said to me, at that time, that he had constant
4 pain in his left foot at the amputation site; he also had
5 continuing pain in the left heel. He told me that the
6 pain again was worse at nighttime.

7 He told me that the foot amputation, which I
8 just showed you (indicating), was open and draining. He
9 stated that the wound had gotten larger -- and it did when
10 I examined him -- since the last examination and required
11 frequent dressing changes because of the drainage.

12 He said he could also still ambulate, walk,
13 approximately a quarter of a mile four or five times a
14 week with the assistance of his cane.

15 Q What was your diagnosis at that time?

16 A My diagnosis was: chronic crush injury, left
17 midfoot, resulting in traumatic midfoot amputation; status
18 post multiple surgical procedures, revision of left-foot
19 amputation on -- in -- 2008, and a chronic draining
20 ulceration of the left foot.

21 Q Okay. Did you have the same diagnosis that you
22 had, you know, at the last visit that you just described
23 for us in terms of the need for the below-knee amputation?

24 A Not at all [sic]. Same -- same need of this
25 surgery.

26 Q Without the operation -- okay? -- you recorded in

1 Goldstein - By Plaintiff - Direct

2 your reports that Mr. Obey complained of pain?

3 A Constantly.

4 Q Okay. And is that expected with an injury and a
5 wound of this nature?

6 A It would be expected.

7 Q All right.

8 A Not unexpected.

9 Q And without the operation, could it be expected
10 he'll have those complaints for the rest of his life --

11 A Yes.

12 Q -- within a reasonable degree of medical
13 certainty?

14 A With a reasonable degree of medical certainty, he
15 will have pain in this site, with the drainage and not
16 being able to close it, for the rest of his life unless
17 something else is done.

18 Q All right. And if he has the below-knee
19 amputation, he can expect a certain amount of pain
20 associated with that operation?

21 A Yes.

22 Q Okay.

23 A This operation is cutting again -- fracturing or
24 cutting -- bone, amputating bone below the knee, leaving
25 him a long stump to fit into a prosthesis. It is painful.

26 We also worry about fitting it properly, not

1 Goldstein - By Plaintiff - Direct

2 getting ulcerations in that area.

3 Nothing is a hundred percent, but I think he
4 has a better chance of having a more useful and
5 comfortable life with a below-knee amputation.

6 Q And, Doctor, just within a reasonable degree of
7 medical certainty, what is your opinion as to the cause for
8 the need of that below-the-knee amputation?

9 A The need for the cause of that amputation [sic],
10 with a reasonable degree of medical certainty, is the
11 chronic drainage, nonhealing of his amputation. He's
12 still draining; it's still going on since I saw him the
13 second time, or after the second -- the first time I saw
14 him.

15 Q And just within a reasonable degree of medical
16 certainty, that chronic drainage at the amputation site,
17 did you causally relate that to the traumatic event of
18 March 9th, 2006 that we've been discussing?

19 A To a reasonable degree of medical certainty, this
20 was all related to the initial traumatic amputation, the
21 multiple surgeries, the attempt at healing, and it's all
22 related to the initial injury.

23 MR. BERNSTEIN: I have no other questions for
24 you. Thank you.

25 THE COURT: Cross.

26 MR. McTIERNAN: Yes, your Honor.

1 Goldstein - By Plaintiff - Cross

2 CROSS-EXAMINATION

3 BY MR. McTIERNAN:

4 Q Good afternoon, Doctor.

5 A Good afternoon, Mr. McTiernan.

6 Q Are you Mr. Obey's treating doctor?

7 A No, sir.

8 Q Did you ever speak to any of his treating doctors
9 regarding his condition and your opinion?

10 A No.

11 Q Do you know the names of those doctors?

12 A I -- I know some -- I know Dr. Toni McLaurin.

13 She's a trauma surgeon. She's involved in my hospital. I
14 know her.

15 Q But you never gave them a call to discuss what you
16 were seeing?

17 A I did not see any need to.

18 Q Okay. In your report, now, you say you reviewed
19 medical records. The only medical records that you had and
20 that you reviewed at the time of your diagnosis was from
21 the New York Hospital-Queens.

