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OBJECTIONS

BY MR. LAMBERT

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EXAMINATION

MICHAEL JOYNES, MD

PAGE

Direct Examination by Mr. Lewis . . . . . 3

Cross-examination by Mr. Lambert. . . . . 19

Redirect Examination by Mr. Lewis . . . . . 26

1 De bene esse deposition upon oral examination of  
2 Michael Joynes, MD, taken before Shannon A. Crittenden-Mann,  
3 a Notary Public for the Commonwealth of Virginia at Large,  
4 pursuant to Notice and Agreement, commencing at 4:00 p.m. on  
5 August 11, 2009, at Medical Offices of Michael Joynes, MD, 9  
6 Manhattan Square, Suite A, Hampton, Virginia, and these in  
7 accordance with the Rules of the Supreme Court of Virginia,  
8 1950, as Amended.

9  
10 MICHAEL JOYNES, MD, called as a witness on behalf  
11 of the Plaintiff, after having been first duly sworn, was  
12 examined and testified as follows:

13  
14 DIRECT EXAMINATION

15  
16 BY MR. LEWIS:

17 Q Would you tell us your full name please, sir?

18 A Michael Hope Joynes.

19 Q And, Dr. Joynes, you're a medical doctor, as I  
20 understand it?

21 A That's correct.

22 Q Would you share with us what area of specialty  
23 within the medical field that you practice?

24 A I'm a specialist in family medicine.

25 Q And, Doctor, the first thing I'm going to ask you  
Old Dominion Reporting

1 to do for us is to share with us your formal educational  
2 background beginning with college that leads you up to be  
3 qualified to be a medical practitioner?

4 A All right. I graduated with an undergraduate  
5 degree with a BS in biology from VBI in 1970. I graduated  
6 from the Medical College of Virginia with an MD degree in  
7 1974, and I graduated from the Riverside Family Practice  
8 training program residency program in 1977.

9 Q Have you been continuously engaged in the practice  
10 of family medicine since that time?

11 A Yes, I have.

12 Q We are at your office in Hampton. What's that  
13 professional address, Doctor?

14 A Nine Manhattan Square, Hampton, Suite A, 23666.

15 Q And has your entire tenure as a practicing family  
16 doctor been here in the Hampton area?

17 A In the Hampton area, yes.

18 Q And, Doctor, in addition to your education are you  
19 licensed to practice medicine by the Commonwealth of  
20 Virginia?

21 A Yes.

22 Q And are you also board certified in the field of  
23 family medicine?

24 A Yes.

25 Q Would you share with our jury what board  
Old Dominion Reporting

1 certification -- how do you get to be board certified and  
2 what it signifies about your level of skill and knowledge?

3 A In order to be board certified in family medicine  
4 you have to take an approved residency program and graduate  
5 from a residency program in family medicine and take the  
6 initial board exam after you graduate from the program, and  
7 then recertification is required every six years. It has  
8 changed recently so that the program for recertification now  
9 is every ten years, but because of that there have been  
10 additional requirements that have to be satisfied on a  
11 yearly basis in order to qualify for the ten-year  
12 certification.

13 Q And have you met all those requirements and  
14 qualifications?

15 A Yes. They're in progress. I have another on-line  
16 evaluation that has to be done this year.

17 MR. LEWIS: At this point in time I'm going  
18 to ask that the Court recognize Dr. Joynes as an  
19 expert in the field of family medicine qualified  
20 to render opinions in that area as they relate to  
21 Ms. Caldwell. Do you have any questions?

22 MR. LAMBERT: I have no questions or  
23 objections at this time.

24 MR. LEWIS: Thank you.

25

1 BY MR. LEWIS:

2 Q Dr. Joynes, have you had an occasion to see Betty  
3 Caldwell in your -- in your practice?

4 A Yes, I have.

5 Q Can you tell us when she first became a patient of  
6 yours?

7 A April 4th, 1979 is the first entry for our  
8 practice.

9 Q Now, Doctor, we're here today about an automobile  
10 collision that happened on September the 7th of 2003. Can  
11 you tell our jury when the first time you saw Ms. Caldwell  
12 following that date was?

