

STATE OF NORTH CAROLINA GENERAL COURT OF JUSTICE  
SUPERIOR COURT DIVISION  
COUNTY OF WAKE 95 CVS 08788  
GEORGE A. LEE,  
PLAINTIFF,)

z  
0  
V.

w  
C.S.X. TRANSPORTATION, INC.,  
ie DEFENDANT.)

z - - - - -  
VIDEOTAPED DEPOSITION  
OF

J. LEONARD GOIDNER, M.D.  
AT DURRAM, NORTH CAROLINA  
(A NOVEMBER 6, 1996; 10:34 A.M.  
REPORTED BY: KAY TURBYFILL

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A P P E A R A N C E S  
FOR THE PLAINTIFF: MR. RICHARD N. SHAPIRO  
1294 DIAMOND SPRINGS ROAD  
POST OFFICE BOX 5369  
VIRGINIA BEACH, VA. 23455  
FOR THE DEFENDANT: MR. JOHN C. MILLBERG  
MILLBERG & GORDON  
1030 WASHINGTON STREET  
RALEIGH, N.C. 27605  
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T A B L E O F C O N T E N T S  
E X H I B I T S I N D E X  
EXHIBIT NO. TITLE PAGE NO.  
DEF'S #1 DR. GOLDNER'S CURRICULUM VITAE 6  
DEF'S #2 ORTHOPEDIC EXAMINATION, DATED 6  
OCTOBER 21, 1996  
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S T I P U L A T I O N S

IT IS HEREBY STIPULATED AND AGREED BETWEEN THE  
PARTIES TO THIS ACTION, THROUGH THEIR RESPECTIVE COUNSEL  
OF RECORD:

(1) THAT THE VIDEOTAPED DEPOSITION OF J. LEO@  
GOLDNICR, N.D., MAY BE TAKEN ON WEDNESDAY, NOVEMBER 6,  
1996, BEGINNING AT 10:34 A.M., IN THE OFFICES OF DUKE  
HOSPITAL SOUTH, DUKE UNIVERSITY MEDICAL CENTER, ROOM  
3535, TRENT DRIVE, DURHAM, NORTH CAROLINA, BEFORE MARY  
KAY TURBYFILL, A NOTARY PUBLIC.

(2) SAID DEPOSITION SHALL BE TAKEN FOR THE PURPOSE  
OF DISCOVERY OR FOR USE AS EVIDZNCE IN THIS ACTION, OR  
FOR BOTH PURPOSES.

(3) ANY OBJECTIONS OF ANY PARTY HERETO AS TO NOTICE  
OF THE TAKING OF SAID DEPOSITION OR AS TO THE TIME OR  
PLACE THEREOF, OR AS TO THE COMPETENCY OF THE PERSON  
BEFORE WHOM THE SAME SHALL BE TAKEN, ARE HEREBY WAIVED.

(4) THE NORTH CAROLINA RULES OF CIVIL PROCEDURE  
SHALL CONTROL THE TAKING OF SAID DEPOSITION AND THE USE  
THEREOF IN COURT.

(5) OBJECTIONS TO QUESTIONS AND MOTIONS TO STRIKE  
ANSWERS NEED NOT BE MADE DURING THE TAKING OF THE

DEPOSITION, BUT MAY BE MADE FOR THE FIRST TIME DURING THE  
PROGRESS OF THE TRIAL OF THE CASE, OR AT ANY PRETRIAL  
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HEARING HELD BEFORE ANY STATE SUPERIOR COURT JMGE FOR  
THE PURPOSE OF RULING THEREON OR AT ANY OTHER HEARING OF  
SAID CASE AT WHICH SAID DEPOSITION MIGHT BE USED, EXCEPT  
THAT AN OBJECTION AS TO THE FORM OF A QUESTION MUST BE  
MADE AT THE TIME SUCH QUESTION IS ASKED OR OBJECTION IS  
WAIVED AS TO THE FORM OF THE QUESTION.

(6) THAT THE RIGHT TO READ AND SIGN THE TRANSCRIPT  
BY THE WITNESS IS HEREBY WAIVED BY THE WITNESS.

(7) EXCEPT AS WAIVED BY THIS STIPULATION, THE  
PROVISIONS OF THE NORTH CAROLINA RULES OF CIVIL PROCEDURE  
SHALL APPLY TO THE TAKING OF SAID DEPOSITION AND AS TO  
ITS SUBMISSION TO THE RESPECTIVE DEPONENT, CERTIFICATION  
AND FILING UNDER SEAL WITH THE APPROPRIATE NOTICING  
ATTORNEY.

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DR. GOLDNER PAGE 6

1 (THEREUPON, THE DOCUMENTS REFERRED TO HEREIN  
2 WERE MARKED AS DEFENDANT'S DEPOSITION EXHIBIT  
3 NOS. 1 AND 2, GOLDNER DEPOSITION, FOR  
4 IDENTIFICATION.)

5

6 WHEREUPON,

7

8 J. LEONARD GOLDNER, N.D.,  
9 HAVING FIRST BEEN DULY SWORN,  
10 WAS EXAMINED AND TESTIFIED

11 AS FOLLOWS:

12 DIRECT EXAMINATION BY 14R. MILLBZRG:

13 Q WOULD YOU PLEASE STATE YOUR FULL NAME, SIR?

14 A JOSEPH LEONARD GOLDNER.

15 Q AND YOUR PROFESSION, SIR?

16 A ORTHOPEDIC SURGEON.

17 Q AND WHERE DO YOU LIVE, DR. GOLDNER?

18 A DURHAM, NORTH CAROLINA.

19 Q ARE YOU A MEDICAL DOCTOR, LICENSED BY THE STATE OF  
20 NORTH CAROLINA?

21 A YES, I AM.

22 Q I WONDER IF YOU COULD TELL THE JURY A LITTLE BIT  
2s ABOUT YOUR EXPERIENCE, TRAINING, AND BACKGROUND IN  
24 THE FIELD OF ORTHOPEDIC SURGERY, SIR.

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DR. GOLDNER PAGE 7

1 A YES. I GRADUATED FROM THE UNIVERSITY OF MINNESOTA  
2 FOR MY UNDERGRADUATE DEGREE. I THEN WENT TO THE  
3 UNIVERSITY OF NEBRASKA MEDICAL SCHOOL, GRADE -All  
4 MEDICAL SCHOOL, AFTER WHICH I HAD TWO YEARS OF  
5 INTERNSHIP AND RESIDENCY, FOLLOWED BY TWO AND A HALF  
6 YEARS IN THE UNITED STATES NAVY AS A MEDICAL OFFICER  
7 AT SEA DUTY, OKINAWA.

a AND, THEN, AFTER THAT PARTICULAR EXPERIENCE, I  
9 CAME TO DURHAM TO DUKE UNIVERSITY TO COMPLETE MY  
10 FORMAL ORTHOPEDIC TRAINING. TRAT WAS DONE BY 1950.  
11 I JOINED THE STAFF AT DUKE IN 1950 AS AN ASSISTANT  
12 PROFESSOR AND A CLINICIAN INVOLVED IN RESEARCH

13 ADMINISTRATION. AND I PRACTICED GENERAL ORTHOPEDICS  
14 THROUGH THAT PERIOD.  
15 1957, I WAS PROMOTED TO FULL PROFESSOR, WHICH  
16 MEANS THAT I WAS RECOGNIZED BY THE DEPARTMENT OF THE  
17 UNIVERSITY AS BEING A CAPABLE ACADEMIC AND  
18 PROFESSIONAL PERSON. DURING THAT TIME, I PASSED THE  
19 AMERICAN BOARD OF ORTHOPEDIC SURGERY, IN 1952, WHICH  
20 MEANS THAT I FULFILLED THE MINIMAL REQUIREMENTS TO  
21 BE AN ORTHOPEDIC SURGEON, AS DEFINED BY A NATIONAL  
22 UNIT. I RECERTIFIED, WHICH MEANS I TOOK THE EXAM  
23 AGAIN, IN 1985, VOLUNTARILY, JUST TO SHOW THAT I'M  
24 STILL STAYING UP TO DATE, AND I'M BUILDING A BRIDGE  
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DR. GOIMNER PAGE 8

I TO THE FUTURE WITH NEW IDEAS AND NOT OLD IDEAS.  
2 Q IS THAT --- IS THAT --- IS THAT WHAT'S REFERRED TO AS  
3 BEING BOARD CERTIFIED?  
4 A THAT'S BOARD CERTIFIED.  
5 Q OKAY.  
6 A THAT'S RIGHT.  
7 Q PLEASE CONTINUE.  
8 A RIGHT. I THEN --- DURING THAT TIME, I WAS ALSO  
9 INVOLVED IN MANY ORTHOPEDIC ORGANIZATIONS, IN  
10 TEACHING AND RESEARCH. IN 1967, I WAS MADE CHAIRMAN  
11 OF ORTHOPEDICS AT DUKE, WHICH MEANS THAT I WAS  
12 RESPONSIBLE FOR THE TRAINING OF YOUNG DOCTORS TO BE  
13 ORTHOPEDIC SURGEONS. WHEN I TOOK OVER, THERE WERE  
14 SIXTEEN AT A FOUR-YEAR PROGRAM. IN THE NEXT YEAR, I  
15 CHANGED IT TO THIRTY-TWO, BECAUSE WE HAD A LOT OF  
16 VOLUME, A LOT TO TEACH, AND A LOT TO DO. AND IT'S  
17 REMAINED AT THIRTY-TWO SINCE THAT TIME.  
18 I WAS CHAIRMAN FOR APPROXIMATELY TWENTY YEARS,  
19 AND I RETIRED FROM ORTHOPEDIC SURGERY AS SUCH IN  
20 1988. NOW, PRIOR TO THAT TIME, FROM 1950 TO 1988,  
21 SINCE YOU'RE ASKING ME ABOUT ME, I'LL NOT BE TOO  
22 MODEST, AND I'LL JUST TELL YOU WHAT'S --- WHAT AWARDS  
23 I'VE BEEN GIVEN.  
24 PLEASE DO SO.