22 A If that's what I put in my record, that is
23 correct.

24 From Queens?

25 Q Yeah. I mean, I'm looking -- I'm looking at
26 "Review of Medical Records" on the fourth page of the

1 Goldstein - By Plaintiff - Cross

2 November 19th.

3 A November 19th? This --

4 Q Yes, 2013.

5 A I'll tell you in a second.

6 Q I think it's the same on every report.

7 A It's the same on every report.

8 In other words, I didn't get any other
9 records unless I put them down.

10 Q That's what I was going to ask you.

11 You did review the New York Hospital Queens
12 Ambulatory Care Center records, but you make no mention of
13 looking at the Bellevue Hospital records that you're
14 referring to here today.

15 A That's on my last --

16 The first time I saw him, I saw all those
17 records.

18 Q Okay.

19 A Because I wouldn't have had -- been able to give
20 you --

21 As you read in my -- in my record, on the
22 first visit, I had here, on April 25th, 2012, all the
23 surgical records from Bellevue Hospital and all the
24 surgical procedures.

25 Q I didn't have that. I have the November one.

26 Can I just poach that (indicating) for a

1 Goldstein - By Plaintiff - Cross

2 little bit?

3 A April 25th, yes (handing).

4 Q Okay.

5 (Pause.)

6 Q Thank you, sir (handing).

7 A Sure.

8 Q All right. So let me ask you this, so we have it
9 clear: Can you tell now, from a medical perspective, where
10 the train came in contact with Mr. Obey's leg?

11 A Well, I can't tell because I wasn't there; but I
12 could tell you that he had a fracture/dislocation, and I
13 would assume that's where the train came in contact.

14 Q Okay. Are you talking about the -- you have the
15 term in your report -- mid -- "midfoot"?

16 A That's right.

17 Q Okay. So based on what you're looking at, you're
18 looking at a contact between, say, part of a train and this
19 man's foot, below the ankle; correct?

20 A Correct.

21 Q There is no -- from an orthopedic standpoint,
22 there is no indication of any impact above that
23 (indicating).

24 A That is correct.

25 Q Okay. You went through the records and you didn't
26 see any orthopedic injuries, or neurological injuries, to

1 Goldstein - By Plaintiff - Cross

2 the head (indicating) --

3 A That's correct.

4 Q -- or any part of the torso (indicating), going
5 down to the ankle on the left foot; right?

6 A That is correct.

7 Q They took, at the hospital you mentioned, many CAT
8 scans and MRI's --

9 A Yes.

10 Q -- to confirm whether or not there were any other
11 such injuries; right?

12 A That is correct.

13 Q And they all came up negative; correct?

14 A That is correct.

15 Q Now, you didn't do any diagnostic testing; right?

16 A No, just an examination and review of records.

17 Q So I didn't speak to the treating doctors. Let me
18 ask you something: When he saw you, where -- was he living
19 on his own?

20 A I think he -- when I -- when I first saw him, he
21 was at Bird S. Coler Hospital. He came from Bird S. Coler
22 the first time.

23 Q You saw him three times; correct?

24 A Yes.

25 Q Let's go to November. Where was he living?

26 A In November, I don't recall if I put down where

1 Goldstein - By Plaintiff - Cross

2 he was living; but, I know, the first time he was at
3 Coler. I don't have any record of where he was living.

4 Q Other than walking, did you have any sense of what
5 he does on a daily basis?

6 A No.

7 Q You know, shops, cleans, drives a car? Anything
8 like that?

9 A Only that he tried to walk and get some strength
10 in his leg. I have no idea -- I have no knowledge of
11 any -- not working.

12 I shouldn't say that. He was not working.

13 Q You don't have any indication he was working
14 before this accident, right?

15 A I do not.

16 Q Okay. All right. So as far as I can tell now,
17 just going through it very briefly -- and put up with me
18 for a couple minutes -- we've got an impact at the midfoot,
19 left, with some part of the train; right?