13 A That would have been September the 8th, 2003.

14 Q And did you actually see her yourself on that day?

15 A I did.

16 Q Can you tell the ladies and gentlemen of the jury  
17 what Ms. Caldwell told you that day about why she was here?

18 A Okay. She had been involved in a rear-end  
19 collision in which the vehicle driven by the other driver  
20 was a '98 Mountaineer. She was in a '93 Thunderbird, and  
21 this took place at the intersection of Route 10 and Turner  
22 Drive in Smithfield, Virginia. She had complaints of pain  
23 in the back of her head, shoulders and arm, some pain in the  
24 small of her back.

25 She was taken by rescue squad to Riverside  
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1 Hospital at about 4:35 p.m. that day and received an x-ray  
2 at the emergency room as well as Motrin 600 milligrams and  
3 some other pain medication that apparently was causing her  
4 to have vomiting, and she was instructed to see us for  
5 follow-up.

6 When she saw me she was complaining of pain  
7 under the shoulder blade and in her arm, lower back, head  
8 and neck, and I reviewed the accident report form and also  
9 did a follow exam and noted that she had multiple sprain and  
10 strain areas, prescribed Ibuprofen and Skelaxin and some  
11 neck and back exercises and instructed her to return in  
12 seven to ten days with earlier follow-up if she got any  
13 worse. We discussed referral for physical therapy that she  
14 declined at that time.

15 Q Doctor, what is Skelaxin and why did you prescribe  
16 it for Ms. Caldwell?

17 A It's a muscle relaxer that is basically a  
18 non-drowsy muscle relaxer.

19 Q Dr. Joynes, can you take a look at your chart and  
20 tell us whether or not the issue of a referral to physical  
21 therapy was revisited by you and this patient within the few  
22 days after she was seen here on the 8th?

23 A There was discussion of physical therapy 9/15/03.  
24 She was seen and said that her neck was somewhat better, but  
25 she was having a lot of pain in the thoracic and lumbar



1 spine areas.

2 Q Let me interrupt you there, Doctor, and get you to  
3 explain for all of us what -- where geographically in your  
4 back the thoracic area is and the lumbar area is?

5 A Okay. The thoracic area is in the ribcage. The  
6 lumbar area is the lower back.

7 Q Okay. Please continue.

8 A And she told me that the Ibuprofen and Skelaxin  
9 really didn't seem to be helping her so I changed her from  
10 the Ibuprofen to Darvocet along with some Phenergan to help  
11 control nausea, and in my note it says physical therapy was  
12 arranged on that -- excuse me -- on that visit.

13 Q Would you tell us, Dr. Joynes, in Ms. Caldwell's  
14 case what physical therapy is and what it is intended to  
15 accomplish for a -- for a patient presenting with her  
16 history and her symptoms?

17 A The reason for the physical therapy is to try to  
18 reduce the pain as well as improve the mobility of the  
19 injured areas that -- that she was complaining about.

20 Q Can you tell, Doctor, when she came back to see  
21 you after this -- this encounter was September 15th of '03?

22 A Uh-huh.

23 Q And when did she come back?

24 A Okay. She came back on September 29th, 2003.

25 Q What did she tell you at that time about how she  
Old Dominion Reporting

1 was feeling?

2 A She said the lower back was better but that the  
3 back of the neck and the left shoulder blade area were  
4 worsening and that the two areas did not necessarily seem to  
5 be connected, you know, in -- you know, in the same series  
6 of pain. She also complained of having pain on the top of  
7 the left shoulder and occasionally somewhat down the left  
8 arm, an occasional tingling in the left arm and apparently  
9 normal strength.

10 Q And did you -- did you do a physical examination  
11 on that day yourself?

12 A Yes, I did.

13 Q What relevant findings did you appreciate as a  
14 result of that exam?

15 A Well, I did maneuvers or, you know, a range of  
16 motion on her neck. She did develop some pain in the  
17 shoulder when I did that. There seemed to be a little bit  
18 of weakness in her left triceps muscle compared to the right  
19 side on resistance testing.

20 Q And would you tell us for those of us who are not  
21 doctors what the left triceps is?

22 A Okay. The triceps is -- is the muscle in the back  
23 part of the arm and it is responsible for extension of  
24 the -- of the elbow, and with resistance testing you just  
25 test their strength and while you're resisting that motion

1 to see -- comparing one side to the other.

2 Q And what is -- what was your medical plan for  
3 Ms. Caldwell following your evaluation of her on  
4 September 29th?