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DR. ROZOR DNER PAGE 9

1 A I'VE BEEN --- I WAS SELECTED, IN 1955, AS ONE OF THE  
2 FIVE ORTHOPEDIC SURGEONS IN THE COUNTRY TO TOUR  
3 GREAT BRITAIN FOR EIGHT WEEKS, BECAUSE OF MY  
4 ACCOMPLISHMENTS AND MY CAREER ACHIEVEMENTS. I WAS  
5 PRESIDENT OF THE NORTH CAROLINA ORTHOPEDIC  
6 ASSOCIATION, WHICH MEANS THAT ALL THE ORTHOPEDISTS  
7 IN THE STATE WERE IN THAT ORGANIZATION. IN 1969, I  
8 WAS PRESIDENT OF THE SOUTHERN MEDICAL ASSOCIATION,  
9 WHICH IS A GENERAL MEDICAL ORGANIZATION THAT HAD  
10 TWENTY-TWO THOUSAND MEMBERS, MADE UP FROM MEMBERS OF  
11 THE SEVENTEEN STATES IN THE SOUTHEAST.  
12 DURING THAT SAME YEAR, I WAS THE PRESIDENT OF  
13 THE AMERICAN SOCIETY FOR SURGERY OF THE HAND, WHICH  
14 MEANS THAT A LOT OF MY SURGERY WAS BEING HAND  
15 SURGERY, AND I WAS ORGANIZATIONAL IN THAT. ALSO  
16 DURING THAT TIME, I WAS INVOLVED IN SPINE SURGERY,  
17 AND I'D GIVEN NUMEROUS LECTURES AND VARIOUS  
18 PARTICIPATIONS IN MANAGEMENT OF THE CERVICAL SPINE,  
19 THE LUMBAR SPINE, THE UPPER SPINE, AND THE LOWER  
20 SPINE. IN 1975, I WAS OVERSEAS AT A COURSE GIVEN BY

21 THE LUMBAR SPINE, AND A COURSE GIVEN FOR THE  
22 CERVICAL SPINE. SO, THROU(;H MY WHOLE CAREER, I'VE  
23 BEEN INVOLVED WITH NECK SURGERY AM WITH BACK  
24 SURGERY.

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DR. GOLDNER PAGE 10

1 1980, I WAS PRESIDENT OF THE FOOT SOCIETY.  
2 1988, I WAS PRESIDENT OF THE AMERICAN ORTHOPEDIC  
3 ASSOCIATION, WHICH IS THE ACADEMIC ORGANIZATION IN  
4 ORTHOPEDICS, OF WHICH THERE ARE FIFTEEN THOUSAND  
5 ORTHOPEDISTS AND THERE ARE FIVE HUNDRED MEMBERS OF  
6 THIS ACADEMIC THING. I'M ALSO ACTIVE IN THE  
7 AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS, WHICH HAS  
8 FIFTEEN THOUSAND MEMBERS; AND IN THAT, I'VE BEEN  
9 TEACHING, HAVE BEEN INVOLVED WITH VARIOUS  
10 COMMITTEES, AND HAVE GIVEN INSTRUCTIONAL COURSES.  
11 I'VE RECEIVED AN AWARD FROM THE SECRETARY OF  
12 THE ARMY FOR MY CIVILIAN WORK WITH THE U.S. ARMY  
13 BASE AT FORT BRAGG, NORTH CAROLINA, THE 82ND  
14 AIRBORNE, WHERE I'VE GONE ON A MONTHLY BASIS FOR  
15 FORTY YEARS AS A CONSULTANT. I'VE BEEN A MEMBER OF  
16 THE INSTITUTE OF PATHOLOGY IN WASHINGTON, FOR THE  
17 NATIONAL INSTITUTES OF PATHOLOGY FOR THE ARMED  
18 FORCES.

19 I'VE ALSO RECEIVED AWARDS AS A PIONEER IN HAND  
20 SURGERY AT A INTERNATIONAL MEETING, AND I WAS  
21 PHYSICIAN OF THE YEAR IN NORTH CAROLINA IN 1967,  
22 RECOGNIZED BY THE ENTIRE STATE. AND I'VE RECEIVED  
23 AWARDS FROM THE SOUTHERN MEDICAL ASSOCIATION AS A  
24 DISTINGUISHED ORTHOPEDIC SURGEON IN THE SOUTH.

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1 I APPRECIATE YOU GOING THROUGH THAT. LET ME HAND  
2 YOU WHAT WE'VE PREVIOUSLY MARKED AS---AS EXHIBIT 1  
3 TO YOUR DEPOSITION, DR. GOLDNER. CAN YOU IDENTIFY  
4 THAT AS A COPY OF YOUR CURRICULUM VITAE OR RESUME  
5 THAT DETAILS SOME OF YOUR BACKGROUND IN --- IN THE  
6 FIELD OF ORTHOPEDICS?

7 A YES. THIS RESUME WAS PREPARED IN MY OFFICE, AND IT  
8 INCLUDES THE TWO-HUNDRED-AND-SOME PAPERS I'VE GIVEN,  
9 THE THREE HUNDRED VISITING PROFESSORS I'VE DONE, MY  
10 PUBLICATIONS, AND IT IS UP TO DATE.

11 OKAY. THANK YOU VERY MUCH.

12 MR. SHAPIRO: WE'LL RESERVE OUR POSITION  
13 ON THE ADMISSIBILITY. HE'S COVERED HIS  
14 BACKGROUND VERY WELL.

15 (BY MR. MILLBERG) ARE YOU ENGAGED IN ACTIVE  
16 PRACTICE AT ALL TODAY, DR. GOLDNER?

17 A YES, I AM.

18 Q CAN YOU TELL US ABOUT THAT?

19 A YES. I DO NOT DO SURGERY ANYMORE. I RETIRED  
20 VOLUNTARILY AT A CERTAIN TIME WHEN IT WAS DEFINED BY  
21 DUKE THAT YOU COULD NOT OPERATE AFTER THAT AGE, BUT  
22 I @ THE PRIVILEGE OF GOING INTO TOWN, OPENING AN  
23 OFFICE, USING THE LOCAL HOSPITAL FACILITIES; AND I  
24 DECLINED THAT PRIVILEGE. I SEE PATIENTS WEEKLY. I

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DR. GOLDNER PAGE 12

1 GO TO PUBLIC HEALTH CLINICS IN THE STATE WHERE THERE  
2 ARE MANY INDIGENT CHILDREN, ADULTS, AND SO ON, WHO  
3 DON'T ALWAYS HAVE A SPECIFIC DOCTOR, OR THEY'RE  
4 REFERRED BY AN ORTHOPEDIC SURGEON IN THE COMMUNITY.  
5 SO, I SEE ANYWHERE FROM A HUNDRED AND FIFTY TO TWO  
6 HUNDRED PATIENTS A MONTH, DO REPORTS, DO REFERRALS,  
7 AND KEEP UP WITH MY ACADEMIC PRACTICE.

8 Q FROM TIME TO TIME, DO YOU SEE PEOPLE THAT ARE  
9 INVOLVED IN LAWSUITS OR LITIGATION?

10 A YES, I DO.

11 AND HAVE YOU HAD THE OPPORTUNITY TO SEE THE  
12 PLAINTIFF IN THIS PARTICULAR LAWSUIT IN WHICH WE'RE  
13 TAKING YOUR DEPOSITION, GEORGE LEE?

14 A YES, I DID EXAMINE HIM.

15 Q AND WAS THAT AT MY REFERRAL?

16 A YES.

17 CAN YOU TELL US, DR. GOLDNER, WHEN YOU EXAMINED THE  
18 PLAINTIFF, MR. LEE?

19 A YES. I SAW MR. LEE IN OCTOBER, AND THE --- I WENT  
20 OVER HIS HISTORY AND REVIEWED THE VARIOUS THINGS  
21 RELATIVE TO HIS EDUCATION, HIS PAST HISTORY, HIS  
22 WORK JOB, HOW LONG HE'D WORKED FOR THE RAILWAY.  
23 AND, THEN, I SPECIFICALLY ASKED HIM ABOUT WHEN HE  
24 THOUGHT THAT HIS NECK WAS INTURED, AND HE STATED TO

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13

1 ME THAT HE---

2 Q WELL, BEFORE WE GET INTO THAT IN ANY DETAIL, LET ME  
3 JUST ASK YOU A COUPLE OF PRELIMINARY QUESTIONS,  
4 DOCTOR. NOW, AS I UNDERSTAND IT, YOU SAW HIM IN  
5 OCTOBER?