20 A Yes.

21 Q There's no indication of any impact between the
22 train and any other part of this man's body.

23 A That is correct.

24 Q Okay. You first saw him some -- well, I guess --
25 what? -- six years after this accident; right?

26 A Yes.

1 Goldstein - By Plaintiff - Cross

2 Q You had -- how did it come about? What; did you
3 get a call from plaintiff's counsel?

4 A An appointment was made by the counsel
5 (indicating) with my office. An appointment was made.

6 Q Okay. And do you keep a billing sheet?

7 A Not with me. I mean, but it's -- it's in the
8 records.

9 Q I know, when I spoke to you and reviewed your
10 records, I didn't see anything other than the reports. Do
11 you have other records back in your office?

12 A No longer.

13 Q Huh?

14 A No.

15 Q Well, what happened --

16 A It would be in the computer; the bill would be in
17 the computer. But other than that, we destroy all the
18 records (indicating).

19 Q I was just asking you because I know you have
20 there you reviewed all the records from Bellevue, but I
21 didn't see them. So you review them and then you get rid
22 of them?

23 A Yes, sir.

24 Q Okay. Now, when you first got the call, were you
25 advised that there -- obviously, there was a lawsuit going
26 on.

1 Goldstein - By Plaintiff - Cross

2 A I did understand that, yes.

3 Q Right. And when they called you, you basically,
4 at that point, were told that this case was going to come
5 up for trial and they want you to come in and testify in
6 the case; correct?

7 A When I saw him the first time, I -- for all I
8 know, it could be never call me for testifying.

9 Q Okay.

10 A I had no idea. I just examined him, rendered a
11 report. Nobody talked about coming to court.

12 Q And how many times have you testified in court
13 where plaintiff's counsel, Mark Bernstein, has been
14 involved?

15 A We said, three or four times, over many years.

16 Q And aside from him, any other times for that firm?

17 A Yes.

18 Q How many other times?

19 A I don't -- I couldn't give you a number, but I
20 remember being with a Mr. Woycik from the firm.

21 Q Okay. How many times do you testify in court a
22 year?

23 A Approximately 12.

24 Q Okay. Probably once a month; something like that,
25 it averages out?

26 A Last year was 11 times.

1 Goldstein - By Plaintiff - Cross

2 Q So you get paid to do the initial investigation --
3 initial examination -- and review of records, right?

4 A When I'm asked to see a patient, it's one fee for
5 the entire -- me reviewing the records, examining the
6 patient, and rendering a report. One fee.

7 Q Okay. And that's what you did here.

8 A That's correct.

9 Q And it was a thousand dollars, right?

10 A Yes.

11 Q And that was for all three visits?

12 A Each visit.

13 Q See, that's what I was just trying to get. So
14 initially you get the call. Do you get a retainer on that
15 or is it something you get up front?

16 A No, my office staff handles it and they get a
17 check in from the -- and it's deposited; I don't see it.

18 Q Okay. You haven't seen it, but you make sure you
19 get it; right?

20 A No, I don't. Unfortunately, I have staff who do
21 that, who are good at it.

22 Q All right. So you get the call, and you get a
23 thousand dollars to do the initial examination and review
24 of records; no?

25 A And render a report.

26 Q Okay. Yeah.

1 Goldstein - By Plaintiff - Cross

2 A Three things.

3 Q And then the two other reports, you got another
4 thousand dollars for that?

5 A Yes.

6 Q Okay. And each time -- well, after you --
7 When you did the physical examination, that
8 took about 15, 20 minutes; right?

9 A Well, you know, this is an amputation. I
10 can't -- I -- it takes a long time to get the history,
11 write that out and such. But the physical and seeing the
12 patient is seeing the motion of his legs, examining the
13 wound, seeing how the wound is, taking the dressings off,
14 which I did. And that's basically what it is. It could
15 take 15 minutes. And redress the wound.

16 Q Again, I'm not arguing with you. I'm just trying
17 to --

18 A That's what happens.

19 Q The examination takes about 15, 20 minutes.

20 A Yes.

21 Q And, of course, when you take the history --
22 I'm sorry.

23 And then --

24 So when you did your examination, you had --
25 you found -- a full range of motion of all the other parts
26 of his body; right?