5 A To get an x-ray of her neck and also to  
6 discontinue therapy to the neck but continue the therapy to  
7 the back.

8 Q What was the x-ray to the neck? What purpose did  
9 it serve in your medical view at that time for -- why did  
10 you order it I think is what I'm trying to ask you?

11 A Because she was getting worse.

12 Q And why did you feel it appropriate to discontinue  
13 neck physical therapy at that time?

14 A Because she was getting worse.

15 Q Can you tell from reviewing your file, Dr. Joynes,  
16 when Ms. Caldwell returned to your -- to see you or to see  
17 somebody in your office regarding her automobile accident?

18 A The next time that she came back for an office  
19 visit -- she did not return for an office visit regarding  
20 that injury. She was -- she was -- it was notated in the  
21 chart that some communication took place between our office  
22 and the patient regarding results of x-rays.

23 Q Okay.

24 A And subsequently result of an MRI scan.

25 Q And how was it that an MRI was ordered for this  
Old Dominion Reporting

1 patient, Doctor?

2 A Because of her worsening symptoms.

3 Q And did you order that?

4 A Yes, I did.

5 Q Can you explain for us from a family practice  
6 perspective why you -- you order the x-ray first, then you  
7 order an MRI. What's the difference between the two tests,  
8 and why did you subsequently follow up with the MRI after  
9 you knew the results of the x-ray?

10 A The plain x-ray you look for problems like  
11 fractures and dislocation. You can see degenerative joint  
12 problems and disk disease, but the MRI gives a more detailed  
13 view and it can show often if you're looking for like a  
14 pinched nerve or herniated disk. You can -- you can see the  
15 anatomy more well defined on an MRI.

16 Q Were you provided with the results of the MRI that  
17 you ordered?

18 A Yes.

19 Q Can you share with us what those were?

20 A Okay.

21 MR. LAMBERT: I'm going to object to this.  
22 Unless he's reviewed the actual films himself,  
23 then it would be hearsay. I'm not exactly sure  
24 what his testimony is going to be.

25 A The MRI, this is the report here that said there  
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1 was -- had been a fusion at the sixth and seventh cervical  
2 spine. There was some bone spur present at the cervical  
3 fifth and cervical sixth.

4

5 BY MR. LEWIS:

6 Q Cervical being what part of the spine, Doctor?

7 A The neck.

8 Q Okay.

9 A And there was some narrowing in the foramina,  
10 which is the opening where the nerves exit from -- from the  
11 cervical spine, and this was noted bilaterally left more so  
12 than right.

13 Q Doctor, as a -- after --

14 MR. LAMBERT: Let me just renew my objection  
15 because I don't want to keep interrupting.

16 MR. LEWIS: No, I'm going to give you a  
17 standing objection. I'm going to try it cure it  
18 here.

19

20 BY MR. LEWIS:

21 Q Doctor, when you send your patients out for an MRI  
22 are you routinely provided with a copy of the report  
23 prepared by the radiologist who read the MRI?

24 A Yes.

25 Q And do you rely on the contents of those reports?  
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1           A     Yes.

2           Q     In the management and treatment of your patient  
3 population?

4           A     Yes.

5           Q     And did you rely on it in the management and  
6 treatment of Ms. Caldwell?

7           A     Yes.

8           Q     As a result of the information you gathered from  
9 that MRI did you make a referral to a specialist in her  
10 case?

11          A     Yes.

12          Q     And would you tell us, number one, what type of  
13 specialist you sent her to?

14          A     I made a referral to a neurosurgeon.

15          Q     And why did you feel it medically appropriate at  
16 that time to send this patient out to a specialist in the  
17 field of neurosurgery?

18          A     Because of her symptoms and the findings that went  
19 along with it on the MRI.

20          Q     And as far as you know, Dr. Joynes, did  
21 Ms. Caldwell follow your instructions and see a  
22 neurosurgeon?

23          A     Yes.

24          Q     Are you able to tell us that fellow's name?

25          A     Dr. Garner, Dr. Wallace Garner.

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Telephone: (757) 620-6836     Facsimile: (757) 255-4397

1 Q Do you know Dr. Garner?

2 A Yes.

3 Q You've made referrals to him in the past?

4 A Yes. Uh-huh.

5 Q And to your knowledge did Dr. Garner evaluate the  
6 patient?

7 A Yes.

8 Q As a result of his evaluation did you suggest to  
9 Ms. Caldwell that she get an operation?

10 A Did I suggest that?

11 Q Yes, sir.

12 A No, sir. No.

13 Q Can you tell us once she sees -- let me try to  
14 make this a little easier. From what I can tell,  
15 Dr. Joynes, Dr. Garner saw Ms. Caldwell on November the 7th  
16 of 2003?