6 A YES, 1996.

7 Q YES, SIR. AND YOU CAME TO LEARN THAT HE HAD  
8 UNDERGONE AN ANTERIOR CERVICAL FUSION, I ASSUME?

9 A YES.

10 Q AND THAT'S SURGERY ON HIS NECK?

11 A THAT'S CORRECT.

12 Q IS THAT A SURGERY WITH WHICH YOU'RE FAMILIAR?

13 A YES, IT IS.

14 Q CAN YOU EXPLAIN TO THE JURY YOUR FAMILIARITY WITH  
15 THAT SURGERY --- THAT TYPE OF SURGERY?

16 A YES. THE --- OPERATING ON THE NECK FOR NERVE  
17 PRESSURE, UP UNTIL ABOUT 1960, WAS USUALLY DONE  
FROM

18 THE BACK PART OF THE NECK, ORTHOPEDICS AND  
19 NEUROSURGERY. ABOUT THAT SAME TIME, THERE WAS  
20 EVIDENCE OF WORK DONE THAT SHOWED THAT THE NECK  
21 COULD BE APPROACHED FROM THE FRONT, SO YOU COULD  
GET

22 RIGHT ON THE VERTEBRAE.

23 THE VERTEBRAE ARE STACKED ON TOP OF EACH OTHER  
24 LIKE BRICKS WITH MORTAR BETWEEN THEM, AND THE  
MORTAR

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1 IS THE DISK. SO, IF YOU --- IF YOU WANT TO DO THE  
2 DISK SURGERY FROM THE SECOND --- THE THIRD VERTEBRA,  
3 FOURTH VERTEBRA, FIFTH, SIXTH, OR SEVENTH, YOU CAN  
4 GO TO THE FRONT, REMOVE THE DISK, PUT A PIECE OF

5 BONE IN FROM THE HIP OR THE BONE BANK, AND THAT  
6 ELIMINATES THE NEED TO GO IN THE BACK WHERE YOU HAVE  
7 THE SPINAL CORD MORE OBVIOUS AND AT A MORE  
8 TREACHEROUS POSITION.

9 I DID MY --- THE FIRST ANTERIOR CERVICAL  
10 DISKECTOMY AND FUSION IN 1964, AND THAT WAS THE  
11 FIRST ONE THAT HAD BEEN DONE IN THE SOUTHERN PART OF  
12 THE COUNTRY. THEY HAD DONE IT AT HOPKINS BEFORE,  
13 DR. SMITH AND ROBINSON. SO, I STARTED DOING  
14 CERVICAL FUSIONS, DISKECTOMY, AT THAT TIME; AND I  
15 CONTINUED IT THROUGH MY WHOLE CAREER. AND I TAUGHT  
16 MANY STUDENTS HOW TO DO IT.

17 OKAY. NOW, YOU WERE STARTING TO TALK ABOUT YOUR---  
18 YOUR VISIT AND EXAMINATION WITH THE --- WITH THE  
19 PLAINTIFF. NOW, DID YOU ALSO HAVE THE OPPORTUNITY  
20 TO REVIEW HIS MEDICAL RECORDS BEFORE HE CAME IN FOR  
21 EXAMINATION?

22 A YES. I HAVE ALL THE MEDICAL RECORDS HERE WITH  
23 REFERENCE TO HIS ALLEGED INJURY AND HIS SUBSEQUENT  
24 MANAGEMENT.

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DR. GOLDNER PAGE 15

1 Q OKAY. AND HAVE YOU ALSO HAD A CHANCE NOW TO REVIEW  
2 ALL THE FILMS, RE --- AS FAR AS X-RAY FILMS, M.R.I.  
3 FILMS, AND THAT KIND OF THING, DEALING WITH HIM?  
4 A YES. I'VE SEEN EVERYTHING AVAILABLE, AND I'VE GONE  
5 THROUGH IT IN DETAIL ON THE VIEW BOX, AND HAVE  
6 RECOGNIZED THEM, NOTICED THE DATES, AND HAVE  
7 DESCRIBED THEM.

8 OKAY. NOW, IF YOU WOULD, PLEASE, IF YOU WOULD TELL  
9 THE JURY --- IF YOU WOULD DESCRIBE FOR THEM THE  
10 EXAMINATION THAT YOU CONDUCTED WITH MR. LEE AND  
11 --- AND WHAT YOU FOUND.

12 A I EXAMINED MR. LEE AT DUKE ON MONDAY, OCTOBER 21,  
13 1996. HE AND I WERE IN THE EXAMINING ROOM ALONE. I  
14 INTRODUCED MYSELF TO HIM. I TOLD HIM I WAS A  
15 NEUTRAL EXAMINER, THAT I WAS NOT ON ANYBODY'S SIDE,  
16 AND THAT I WAS GOING TO EXAMINE HIM AS I WOULD ANY  
17 PATIENT, AND COME UP WITH A REPORT. I FOUND HIM TO  
18 BE COMPLIANT AND EASY TO TALK TO, AND HE RELATED HIS  
19 BACKGROUND, HIS EDUCATION, WHERE HE'D WORKED, AND  
20 HIS GENERAL FEELINGS ABOUT HIS WHOLE SITUATION.  
21 AND I ASKED HIM ABOUT THE --- YOU KNOW, HOW DID  
22 THIS INJURY OCCUR. AND HE SAID THAT HE WAS PUTTING  
23 A METAL POST OR A STANCHION INTO THE GROUND. HE  
24 THINKS THE SIGN OR THE BOARD --- IT'S A BOARD THAT HAD

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1 PRINTED WORDS ON IT --- WEIGHED ABOUT TWENTY POUNDS,  
2 AND HE WAS ATTEMPTING TO DRIVE IT INTO THE GROUND  
3 BESIDE THE TRUCK. SO, HE WAS TRYING TO PUSH IT IN  
4 THIS WAY (DEMONSTRATING). HE RECALLS THAT THIS WAS  
5 PROBABLY A WORK BOARD, LIKE "MEN AT WORK," AND IT  
6 WAS YELLOW BACKGROUND WITH ORANGE STRIPES.  
7 HE SAID THAT HE HAD SOME ACHING AND DISCOMFORT  
8 DURING THAT ACTIVITY, AND --- BUT HE DID GET THE  
9 STANCHION INTO THE GROUND, AND HE DIDN'T STOP  
10 WORKING, AND HE DIDN'T NOTICE ANY PARTICULAR AREA  
11 THAT WAS PAINFUL. AND HE DIDN'T MENTION ANYTHING  
12 ELSE THAT WAS LOCALIZED TO HIS AREA OF DISCOMFORT

13 EXCEPT FOR THE NECK AND THE ARM AREA, SORT OF.  
14 HE SAID THAT HE REPORTED THIS TO HIS FOREMAN  
15 WHO WAS WITH HIM, BUT HIS COMMENT TO ME --- MR. LEE'S  
16 WAS, QUOTE, "DIDN'T THINK MUCH OF IT," END OF QUOTE;  
17 HOWEVER, TRAT EVENING AND BY THE NEXT DAY, THE  
18 ACHING AND DISCOMFORT HAD GOTTEN WORSE. SO, HE  
19 THEN --- AS THE ROUTINE IS, HE REPORTED IT TO HIS  
20 SUPERVISOR.  
21 THE PATTERN OF EVENTS SEEMED TO BE AS FOLLOWS:  
22 FIRST, THE PUTTING OF THE SIGN BOARD IN WITH SOME  
23 DISCOMFORT AROUND THE NECK AND THE ARM. NEXT,  
24 REPORTING IT TO THE LOCAL FOREMAN, BUT DOING NOTHING  
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1 ABOUT IT TRAT DAY. HE WENT HOME THAT EVENING AND  
2 PUT BEN-GAY ON IT.  
3 THE NEXT MORNING, AS IS ROUTINE FOR POSSIBLE  
4 IN@IES, HE REPORTED IT TO HIS SUPERVISOR. HE THEN  
5 RETURNED TO WORK AND HE WORKED THAT FULL DAY,  
6 HOWEVER, TRAT NIGHT, HE NOTICED AN INCREASE IN THE  
7 PROBLEM, AND HE WENT TO THE EMERGENCY ROOM AT THE  
8 HALIFAX MEMORIAL HOSPITAL IN ROANOKE RAPIDS.  
9 I SAW THOSE NOTES, REVIEWED THEM, AND NOTED  
10 THAT THEY DID --- THAT HE DID --- THAT HE WAS THERE  
THAT  
11 DAY AND THEY DID PAY ATTENTION TO HIM. THE DOCTOR  
12 IN THE EMERGENCY ROOM ADVISED HIM TO SEE HIS LOCAL  
13 DOCTOR THE NEXT DAY; BTJT WHEN MR. LEE GOT HOME, HE  
14 CALLED THE SUPERVISOR, WHO SAID THAT, QUOTES, "WE  
15 WILL SEND YOU TO THE COMPANY DOCTOR TOMORROW. COME  
16 DOWN TO THE RAILWAY AND WE'LL TAKE CARE OF THAT,"  
17 END OF QUOTES. THAT'S --- TLIAT'S WHAT WAS DONE, AND  
18 HE SAW DR. DOYLE THAT DAY. AND THOSE NOTES ARE IN  
19 THE RECORD WITH REFERENCE TO THAT VISIT.  
20 I THEN REVIEWED DR. DOYLE'S NOTES, AND HE  
21 RECOMMENDED PHYSICAL THERAPY IN ROCKY MOUNT THREE  
22 TIMES A WEEK. THE PATIENT SAID THAT THAT WAS  
23 AGREEABLE WITH HIM, AND HE WENT THERE. HE WAS OUT  
24 OF WORK THEN. HE WENT THERE ONE DAY. BECAUSE OF  
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1 THE DISTANCE, HE DECIDED, AS DID THE THERAPIST, THAT  
2 HE COULD GET THE TREATMENT IN ROANOKE RAPIDS AT THE  
3 HALIFAX HOSPITAL, AND THAT ARRANGEMENT WAS MADE.  
4 HE RECEIVED THE TREATMENTS FOR SEVERAL DAYS  
5 AND, THEN, HE SAW HIS OWN FAMILY DOCTOR, DR.  
6 FAULFNER. THE INITIAL SET OF X-RAYS WERE MADE IN  
7 DR. DOYLE'S OFFICE, AND THESE X-RAYS WERE MADE IN  
8 ROCKY MOUNT. THEY WERE REVIEWED BY DR. DOYLE AND  
9 WHOMEVER READ THE X-RAYS. AND I'VE SEEN THOSE  
10 X-RAYS, AND I HAVE THEM HERE, AND I'LL COMMENT ON  
11 THEM RIGHT NOW, THAT THE---  
12 (THEREUPON, THE WITNESS PLACES X-RAY ON VIEW  
13 BOX TO ILLUSTRATE HIS TESTIMONY.)  
14 THESE ARE THE X-RAYS TLIAT WERE TAKEN WITHIN A COUPLE  
15 OF DAYS AFTER THE INCIDENT OF AUGUST 2, 1993?  
16 A YES. THIS IS A --- AN X-RAY WHICH WAS b=E OF THE  
17 PATIENT WE'RE TALKING ABOUT. IT'S LABELED AS  
18 "GEORGE LEE, NUMBER 25682.11 IT'S DATED 8/9/93. SO,  
19 TRAT IS THE --- THE INCIDENT TRAT WE'RE DESCRIBING