1 Goldstein - By Plaintiff - Cross

2 A Yes.

3 Q Of the knees, hips. Any other portion?

4 A The hips, the knees and the right ankle were
5 fine.

6 Q Okay. Now, when you come to court, is that your
7 usual fee; \$7500?

8 A That is correct.

9 Q All right. So just on a general basis --
10 Well, let me ask you this: How many
11 examinations do you do in this kind of setting, with
12 lawyers -- you know, in a lawsuit setting -- per year?

13 A Well, I examine for both plaintiff and
14 defendants --

15 Q Okay.

16 A -- at a -- at about 50-50, and I see about four
17 or five a week at -- in a -- in a typical week. Sometimes
18 less, sometimes six.

19 Q So listen, let me ask you this: Generally
20 speaking, how much do you -- in revenue -- do you get every
21 year, between the consults and the times you come to court?

22 A I couldn't give you a number, but you could
23 figure it out if you want. I mean, I told you, I see
24 maybe five a week. I don't work every -- every week. I
25 mean, I don't work --

26 Q That's why I was asking you for an average. You

1 Goldstein - By Plaintiff - Cross

2 know, we can all add it up, but I was just asking you if
3 there was --

4 A I don't know because I don't keep track. In our
5 practice, which is a partnership at this time, was -- it
6 all went into the partnership and I didn't keep records.
7 The office staff does.

8 Q Now, when you made this recommendation that he
9 have this below-the-knee amputation, if he had that, would
10 that reduce his pain that he's having?

11 A I would hope to. I would hope to. I don't know,
12 but we would hope to.

13 Q What is the purpose of that surgery?

14 A Well, two purposes: one to reduce his pain; one
15 to make him more able to ambulate better and stop the
16 drainage, which has created tremendous discomfort to him.

17 Q Have you worked in the Wounded Warriors program?

18 A Wounded Warriors?

19 Q Yeah, the Wounded Warriors program.

20 A No.

21 Q Okay. Now, when you made that recommendation --

22 MR. McTIERNAN: Well, I'll withdraw that.

23 Q Is there any time that you know that he's going to
24 have this done?

25 A I do not.

26 Q Any date? Anything like that?

1 Goldstein - By Plaintiff - Cross

2 A I do not.

3 Q Has he asked you to become involved in, and
4 perform, the operation?

5 A He has not done that.

6 Q Okay. So at this point, just based on your
7 record, you don't know when or if he's going to go ahead
8 and proceed with your recommendation.

9 A I do not know.

10 Q Okay. The accident history. Why do you take an
11 accident history?

12 A You take a history of any patient who comes in,
13 whether it's for a cold or anything. You take a history
14 from the patient, which is a normal way of examining a
15 patient.

16 Q Well, is that important in terms of treatment?

17 A Well, you always get a history of what -- what's
18 happened to the patient to bring him to your office for
19 treatment. Did he see other doctors? Did he have
20 operations? You've got -- it's always proper medicine to
21 get a history.

22 Q Well, one of the records you, again, reviewed was
23 the New York Hospital Queens records mentioned in your
24 records; right?

25 A I think so, yes.

26 Q And would you agree, there was a different

1 Goldstein - By Plaintiff - Cross

2 accident history presented in that record?

3 A I saw one notation that somebody wrote down, a
4 different history, but it's the only time I saw it, in all
5 the records.

6 Q So there was a difference between the history you
7 got and the history that the doctor at the Queens hospital
8 got?

9 A I don't know if he got it or he wrote it down.

10 Q Excuse me?

11 A I can't talk -- I don't know what he got or wrote
12 down, but I saw that notation.

13 Q Well, when you saw that, you didn't make any
14 notation of that in your record?

15 A Not necessary. I was going back all the way to
16 his records, previously, of what happened, so it didn't --
17 it didn't matter to what was done and the amputations,
18 etcetera; it had no bearing on the -- on the treatment.

19 Q Okay. Do you have any appointments with this man
20 after this lawsuit is concluded?

21 A None whatsoever.

22 Q You mentioned Cooler; Cooler Hospital?

23 A Coler.

24 Q Coler. I'm sorry. I'm --

25 A It's all right.

26 Q If you've been here long enough, you know I've

1 Goldstein - By Plaintiff - Cross

2 physical therapy, I know, to try to get him to ambulate.
3 He was -- they would try to clean his wound up in the
4 hospital.