17 A Yes.

18 Q And he sent you the results of his exam?

19 A Yes.

20 Q What contact did you have with Ms. Caldwell about  
21 her automobile accident related issues after you heard back  
22 from Dr. Garner?

23 A There was a call regarding some insurance issues.

24 Q We are not allowed to talk about insurance in  
25 front of a jury so I'm going to reask the question and try

1 to answer it, but leave out anything that has to do with  
2 insurance.

3 A Oh, okay.

4 Q Can you tell us after you heard back from  
5 Dr. Garner when the next time you heard from or had contact  
6 with Ms. Caldwell that related to her -- the automobile  
7 collision we're here to talk about today?

8 A She made a phone call to the office on March 19th,  
9 2004 requesting Darvocet for pain from the injuries.

10 Q Does your chart reflect what that pain was  
11 attributed to?

12 A Yes, it does.

13 Q To what, tell us?

14 A Well, the note here says that the patient has  
15 requested Darvocet for neck, shoulder and upper arm pain as  
16 a result of auto accident from September. Saw Dr. Garner at  
17 that time. MRI showed bulging disk, C4-C5. Ibuprofen not  
18 helping.

19 MR. LAMBERT: Let me just state my objection  
20 on several levels. I'm going to object to the  
21 hearsay if he didn't obtain this note and didn't  
22 speak to her. It's also self-serving hearsay.  
23 These are statements supposedly over the  
24 telephone by the plaintiff. In addition to the  
25 hearsay from supposedly from Dr. Garner I guess

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1           this is some type of diagnosis or evaluation, so  
2           I'd object.

3           MR. LEWIS:   And for the record I'm not going  
4           to address your objection about Dr. Garner.  It's  
5           probably well stated, but I do think he's  
6           entitled to testify as to what the lady said to  
7           whoever took down the message vis-à-vis why she  
8           was calling.

9

10          BY MR. LEWIS:

11           Q     Doctor, the document you're referring to is part  
12           of Ms. Caldwell's medical chart?

13           A     Yes.

14           Q     And is maintained by you and your office in the  
15           ordinary and regular course of the practice of medicine in  
16           this office?

17           A     Yes.

18           Q     And the type of entry you've just referred to is  
19           routinely made by your office staff?

20           A     Yes.

21           Q     And relied upon you -- relied upon by you in  
22           formulating your medical plan of care and treatment for  
23           Ms. Caldwell?

24           A     Yes.  Yes.

25           Q     All right.  At the time she called, what was the  
                  Old Dominion Reporting

1 date on that again?

2 A March 19th, 2004.

3 Q Did she register any complaints of continued neck  
4 and back pain relative to this auto accident?

5 A Yes.

6 Q All right. Was a --

7 MR. LAMBERT: Object to the leading, but I  
8 know where you're going with it.

9 MR. LEWIS: Well, you want me to rephrase  
10 it? I'll be glad to.

11 MR. LAMBERT: No. Just stop leading.

12 MR. LEWIS: All right. I will.

13

14 BY MR. LEWIS:

15 Q Doctor, as a result of that contact with your  
16 office can you tell us whether or not she was provided with  
17 a refill or a new prescription for pain medication?

18 A She was.

19 Q Dr. Joynes, as best you can tell, has Ms. Caldwell  
20 been back to see you or anybody else in your office for  
21 accident-related issues?

22 A No, she has not.

23 Q Since March of 2004?

24 A No.

25 Q Doctor, have all the opinions you've shared --  
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1 strike that. Let me back up.

2 Doctor, in your opinion to a reasonable  
3 degree of medical probability have you formulated an opinion  
4 as to what caused the symptoms that Ms. Caldwell complained  
5 about and the symptoms that you treated as you've described  
6 for us here today?

7 A Yes. I feel like the accident, the trauma that  
8 she sustained did result in these symptoms.

9 Q And in your opinion, Doctor, to a reasonable  
10 degree of medical certainty, was the care and treatment  
11 rendered by you, your medical team and those persons to whom  
12 you referred her, both radiology and Dr. Garner, reasonably  
13 medically necessary as a result of this collision?