20 WAS --- WAS ON ---  
21 Q AUGUST THE 2ND.  
22 A --- AUGUST THE 2ND, AND THIS IS TAKEN ON THE 9TH.  
23 SO, IT'S APPROXIMATELY ONE WEEK AFTERWARD. NOW,  
24 WHAT YOU'RE LOOKING AT HERE, THIS IS THE SIDE VIEW,  
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DR. GOILDNER

PA(;]C 19

1 THE SAGITTAL VIEW. THE PATIENT LINES UP AGAINST  
THE  
2 WALL, THE X-RAY PLATE'S PUT BEHIND, AND THE X-RAY  
3 SHOOTS A PICTURE.  
4 THIS IS THE SKULL, THE BACK OF THE HEAD.  
THESE  
5 ARE THE TEETH. THIS IS THE FRONT OF THE HEAD.  
AND,  
6 THEN, THESE ARE THE VERTEBRAE OF THE SPINE. YOU  
7 HAVE THE FIRST ONE, NUMBER ONE, THAT THE HEAD  
MOVES  
8 ON; NUMBER TWO; NUMBER THREE; NUMBER FOUR; NUMBER  
9 FIVE; NUMBER SIX; AND PART OF SEVEN. SO, WE'VE  
GOT  
10 SIX AND A HALF VERTEBRAE THAT WE'RE SEEING OUT OF  
11 THE WHOLE SEVEN.  
12 NOW, AS THE INDIVIDUAL BENDS, THEY BEND  
13 FORWARD; AND EACH OF THESE SPACES CLOSES SLIGHTLY,  
A  
14 MILLIMETER OR TWO, ALLOWING BENDING. AND, THEN,  
AS  
15 YOU BEND BACKWARD, YOU --- THE NECK GOES UP, AND  
THESE  
16 SPACES OPEN. NOW, IN BETWEEN EACH OF THESE BONES  
IS  
17 A SPACE, AND THAT SPACE IS GRISTLE, CARTILAGE.  
AND  
18 THAT'S LIKE A SHOCK ABSORBER. SO, AS THEY BEND  
19 FORWARD, THIS SHOCK ABSORBER COMPRESSES, AND  
THERE'S  
20 A DISK IN THERE. AND THE DISK IS LIKE A JELLY  
ROLL,  
21 A DONUT WITH JELLY IN THE CENTER OF IT. AND THE  
22 CENTER, THE JELLY, IS THE DISK, AND THE OUTER PART  
23 IS THE ANULUS.  
24 AT THIS SPACE, WE HAVE ONE, TWO, THREE, FOUR,  
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1 FIVE. AT 4-5 ON THIS DAY, A WEEK AFTER HIS  
ALLEGED  
2 ACCIDENT, THE DISK SPACE SHOWS A SPUR IN THE BACK  
3 AND A SPUR IN THE FRONT. AND THAT SPUR MEANS THAT  
4 THIS DISK HAS BEEN DISEASED. IT'S BEEN CHANGING.  
5 AND SPURS OCCUR WITHOUT PAIN. SPURS CAN OCCUR  
6 WITHOUT INJURY, AND SPURS CAN OCCUR IN ANYONE OVER  
7 THIRTY YEARS OLD OR SO. SO, BY THE TIME YOU'RE  
8 FORTY, AND THIS MAN'S IN THE MIDDLE-AGED GROUP  
NOW,  
9 SPURS ARE NOT UNUSUAL.  
10 NOW, THIS MAY OR MAY NOT BE PAINFUL, OR IT  
MAY



11 CAUSE AN ACHING IN THE NECK FOR A WEEK. MOST  
12 INDIVIDUALS WHO DEVELOP THIS KIND OF DISK DISEASE,  
13 THEY DO IT SLOWLY. SO, THEY AGE GRACEFULLY, AND  
14 THAT MEANS THAT THIS WAS PRESENT FOR --- I'D SAY ---  
I'D

15 ESTIMATE IT, BASED ON MY PAST EXPERIENCE AND  
WITHIN  
16 REASONABLE MEDICAL CERTAINTY, THIS RAS PROBABLY BEEN  
17 GOING ON FOR TWO OR THREE YEARS; BUT THIS DISK HAS  
is BEEN CHANGING.

19 NOW, WITH THIS, THEN THIS DISK IS SUBJECT TO  
20 DAMAGE BY JUST A MINIMAL AMOUNT OF ACTIVITY. SO,  
21 THE --- AS A MINIMAL AMOUKTT OF ACTIVITY GOES ON,  
THIS

22 DISK CAN CHANGE WITHOUT ACTUALLY CAUSING --- WITHOUT  
22 MUCH TPAURA: IN OTHER WORDS, SOMEONE WITH THIS  
24 PROBLEM MIGHT SNEEZE, @ THEY GET NECK PAIN "D,  
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1 THEN, THEY SAY THEIR SHOULDER HURTS. IN THE COUR---  
2 NATURAL COURSE OF LIVING, INDIVIDTJALS WHO RAVE NEVER  
3 BEEN ON THE RAILWAY, WHO HAVE NEVER DONrb AITY  
4 PHYSICAL WORK, DEVELOP RUPTURED DISKS, DEVELOP  
5 SPURS, NEED NECK OPERATIONS.  
6 IN THE FIRST HUNDRED PATIENTS I DID WITH THIS  
7 PROBLEM, ABOUT SIXTY OF THEM WERE FEL4ALES WHO HAD  
8 NEVER DONE ANY EXCESSIVE PHYSICAL ACTIVITY, OTHER  
9 THAN HOUSEWORK, WHICH MAY BE EXCESSIVE; BUT THE  
10 POINT IS THAT YOU DON'T HAVE TO FALL ON YOUR HEAD OR  
11 BE HIT BY A CAR TO HAVE THIS CON --- HAPPEN. SO, THIS  
12 REPRESENTS WHAT I REFER TO AS A PREEEXISTING  
13 CONDITION tliat'S AGGRAVATED BY AN INCIDENT.  
14 AND SINCE HE WAS RELATIVELY COMFORTABLE PRIOR  
15 TO THIS DAY, THE DAY TRAT THIS HAPPENS IS GENERALLY  
16 THE DAY TRAT THE INDIVIDUAL SAYS, "WELL, THAT'S  
17 CAUSED IT," BUT WHERE, IN FACT, WE SEE THE SAME  
18 THING IN SOMEBODY SITTING AT A STOPLIGHT AND THEY'RE  
19 HIT BY A CAR AT THREE MILES AN HOUR, AND THEY JERK  
20 THEIR HEAD MOMENTARILY AND, THEN, TOMORROW, THEY GET  
21 A HEADACHE. THEY SAY, '-WELL, TRAT CAUSED IT,"  
22 WHERE, IN FACT, THEY'VE HAD THE MAKEUP TO GET THIS,  
23 BUT THE INCIDENT JUST PRECIPITATED IT, MAI)E IT ALL  
24 DROP.