5 And you asked me, do I know about his
6 therapy?

7 Q Well, you said --

8 A I know that he had it.

9 Q Oh, I'm sorry. I didn't want to interrupt you.

10 A No, it's all right.

11 He did have therapy.

12 Q Okay. So let me ask you this, too: You're an
13 orthopedic surgeon. Do you do this type of surgery?

14 A I did, years ago, when I started.

15 Q Okay.

16 A I did general surgery for a year, also.

17 Q Okay.

18 A And I -- I've done amputations.

19 Q So you've treated these kind of wounds before?

20 A You know --

21 Q Whether you operated or not.

22 A Yes. Yes, sir.

23 Q Okay. And as a medical doctor, does drug
24 addiction affect the recovery process?

25 A I don't know, to tell you the answer to that.

26 Q Are you familiar -- I know you looked at Bellevue,

1 Goldstein - By Plaintiff - Cross
2 but have you ever looked at the Beth Israel or Flushing --
3 A I don't think so. If it's not in my records, no.
4 Q Yeah, I didn't see it.
5 A Then the answer's no.
6 Q Or Flushing?
7 A No.
8 Q Let me ask you this: You're aware that the man
9 had a drug addiction.
10 A I am aware of it.
11 Q It's mentioned in your records, right?
12 A Yes, that's correct.
13 Q What I'd like to know is, does that type of drug
14 addiction that he has affect life expectancy?
15 A I don't know.
16 Q All right. If I were to ask you about side
17 effects of various drugs, such as Methadone, is that
18 something within your specialty or --
19 A Not at all.
20 Q Okay, so I'll -- I won't go there.
21 Now, you also make mention of his medical
22 history, his past medical history. Why is that important?
23 A Well, you always want to know: Did he have other
24 surgeries? Did he have -- is he -- does he have some
25 blood-pressure problems? Does he have cholesterol [sic]?
26 Does he have asthma? We always try to find out all the

1 Goldstein - By Plaintiff - Cross

2 history; it's part of taking a good history of a patient.

3 Q Okay. Now, you mentioned "high blood pressure"
4 and "hypercholesterolemia"?

5 A Hypercholesterolemia. It means his cholesterol
6 is elevated, and he had high blood pressure.

7 Q Are you aware of any diabetes, hepatitis; anything
8 like that?

9 A I am not aware of it and I didn't come across it.

10 Q Okay. So what I -- after the first visit, when he
11 went back the other two times, he already -- on the first
12 visit, you would take the -- all the -- background
13 information and do your exam. So the other two visits that
14 you conducted were basically physical exams?

15 A Well, I would see if there's any new records to
16 review. I didn't have --

17 Whatever I did, I put down there.

18 Q All right.

19 A Whatever they gave me.

20 I also, you know, wanted to know what
21 happened from one visit to another, and examined him.
22 Basically, it was to examine him.

23 Q So I'm just counting it up now. Taking into
24 account all three of your visits, would I be correct that
25 you spent about two hours in performing the review and the
26 examinations of this man?

1 Goldstein - By Plaintiff - Cross

2 A I -- the -- these -- these records, when you
3 come -- they don't flip out page by page. It takes a long
4 time for a review of the records, find the operations that
5 were done, that were in here (indicating). These were not
6 labeled or anything like that. I have to spend a lot of
7 time. Sometimes it's more than two hours just going
8 through the records.

9 Q You know, let me ask you; I don't want to put a
10 number on you: How many hours did you put in?

11 A On this case, I'd say -- and then dictating and
12 such? -- over four hours.

13 Q Okay. All right.

14 MR. McTIERNAN: Doctor, thank you very much.

15 THE WITNESS: You're welcome, sir.

16 THE COURT: Redirect?

17 MR. BERNSTEIN: Nothing, your Honor.

18 Thank you.

19 THE COURT: Okay, Doctor. Thank you.

20 THE WITNESS: Thank you.

21 (Witness excused.)

22 THE COURT: Next.

23 Is there a "next"? Not at this moment.

24 MR. BERNSTEIN: Judge, I have a Transit

25 Authority witness for Monday morning [sic]. I think --

26 I believe they're on vacation until then.