14 A Yes.

15 Q And, Doctor, have all the opinions that you have  
16 shared with us here today been to a reasonable degree of  
17 medical certainty?

18 A Yes.

19 MR. LEWIS: I think that's all the questions  
20 I have for you. If you would be so kind as to  
21 answer Mr. Lambert.

22

23 CROSS-EXAMINATION

24

25

1 BY MR. LAMBERT:

2 Q Dr. Joynes, you've already testified that  
3 Ms. Caldwell had been a patient in this practice since the  
4 late seventies?

5 A Uh-huh.

6 Q Is that correct?

7 A Yes, sir.

8 Q And she has been treated in your practice for  
9 various ailments, colds, typical things you see family  
10 practice practitioners for?

11 A Yes, sir.

12 Q And in particular Ms. Caldwell's case, you were  
13 specifically asked about the fact that when she first came  
14 to see you after this reported accident of September of  
15 '03 to which you've testified; correct?

16 A Yes.

17 Q Now, and one of the things she was -- she came to  
18 you complaining about eventually was her neck pain and some  
19 pain or symptoms going into her left arm?

20 A Yes.

21 Q In fact, that was not the -- in fact, Ms. Caldwell  
22 had presented to your practice and made those similar  
23 complaints before this reported accident of September of  
24 '03?

25 A I -- I don't have -- do you want me to check and  
Old Dominion Reporting

1 see?

2 Q Yes, sir.

3 A Oh, okay.

4 MR. LEWIS: Why don't you give him a date?  
5 Would probably be easier for him to navigate his  
6 chart.

7

8 BY MR. LAMBERT:

9 Q Okay. And, Doctor, first -- the first incident to  
10 which I'm referring was back in '93, more specifically  
11 December 2nd, 1993.

12 A Let's see here. December 2nd, 1993?

13 Q Yes, sir.

14 A Yes.

15 Q And at that time she was -- there was some  
16 complaint to you that she had had some neck pain and some  
17 pain going into -- down the left arm; is that correct?

18 A Yes.

19 Q And also the left scapular area?

20 A Right.

21 Q Left scapular area, would that also be located in  
22 the back in the thoracic area?

23 A Shoulder blade.

24 Q Shoulder blade?

25 A Uh-huh.

1 Q Wouldn't that classify as being the thoracic area?

2 A Uh-huh.

3 Q Is that a -- is that a yes?

4 A Yes. I'm sorry.

5 Q You mentioned -- you had described for us  
6 previously what the thoracic area was?

7 A Yes.

8 Q Now, and apparently she had also reported to you  
9 that that dated back to an accident she had been involved in  
10 back in 1975?

11 A Yes.

12 Q And but again we're talking December '93 she came  
13 and mentioned to you she had some kind of flare-up of that  
14 symptom; is that correct?

15 A Yes.

16 Q Now, moving ahead, now, apparently she underwent  
17 some -- a surgery in 1994 related to those symptoms?

18 A In 1994?

19 Q Correct. Or December of 1993, Doctor, in that  
20 time frame? And, Doctor, I'm looking at I guess -- yours  
21 may be a cover sheet.

22 A Yeah. There's some notation here that she  
23 underwent a disk operation in December of 1993.

24 Q And, Doctor, as part of -- part of y'all's  
25 recordkeeping, y'all kind of keep a past medical history and  
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1 keep a running history on your individual patients?

2 A Uh-huh.

3 Q And you would have done that in the case of  
4 Ms. Caldwell as well?

5 A Yes.

6 Q And in addition to that diskectomy in 1993 part of  
7 her history was also an HNP '96; is that correct?

8 A Yes.

9 Q HNP would designate what?

10 A I believe that reference is to a herniated nucleus  
11 pulposus.

12 Q And that would be a disk?

13 A Herniated disk.

14 Q Now, as a result of -- and that would have been  
15 obviously approximately three years after this surgery we  
16 just discussed in '93?

17 A Yes.

18 Q Now, and I also note in reference to that -- that  
19 time frame of '96 in that area in your initial consultation  
20 with Ms. Caldwell after this accident of September 2003 you  
21 apparently took a -- had her fill out a pretty fairly  
22 extensive history sheet about why she was there to see you  
23 that day; is that correct?