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1 SO, I'D SAY TRAT THIS IS LONGSTANDING, THAT  
2 THIS INCIDENT DID AGGRAVATE IT, THAT HIS DESCRIPTION  
3 IS ACCURATE, BUT THIS MIGHT HAVE OCCURRED IF HE'D  
4 GONE HOME AND LEANED OVER TO SHINE HIS SHOES. IT  
5 MIGHT HAVE HAPPENED ITUST AS EASILY AS IF HE'D BEEN  
6 PUTTING IN THIS STANCHION.  
7 WE'LL TAKE THAT X-RAY DOWN. SO, IN GETTING  
8 BACK TO HIS --- HIS EXAM, HE --- HE DID GO TO DR.  
9 FAULKNER. AND, THEN, THEY TALKED ABOUT SEEING AN  
10 ORTHOPEDIC OR A NEUROSURGEON. AND THE PATIENT  
11 STATES TRAT HE SELECTED DR. HANEY AT THE ADVICE OF A  
12 FRIEND; AND SINCE DR. FAULKNER DIDN'T HAVE ANY  
13 OBJECTION, HE WENT TO SEE DR. HANEY IN PARMVILLE.  
14 HE TOLD ME, AND I WROTE THIS IN THE RECORD,  
15 THAT THE PATIENT DESCRIBED SOME ELECTRICAL READINGS

16 THAT WAS DONE --- THAT WERE DONE IN DR. HANEY'S  
17 OFFICE, AND WE CAN GET TO THOSE LATER FROM DR.  
18 HANEY'S RECORDS. BUT FROM A LOGISTIC STANDPOINT, HE  
19 SAW RANEY FOR A WHILE AND, THEN, HE WAS EVENTUALLY  
20 REFERRED TO DR. MATTHEWS. AND I'LL GET TO THOSE  
21 RECORDS LATER, ALSO.  
22 NOW, IN MY TALKING TO THE PATIENT, HE SAID TRAT  
23 THE MAJORITY OF HIS PAIN WAS IN THE RIGHT SIDE OF  
24 THE NECK AND THE BACK OF THE NECK. HE OCCASIONALLY  
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1 HAD RADIATION INTO THE ARM. WHEN I ASKED HIM WHAT  
2 "OCCASIONALLY" MEANT, HE SAID IT VARIES FROM ONCE A  
3 MONTH TO SLIGHTLY MORE FREQUENT OR LESS FREQUE:NT.  
4 HE WASN'T VERY SPECIFIC. SO, WE CAN SAY THAT --- THAT  
5 HIS RADIATING PAIN---  
6 MR. MILLBERG: DOCTOR, THE VIDEO MAN HAS  
7 --- THE CAMERAMAN HAS ASKED ME TO HAVE YOTY  
8 ADJUST YOUR MICROPHONE THERE. WHY DON'T WE  
9 TAKE --- GO OFF THE RECORD FOR JUST A SECOND AND  
10 GET THAT SQUARED AWAY.  
11 (THEREUPON, THERE WAS A BRIEF PAUSE.)  
12 W]ITNESS: WE ADTUSTED THE MICROPHONE.  
13 Q (BY MR. MILLBERG) WILL YOU PLEASE CONTIYUE?  
14 A RIGHT. THANK YOU. WE ADJUSTEI) THE MICROPHONE, AND  
15 I'LL TAKE UP WHERE I LEFT OFF.  
16 THAT THE AMOUNT OF PAIN HE HAD WAS REALLY  
17 MINIMAL, BECAUSE HE SAID IT WAS ONCE A MONTH OR LESS  
18 OR SOMETIMES SLIGHTLY MORE, BUT THAT REALLY WASN'T A  
19 BIG PROBLEM.  
20 Q AT THAT POINT, WAS HE DESCRIBING HIS CURRENT  
21 SITUATION?  
22 A YES.  
23 O OKAY. PLEASE CONTINUE.  
24 A AND HE ALSO SAID TRAT WHEN HE TRIED TO RAISE THE ARM  
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1 UP OVERHEAD, HE HAD SOME ACHING AND DISCOMFORT IN  
2 THE SHOULDER. SO, HE DIDN'T DO THAT VERY MUCH. 1  
3 THEN COMPLETED THE REST OF MY EXAMINATION, AFTER  
4 DISCUSSING WITH HIM VARIOUS PARTS IN THE HISTORY,  
5 WHICH WE'LL COME TO LATER; BUT DLTRING THIS  
6 EXAMINATION, ON PAGE FIVE, I WATCHED HIM WALK. AND  
7 HIS --- HIS WEIGHT WAS A HUNDRED NINETY-FIVE POUNDS.  
8 HE'S SIX FOOT THREE INCHES, AND HE APPEARED TO BE  
IN  
9 GOOD GENERAL HEALTH AND IN NO PAIN.  
10 HE WALKED WITH A --- WHAT I CALLED A "UNIFORM  
11 GAIT." HE SWUNG HIS ARMS BACK AND FORTH. HE  
WALKED  
12 WITHOUT A LIMP. HE COULD WALK FROM ONE SIDE OF  
THE  
13 ROOM TO THE OTHER, AND HE HAD NO PROBLEM WITH THAT.  
14 THERE WAS NO HESITATION, NO LIMP, BUT HE DID NOT  
15 SWING HIS ARMS IN AN UYUSUAL WAY. HE COULD TIPTOE,  
16 GET UP ON THE TOES. HE COULD WALK ON HIS HEELS,  
AND  
17 HE TOOK TKENTY-FIVE STEPS ON THE TOES AND ON THE  
18 HEELS WITHOTJT DIFFICULTY.  
19 THEN, I HAD HIM STOOP DOWNKARD. HE COULD PUT

20 HIS HAND ON THE SIDEBORD AND STOOP ALL THE WAY  
21 DOWN, BEND HIS KNEES. HE COULD DO THIS WITH HIS  
22 HAND ON THE SIDEBORD, AND HE WAS ABLE TO GO UP AND  
23 DOWN SLOWLY, DO A FULL KNEE BEND THREE TIMES  
WITHOUT

24 ANY DIFFICULTY. I THEN HAD HIM TURN HIS BODY FROM  
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1 ONE SIDE TO THE OTHER, AND HE COULD DO THIS WITHOUT  
2 ANY STRETCHING OF THE MUSCLES OR ANY UNUSUAL CHANGE.  
3 THE PATIENT WAS AGAINST THE SIDEBORD, AND  
WHEN

4 I ASKED HIM TO BRING HIS ARMS UP OVERHEAD, THE  
RIGHT

5 ARM COULD BE BROUGHT UP TO ABOUT A HUNDRED DEGREES,  
6 WITH --- AND THERE WAS SHOULDER BLADE MOTION, AND THE  
7 LEFT COULD COME UP TO ABOUT A HUNDRED AND THIRTY.

8 SO, THIS IS THE WAY HE LOOKED (DEMONSTRATING) WHEN  
I

9 SAID, "BRING YOUR ARMS UP OVERHEAD." AND THAT'S  
THE

10 REASON THAT HE'D HAVE A PROBLEM MOVING HEAVY  
OBJECTS

11 FROM THE FLOOR TO A BODY POSITION TO UP OVERHEAD,  
12 BECAUSE THIS SHOULDER IS --- WAS LIMITED IN MOTION.

13 THE --- THE LEFT WENT UP HIGHER THAN THE RIGHT.

14 THE RIGHT ARM COULD BE BROUGHT UP TO A HUNDRED AND  
15 TWENTY, THE LEFT ALMOST TO A HUNDRED AND EIGHTY.

16 AND, THEN, WHEN I MANIPULATED HIS ARM, HE COULD GET  
17 THE RIGHT ARM TO THE MIDDLE OF HIS BACK, INWARD,  
AND

18 TO THE BACK OF HIS HIPS, BUT THE LEFT ARM WOULD  
COME

19 ALL THE WAY ACROSS HIS BODY.

20 SO, WE TEST THE ACTIVITY, THE FUNCTION, BY HOW

21 FAR THEY CAN BRING THE HAND. HE COULD GET HIS HAND  
22 BEHIND HIM. HE COULD TAKE IT ACROSS TO THE

23 SHOULDER. HE COULD GET IT ON TOP OF HIS HEAD. HE

24 COULD GET IT TO HIS MOUTH. BUT HE HAD TROUBLE WAY

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1 OUT IN FRONT, AND HE HAD DIFFICULTY IN WORKING

2 AGAINST RESISTANCE.

3 SO, I SAID THERE WAS LIMITATION OF INTERNAL

4 ROTATION OF TEN PERCENT ON THE RIGHT, AND LIMITATION

5 OF ABOUT TEN DEGREES ON THE RIGHT, COMPARED WITH THE

6 LEFT. THEN, I EXAMINED HIS HEAD AND HIS NECK, AND

7 THE HEAD ROTATED TO THE LEFT THROUGH ABOUT FIFTY

8 DEGREES. THE --- AND MY NECK AND HEAD, AT MY AGE, I

9 CAN DO IT ABOUT FORTY-FIVE DEGREES. SO, HE COULD

10 ROTATE MORE THAN I COULD.

11 AND AT THE EXTREME OF MOTION, HE COMPLAINED OF

12 ---OF DISCOMFORT ON THE LEFT. AND, THEN, ON THE

13 RIGHT, HE ROTATED TO THIRTY DEGREES AND, THEN,

14 STOPPED; AND HE HAD ACHING WHEN I DID THAT.

15 HE WAS A LITTLE ANXIOUS WHEN I WAS TESTING

16 THIS, BUT HE LOOSENED UP AS HE WENT ALONG. SO, AS I

17 SAID, WITH GENTLE MANIPULATION AND MANEUVERING,

18 ABOUT TEN DEGREES MORE COULD BE TAKEN ON THE RIGHT.

19 THUS, THERE'S A LIMITATION OF ROTATION TO THE RIGHT,  
20 ABOUT FIFTEEN TO TWENTY DEGREES ON THE RIGHT, AS  
21 COMPARED WITH THE LEFT.