24 A On September the 8th, 2003?

25 Q Yes, sir.

1 A Yes, sir.

2 Q And on that particular information sheet one of  
3 the things you talked about, have you ever had any similar  
4 previous injury or pain in the same area of your body. It's  
5 one of the things you asked?

6 A Yes.

7 Q And, in fact, she references that, a ruptured disk  
8 from six years ago or previous?

9 A Yes.

10 Q And indicated she had had similar symptoms before  
11 this accident; is that true?

12 A Let's see. Yes.

13 Q And those symptoms had occurred by her history  
14 after she had had that surgery in '93?

15 A Yes.

16 Q Now, when she did come to you after the accident,  
17 that initial visit on September 8th of 2003, I believe the  
18 terminology you used in your assessment was she had multiple  
19 sprains, strains; is that correct?

20 A Right.

21 Q And when you're talking about that, you're talking  
22 muscle strains and sprains?

23 A Uh-huh.

24 Q Of the areas of the body?

25 A Yes, sir.



1 Q And after that initial assessment you had sent  
2 her -- sent her on her way but she did come back to y'all's  
3 office, and again another assessment was done on  
4 September 15th; is that -- is that right?

5 A Yes.

6 Q And then at that time you just -- the assessment  
7 was just some spasms and that would be muscle spasms?

8 A Uh-huh. Yes.

9 Q And then finally she -- with regard to this  
10 accident that occurred in September '03 the last time she  
11 was seen in your office -- actually seen in your office with  
12 regard to any complaints associated with this accident was  
13 September 29th of '03?

14 A That's correct.

15 Q And at that time the assessment was cervical  
16 complaint and arm complaints; is that correct?

17 A Yes.

18 Q Now, when she -- after September 29th of '03 she  
19 was seen in y'all's office for other matters. When I say  
20 "other matters," for sinus problems?

21 A Yes.

22 Q Things of that nature, sore throats; is that  
23 correct?

24 A Yes, sir.

25 Q And that would have occurred in January of '04 she  
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1 was in for sore throat, something of that nature; is that  
2 correct?

3 A Correct.

4 Q No mention or any discussion about her -- any neck  
5 complaints, pain complaints or back complaints?

6 A No.

7 Q She was also seen May 11th of '04, and that was  
8 for an earache?

9 A Yes.

10 Q And no discussion about back complaints or neck  
11 complaints or anything of that nature?

12 A No.

13 Q Now, you were asked about -- strike that. And  
14 you've already indicated that she -- strike that.

15 MR. LAMBERT: I have no further questions.

16

17 REDIRECT EXAMINATION

18

19 BY MR. LEWIS:

20 Q Dr. Joynes, Mr. Lambert asked you about some  
21 complaints Ms. Caldwell had about neck pain back a decade  
22 before this accident and about a surgery that she had about  
23 a decade before this accident, and he also asked you about a  
24 1996 visit where she complained of some neck pain but he  
25 didn't ask you about any visits between 1996 and September

1 the 8th, 2003 regarding neck pain. Is that because there  
2 weren't any?

3 A I don't see any references to her complaints or to  
4 her complaining of neck pain during that time frame.

5 MR. LEWIS: Thank you, sir. That's all the  
6 questions I have.

7 MR. LAMBERT: No further questions.

8 MR. LEWIS: Doctor, you have the right to  
9 read and sign this deposition when it's typed up  
10 or you can waive that right if you'd like.

11 THE WITNESS: I don't care.

12

13 (The witness was excused.)

14

15

16

17

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25

1 COMMONWEALTH OF VIRGINIA AT LARGE, To-Wit:

2

3

4

5 I, Shannon A. Crittenden-Mann, a Notary

6 Public in and for the Commonwealth of Virginia at

7 Large, whose commission expires May 31, 2012, certify

8 that the foregoing de bene esse deposition of MICHAEL H.

9 JOYNES, MD, was duly taken and sworn to before me at

10 the time and place for the purpose in the caption

11 mentioned, and that the foregoing is a true and

12 correct transcript to the best of my ability of the

13 testimony given by the witness.

14 I further certify that I am not a relative or

15 employee of attorney or counsel of any of the parties

16 or financially interested in the action.

17 Given under my hand this \_\_\_\_\_ day of

18 \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

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Registration No. 217036

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