22 ON FORWARD FLEXION; TRAT IS, BENDING OF THE  
23 HM DOWNWARD WITH THE CHIN, HE COULD GET THE CHIN  
24 WITHIN A RALF INCH OF TEE CEEST WALL. SO, I PULL MY  
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1 HEAD UP, I BEND IT DOWN, I CAN TOUCH MY CREST. HE  
2 GOT DOWN, BUT HE COULDN'T QUITE TOUCH IT ALL THE  
3 WAY. AND HE COMPLAINED OF SOME ACHING WHEN HE DID  
4 THAT. THEN, I HAD HIM BEND BACKWARD. AND I CAN  
5 BEND NY HEAD BACK ABOUT THIRTY DEGREES, AND HE COULD  
6 BEND HIS BACK ABOUT TWENTY. SO, HE HAD LIMITATION  
7 IN BENDING BACKWARD.

8 THEN, I PLACED MY HAND DIRECTLY OVER HIS EYES,  
9 AND ASKED HIM TO TILT HIS HEAD BACK AND FORTH, AND  
10 HE COULD DO THAT WITHOUT MUCH TROUBLE. TRAT WAS  
11 AGAINST RESISTANCE. AND, THEN, I HAD HIM BEND HIS  
12 HEAD Laterally, BEND IT TO THE SIDE. I CAN BEND  
13 MINE FIFTEEN DEGREES. HE COULD BEND HIS SLIGHTLY  
14 LESS, TEN DEGREES. BUT AS YOU GET OVER FIFTY---

15 MR. SHAPIRO: LET ME JUST INTERPOSE AN  
16 OBJECTION. I THINK IT'S UNCLEAR, WHEN THE  
17 DOCTOR IS REFERRING TO HIS OWN RANGE. I THINK  
18 IT WOULD BE --- HE'S NOT SAYING WHAT IS NORMAL,  
19 AND I JUST THINK THAT --- MY OBJECTION IS, IT'S  
20 UNCLEAR TO COMPARE IT TO HIMSELF. BUT GO  
21 AHEAD, DOCTOR.

22 MR. MILLBERG: YOUR OBJECTION'S NOTED.

23 (BY MR. MILL13ERG) PLEASE CONTINUE, DOCTOR.

24 A ALL RIGHT. THE COMPARISON IN THE TWO INDICATES,  
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1 FIRST OF ALL, I AM OLDER THAN THIS PATIENT. SO,  
2 GENERALLY SPEAKING, MY RANGE OF MOTION MIGHT BE  
3 LESS. SECONDLY, HOWEVER, I FUNCTION VERY WELL WITH  
4 WHAT I HAVE. I PLAY TENNIS; I PLAY GOLF; I LIFT; I  
5 DO YARD WORK; AND SO ON. THE REASON I'M MENTIONING  
6 THIS IS THAT THE ABSOLUTE RANGE OF MOTION, THE  
7 LIMITED RANGE, REALLY ISN'T DIRECTLY RELATED TO  
8 WHETHER YOU CAN DO THIS JOB OR DO THAT JOB. IT'S  
9 GENERALLY RELATED TO PAIN.

10 IF WE TOOK ALL THE MEMBERS OF THE JURY AND  
11 CHECKED THEIR NECK MOTION, WE'D FIND THERE'S A WIDE  
12 RANGE AND A CURVE. IT'S LIKE A BELL CURVE. ONE  
13 PERSON AT AGE THIRTY OR FORTY HAS A BIG @GE;  
14 ANOTHER ONE HAS A LESSER RANGE. SO, WE END UP WITH  
15 AN AVERAGE. SO, WHAT I'M POINTING OUT IS, HERE,  
16 TRYING TO MAKE IT CLEAR HOW MUCH HE COULD MOVE.

I'M

17 NOT SAYING I'M NORMAL; I'M NOT SAYING THAT HIS IS  
18 NORMAL; AND I'M NOT COMPARING IT TO A THIRTY-YEAR-  
19 OLD. BUT IF I COMPARED IT TO A FORTY-EIGHT-YEAR-  
20 OLD, WE MIGHT FIND THAT THEIR RANGE IS JUST THE  
SAME

21 AS HIS OR SLIGHTLY MORE.

22 NOW, I ALSO NOTED THAT THE SHOULDER MOTION --- I

21 CHECKED IT AGAIN, AND THERE WAS LIMITATION OF MOTION

24 ON THE RIGHT IN ALL DIRECTIONS, UP, OUT, AM IN.

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1 AND THAT WAS A SEPARATE FINDING FROM THE NECK.

2 THEN, I CHECKED HIS SHOULDERS AS SUCH, AND THE

3 REASON I MENTIONED THE ACROMIOCLAVICULAR JOINT IS

4 TRAT TRAT HAS ALREADY BEEN MENTIONED AS A POSSIBLE

5 SOURCE OF TROUBLE. I COULD NOT SEE AITYTHING WRONG

6 WITH HIS JOINT, BUT I COULD SEE THAT HIS ARM BONE

7 CAME UP AGAINST HIS SHOULDER BONE, AND TRAT Tliat MAY

8 BE WHERE THE IMPINGEMENT IS COMING.

9 THEN, I CHECKED ALL HIS MUSCLES, AND THEY WERE

10 ESSENTIALLY ALL NORMAL. THERE WAS NO PARALYSIS OF

11 THE MUSCLE, WHICH WOULD INDICATE PERSISTENT NERVE

12 DAMAGE. AND THAT'S THE BEST WAY WE CAN DETERMINE

13 NERVE DAMAGE IS BY MUSCLE STRENGTH OR BY OBVIOUS

14 CHMGES IN THE ABILITY OF THE PATIENT TO RECOGNIZE

15 TOUCH, OR THEY SAY, "WELL, THAT'S --- THAT'S NUMB," OR

16 "THAT GOES DOWN INTO MY @ .11 NONE OF THOSE

17 FINDINGS WERE PRESENT, OTHER THAN THE ACHING AROUM

18 HIS SHOULDER.

19 I DID THE PULSES; THAT IS, I CHECKED HIS RADIAL

20 PULSE. I HAD HIM DO VARIOUS MANEUVERS TO SEE IF

THE

21 BLOOD WAS FLOWING INTO HIS HAND AND HIS ARMS, AND

22 ALL OF TRAT WAS DONE WITHOUT ANY ABNORMAL FINDING.

23 HE @ NO OTHER CONDITION THAT WOULD APPEAR TO BE

24 PRESENT, TRAT WAS CAUSING HIS SUBJECTIVE COMPLAINT

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1 OF ACHING AND DISCOMFORT. I DID TAPPING TESTS,

AND

2 I CHECKED, PARTICULARLY, THE RIGHT AND THE

LEFT

3 HAND FOR THE MEDIAN NERVE.

4 NOW, DR. @Y HAD BEEN SEEING HIM

PREVIOUSLY

5 ABOUT POSSIBLE CARPAL TUNNEL, AND HE'D DONE SOME

6 ELECTRICAL STUDIES, AND THEY'D MADE A DIAGNOSIS

OF

7 POSSIBLE CARPAL TUNNEL. ON THE DAY THAT I SAW

THIS

8 PATIENT, I CHECKED HIM THOROUGHLY FOR FEELING;

THAT

9 IS, LIGHT TOUCH, PRESSURE. I CHECKED HIS GRIP BY

10 SQUEEZING MY HANDS. I CHECKED HIS PINCH. I

CHECKED

11 THE MUSCLES OF THE THUMB.

12 I DID THE BENDING TEST AND THE STRAIGHTENING

13 TEST. I TAPPED HIS NERVE. I DID ALL THE

STANDARD

14 THINGS THAT I DO IN DOING A HAND EXAMINATION, AND

I

15 COULD NOT DIAGNOSE CARPAL TUNNEL ON THIS DAY.

NOW,

16 HE MAY HAVE HAD COMPLAINTS IN THE PAST. THIS

DOES

17 HAPPEN. INDIVIDUALS, AS THEY GROW OLDER, THEY  
GET A

18 TENDENCY TO GET TINGLING IN THEIR FINGERS WITH  
19 CERTAIN ACTIVITIES.

20 FROM THE PAST DESCRIPTION IN THE RECORD AND  
MY

21 INTERPRETATION, KNOWING ELECTRICAL STUDIES AND  
22 VARIOUS OTHER THINGS, IN MY OPINION, IT'S MORE  
21 LIKELY THAT HE @ IRRITATION OF THE NERVE IN THE  
24 NECK AT THE C6 ROOT AT ONE TIME, AND THAT THAT  
MIGHT

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1 HAVE BEEN CAUSING SOME TINGLING IN HIS HAND; BUT  
2 THAT WASN'T PRESENT NOW. AND I REALLY CAN'T RELATE  
3 THAT, YES OR NO, TO THE ALLEGED INTURY.

4 I CHECKED HIS GRIP AND HIS PINCH. THERE WAS NO  
5 NUMBNESS. I REPEATED THESE EXAMINATIONS ON MORE  
6 THAN ONE OCCASION DURING MY ENCOUNTER WITH HIM, AND  
7 I FOUND THAT THEY WERE RELATIVELY CONSISTENT. SO---  
8 AND, THEN, I REVIEWED THE VARIOUS X-RAYS, AND I  
9 DECIDED THEN TRAT, NUMBER ONE, HE HAD A SOLID FUSION  
10 WITHOUT ANY EQUIVOCATION AT C4-5, AT THE FOURTH  
11 CERVICAL AND THE FIFTH CERVICAL. NUMBER TWO---

12 Q NOW --- YEAH. YOU'RE TALKING NOW ABOTJT REVIEWING THE  
13 MORE RECENT X-RAYS?

14 A YES. I---

15 Q OKAY.

16 A ALL THE X-RAYS THAT I RAD RELATIVE TO UP TO THAT  
17 POINT. AND, THEN, WHEN I PREPARED THIS REPORT, I  
18 HAD NOT SEEN THE LAST X-RAYS. SO---

19 Q RAVE YOU HAD THE CHANCE TO SEE THOSE NOW?

20 A YES, I HAVE.

21 Q OKAY. PLEASE CONTINUE. WHAT --- WHAT --- IN YOUR  
22 OPINION, TO A REASONABLE DEGREE OF MEDICAL  
22 CERTAINTY, WHAT CONCLUSIONS DID YOU DRAW FROM THOSE  
24 X-RAYS, DR. GOLDNER?

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1 A WELL, FROM THE X-RAYS TAKEN MOST RECENTLY, AND  
2 THESE --- THOSE X-RAYS ARE --- ARE HERE.

3 (THEREUPON, THE WITNESS PLACES X-RAYS ON VIEW  
4 BOX TO ILLUSTRATE HIS TESTIMONY.)

5 A THESE ARE X-RAYS TAKEN IN OCTOBER, OCTOBER 29TH.

6 THIS WAS AFTER I SAW HIM, AND I TOOK MY PHYSICAL  
7 EXAMINATION, AND I PRE --- I'D PREPARED THIS REPORT  
ON

8 THE TKENTY-SECOND. AND, THEN, I HAVE AN ADDENDUM  
9 NOW TO MY VERBAL REPORT THAT ON THE BASIS OF THESE  
10 X-RAYS, DATED OCTOBER 29TH---

11 Q AND WE'RE TALKING ABOUT OCTOBER 29, 19---

12 A 1996.

13 YES, SIR.

14 A AND IF YOU'LL HOLD THAT. THIS IS THE LATERAL XRAY,  
15 TAKEN OCTOBER 29, 1996. WE HAVE ONE, TWO, THREE,  
16 FOUR, FIVE. THESE ARE THE TWO VERTEBRAE THAT WERE  
17 OPERATED ON, AND THIS IS THE AREA WHERE THE DISK  
HAS

18 BEEN REMOVED. AND THIS SHOWS BONE GROWING BETWEEN

19 THE TWO BONES. SO, AS WE LOOK AT THIS, AND BASED  
ON  
20 MY SEEING HUNDREDS OF --- OF X-RAYS LIKE THIS, I'D  
SAY  
21 THAT HE HAS A TOTALLY SOLID FUSION.  
22 THEN, TO CONFIRM THAT, THIS IS AN X-PAY MADE  
IN  
23 THE BENDING POSITION; THAT IS, THE PATIENT IS ASKED  
24 TO BEND HIS HEAD DOWN, AM WE TAKE ANOTHER X-RAY.  
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1 AND THAT CAUSES THE SPACES TO CLOSE OR OPEN, AND  
2 THERE'S NO MOTION IN THE BACK PART OF THIS VERTEBRA,  
3 INDICATING THAT THAT VERTEBRA IS SOLID.  
4 ALSO ON THESE X-PAYS, I NOTE THE SPACE ABOVE  
5 THE FUSION AND BELOW THE FUSION IS ESSENTIALLY THE  
6 SAME AS IT WAS THE DAY THAT HE HAD HIS ORIGINAL  
7 INJMY; TRAT IS, THE X-RAYS TAKEN WITHIN A WEEK  
8 AFTER HIS INTURY, EXCEPT FOR THE OSSIFICATION OF  
9 THIS PIECE OF BONE IN THE ANTERIOR LIGAZ4ENT. AND  
10 THAT'S A WAY FROM THE NERVE ROOTS, AND THAT'S JUST A  
11 PART OF THE AGING PROCESS. SO, THAT X-RAY, ALONG  
12 WITH THE --- WITH THE BENDING PART, INDICATES THAT HE  
13 DOES NOT HAVE ANY UNUSUAL MOTION.  
14 Q LET---WHILE WE'RE --- WHILE WE'RE ON THIS POINT,  
15 DOCTOR, LET ME ASK YOU A COUPLE OF SPECIFIC  
16 QUESTIONS ABOUT THAT.  
17 WITH REGARD TO THE DEGENERATIVE DISK CONDITION  
18 THAT THIS MAN HAD BEFORE AUGUST OF 1993, WERE THERE  
19 INDICA --- CAN YOU TELL US WHETHER OR NOT THERE WERE  
20 INDICATIONS OF THAT AT BOTH THE C4-5 LEVEL AND THE  
21 LEVEL BELOW THAT, IN THOSE EARLY FILMS, THE EARLY  
22 X-PAYS?  
23 A IN THE EARLY X-PAY TRAT I SAW FROM 196---1993, THERE  
24 WERE MINIMAL CHANGES AT TRAT SPACE IN THE FRONT, BUT  
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1 THERE WERE DEFINITE SPURS IN THE BACK. WELL, THE  
2 C5-6 LEVEL IW OBVIOUS SPURS THAT HAD BEEN THERE  
3 PROBABLY AS LONG AS THE CHANGES IN THE C4-5  
SPACE.  
4 SO, HE HAD DISEASE AT C5-6 NOT RELATED TO THE  
5 ACCIDENT, AND THEY PREEXISTED THE DATE OF THE  
6 ACCIDENT.  
7 OKAY. NOW --- AND, NOW, YOU'VE SEEN THESE OCTOBER  
29,  
8 1996 X-RAYS. AND MY QUESTION TO YOU IS, HAS  
THERE  
9 BEEN ANY DRAMATIC DETERIORATION AT TRAT LEVEL,  
THE  
10 C5-6 LEVEL, DURING THE PASSAGE OF THIS TIME,  
BETWEEN  
11 THE 1993 X-RAYS AND THE 1996 X-RAYS?  
12 A BASED ON THIS EXTENSION --- THIS IS BENDING BACKWARD.  
13 ON THE FLEXION X-RAYS, THE EXTENSION, THE SIDE  
14 VIEWS, AND SO ON, THERE HAS NOT BEEN ANY  
PROGRESSIVE  
15 CHANGE IN THESE SPACES ABOVE THE 3-4 AND THE  
SPACE

16 BELOW THE 5-6 THAT WAS OCCURRED DURING THE TIME  
THAT  
17 THIS FUSION HAS TAKEN PLACE.  
18 YOU MENTIONED THAT YOU FELT LIKE THE X-RAY SHOWED A  
19 SOLID FUSION AT THE --- AT THE --- AT THE LEVEL THAT  
WAS  
20 OPEP-ATED ON. AND THAT, AGAIN, WAS THE C4-CS LEVEL?  
21 A YES. THIS IS C4, THIS IS C5. THE SPACE --- YOU  
CAN  
22 SEE A SPACE BELOW, WHICH IS 5-6. THAT'S STILL  
21 PRESENT. THE SPACE ABOVE, 3-4, IS STILL PRESENT.  
24 THAT SPACE IS GONE, AND THE --- AND THE BONE HAS  
GROWN

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1 ACROSS IT. IT'S MATURE BONE, IT'S SOLID. THERE'S  
2 NO QUESTION OF MICRO MOTION.  
3 Q WHAT --- WHAT DOES --- WHAT IS THE TERM, "MICRO  
MOTION"'.>  
4 WHAT DOES THAT REFER TO?  
5 A WELL, "MICRO MOTION" IS THE SAME IN THE SKELETON AS  
6 IT MIGHT BE ON A BRIDGE. AND IF YOU HAVE TEN  
7 THOUSAND CARS DRIVING OVER A BRIDGE, THE STEEL  
8 GIRDERS MAY MOVE JUST ENOUGH, MICRO, THAT OVER A  
9 PERIOD OF TEN YEARS, THEY MAY RUPTURE. "MICRO  
10 MOTION" IN THE SKELETON IS THE SAME THING.  
11 THE SKELETON'S SOLID, THERE'S NO FRACTURE; BUT  
12 IF YOU RUN FIVE MILES A DAY, AND YOU BEAT THAT LEG,  
13 YOU MAY CRACK THE BONE FROM MICRO MOTION. IT'S NOT  
14 A BIG FALL THAT CRACKS IT, BUT IT'S JUST ENOUGH SO  
15 THAT IT IRRITATES THE JOINTS OF THE ONE PIECE OF  
16 BONE TO ANOTHER, AND THEY CRACK. HE IS NOT SUBJECT  
17 TO THAT WITH THIS KIND OF A NECK.  
18 Q AND WHY DO YOU SAY THAT?  
19 A BECAUSE HE HAS SPACES ABOVE THAT ARE WORKING. HE  
20 HAS SPACES BELOW THAT ARE WORKING. AND IN HIS DAILY  
21 ACTIVITIES, I'D SAY THAT HE'S ALMOST IMMOBILE. 1  
22 MEAN, HE'S NOT GETTING UP MUCH; HE'S NOT GETTING  
23 DOWN. HE'S DOING A LITTLE WALKING. HE'S DOING MO  
24 EXERCISE.

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1 I'D PUT HIM IN THE CATEGORY OF ACTING LIKE  
HE'S  
2 A SEVENTY-YEAR-OLD WOMAN, RATHER THAN A FIFTY-YEAR-  
3 OLD MALE. HE'S NOT PUTTING STRAIN ON HIS NECK.  
HE  
4 COULD PUT A LOT MORE ON IT.  
5 NOW, WAS THERE ANYTHING ELSE OF NOTE ABOUT THESE  
6 MORE RECENT X-RAYS, DR. GOLDNER?  
7 A WELL, THE --- THE X-RAYS WERE TAKEN IN THE STRAIGHT  
8 AND THE BENDING POSITION, AND THE --- THEY ALL  
SHOWED  
9 THAT THERE WAS A GOOD UNION. THIS IS THE SIDE ---  
THE  
10 OBLIQUE VIEW, AND THIS THE ONLY VIEW THAT SUGGESTS  
11 THERE'S A LINE THERE THAT MAY NOT BE A HUNDRED  
12 PERCENT FUSION. AND THAT'S NOT UNUSUAL WHEN YOU  
SEE



13 OBLIQUES. "OBLIQUE," MEAN --- A.P. LOOKING ---  
YOU'RE  
14 LOOKING STRAIGHT ON. A SIDE VIEW, YOU'RE LOOKING  
15 THIS WAY. THE OBLIQUE, YOU'RE LOOKING AT THE  
16 CENTERS THAT MAY BE MISSED.  
17 IT'S LIKE LOOKING AT THE MOON. YOU SEE A  
FULL  
18 MOON ONE TIME; THEN, YOU SEE A HALF MOON; THEN,  
YOU  
19 SEE ANOTHER MOON, ALL RELATED TO HOW THE SUN  
SHINES  
20 ON IT THROUGH THE EARTH. SO, THIS MEANS THAT IF  
YOU  
21 TOOK THIS BONE AND CUT IT IN HALF, YOU WOULDN'T  
FIND  
22 SOLID BONE AT THREE HUNDRED AND SIXTY DEGREES ALL  
23 THE WAY UP AND DOWN, BUT WE NEVER DO WITH A  
FUSION.  
24 WE FIND SOLID BONE AT THREE-SIXTY DEGREES, BUT NOT  
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1 FROM SEVEN O'CLOCK TO ONE O'CLOCK. IT'S NOT ALL  
THE  
2 WAY ACROSS. SO, I'D SAY THAT THIS EVIDENCE IS  
THAT  
3 THERE'S A SOLID FUSION.  
4 DOES THE --- AS A FUSION HEALS, DOCTOR, AND AS --- AS  
5 BONE ACCUMULATES IN THE AREA OF THE FUSION, DOES  
THE  
6 --- AS THE BODY LAYS THAT BONE DOWN IN PLACE, DOES  
7 THAT PROCESS CREATE PAIN?  
8 A THE ONLY TIME THAT THERE'S GENERALLY PAIN DURING A  
9 HEALING PROCESS IS BEFORE THE BONE HAS BEEN  
10 SOLIDIFIED; THAT IS, IF YOU GET A BROKEN LEG BONE  
11 WHEN YOU'RE --- WHEN YOU'RE RUNNING DOWN THE HILL,  
AND  
12 IT'S PUT IN A CAST, AND IT HAS SOME MOTION IN IT,  
13 BECAUSE THE CAST ISN'T STRONG ENOUGH TO KEEP ALL  
THE  
14 MOTION THROUGH THE MUSCLES, THE PERSON WILL TURN  
AND  
15 MOVE AND THEY'LL HAVE PAIN. ABOUT FOUR WEEKS  
LATER,  
16 THEY SAY, "I WENT TO BED MONDAY NIGHT AND MY LEG  
WAS  
17 ACHING. I WOKE UP TUESDAY MORNING, THE PAIN WAS  
18 COMPLETELY GONE."  
19 AND WHAT HAPPENED, THEN, IS THAT THE --- THE  
20 BONE-FORMING SUBSTANCE PRECIPITATED AND  
AMALGAMATED.  
21 IT'S LIKE DROPPING A --- SOME CHEMISTRY IN A TUBE  
THAT  
22 HAS CALCIUM RUNNING AROUND IN IT, AND THE CALCIUM  
23 PRECIPITATED IT. SO, WITHIN SIX WEEKS, THE BONE  
24 PAIN IS USUALLY GONE. LAYING DOWN BONE IS AN  
ACTIVE  
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1 PROCESS, BUT IT'S NOT PAINFUL. ONLY MOTION CAUSES

2 THE PAIN. WELL, WHEN --- WHEN YOU GET TO THE POINT  
3 AFTER THREE MONTHS, AND I'VE LOOKED AT ALL THESE  
4 PROGRESSIVE X-RAYS, HE MAY HAVE HAD SOME ACHING AT  
5 THREE MONTHS FROM THE BONE BEING FORMED, NOT LAID  
6 DOWN.

7 SO, I THINK THERE'S A MISCONCEPTION HERE THAT  
8 AS BONE IS BEING FORMED, IT'S PAINFUL. THAT'S NOT  
9 TRUE. AS BONE IS BEING LAID DOWN, AND THE FUSION'S  
10 BECOMING MORE SOLID, THEY GET LESS PAIN. SO, BY SIX  
11 TO NINE MONTHS, IF IT'S HEALED, THEN THERE'S NO PAIN  
12 WITH THAT PARTICULAR AREA.

13 NOW, YOU CAN HAVE PAIN IN THE SURROUNDING  
14 TISSUES. YOU CAN HAVE PAIN IN THE NERVES IN THE  
15 BACK. THERE ARE OTHER REASONS FOR PAIN. BUT IN  
16 RESPONSE TO YOUR QUESTION, LAYING DOWN OF BONE AFTER  
17 THE FIRST HEALING AREA IS NOT PAINFUL.

18 Q WHILE WE'RE ON THE SUBJECTS OF THESE --- SUBJECT OF  
19 THESE X-RAYS AND, THEN, THE EXTENT TO WHICH THIS  
20 FUSION HAS HEALED AND THE CONDITION OF THE OTHER  
21 DISK SPACES ADJACENT TO THE --- TO THE SURGERY SITE,  
22 DOCTOR, LET ME ASK YOU THIS. BASED ON YOUR  
23 EXPERIENCE, AND BASED ON YOUR REVIEW OF THIS  
24 GENTLEMAN'S RECORDS, HIS FILMS, YOUR EXAMINATION OF  
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1 HIM, DO YOU HAVE AN OPINION TO A REASONABLE DEGREE  
2 OF MEDICAL CERTAINTY AS TO THE NEED AT SOME FUTURE  
3 DATE FOR HIM TO HAVE A SECOND FUSION AT THAT LOWER  
4 LEVEL, C5-C6?

5 A I HAVE AN OPINION.

6 Q WHAT IS YOUR OPINION?

7 A MY OPINION, WITHIN REASONABLE MEDICAL CERTAINTY, IS  
8 THAT THE WAY HE IS PROTECTING HIMSELF, THE  
9 ACTIVITIES THAT HE IS IN, THE APPEARANCE OF THIS NOW  
10 GOING ON THREE YEARS, THE FACT THAT HE HAS NO  
11 PERIPHERAL NERVE ROOT FINDINGS NOW, AND WHAT HE  
12 BEFORE MAY HAVE BEEN RELATED TO A MEDIAN NERVE  
13 COMPRESSION AT THE WRIST, BUT NOT FROM THE NECK OR  
14 VICE VERSA, HE HAS GREATER THAN AN EIGHTY PERCENT  
15 CHANCE OF NOT REQUIRING SURGERY ON THAT SPACE.

16 Q NOW, WE KIND OF GOT OFF TALKING ABOUT THESE X-RAYS.  
17 HAD YOU COMPLETED YOUR DESCRIPTION OF YOUR PHYSICAL  
18 EXAMINATION OF HIM, DOCTOR?

19 A YES, I HAD.

20 Q NOW, YOU HAD ALSO MENTIONED SOME RESTRICTION OF  
21 MOTION THAT YOU FOUND ON YOUR EXAMINATION WITH  
22 REGARD TO HIS RIGHT SHOULDER.

23 A YES.

24 Q AND CAN YOU TELL US, SIR, WHETHER OR NOT THAT  
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1 CONDITION, THAT SITUATION, IS ONE WHICH CAN BE  
2 TREATED?

3 A I CAN TELL YOU ABOUT THAT, YES.

4 Q WOULD YOU PLEASE DO SO?

5 A IN MY OPINION, HE HAS WHAT'S CALLED AN ACROMIAL  
6 IMPINGEMENT, WHICH MEANS THAT THE UPPER ARM BONE  
7 PUSHES AGAINST THE UNDER SURFACE OF THE SHOULDER  
8 BLADE. ALSO, HE'S GOT SOME ADHESIONS IN THAT  
9 SHOULDER THAT PREVENT HIM FROM MOVING. INJECTIONS

10 OF STEROID MATERIAL INTO THE SHOULDER JOINT, AND AN  
11 ACTIVE EXERCISE PROGRAM AT HOME DONE BY HIM ON A  
12 REGULAR BASIS, SHOULD RESULT IN AT LEAST EIGHTY  
13 PERCENT IMPROVEMENT OF THAT SHOULDER OVER THE NEXT  
14 THREE MONTHS. IF HE SPENDS THIRTY MINUTES, THREE  
15 TIMES A DAY, EXERCISING THAT SHOULDER, CLIMBING THE  
16 WALL, USING A PULLEY, DOING ALL THE THINGS THE  
17 THEP-APIST SHOWED HIM, AND CONTINUE THEM AT ROME,  
18 IT'S MY OPINION THAT HE WILL IMPROVE DRAMATICALLY.  
19 SECONDLY, IF THAT DOESN'T OCCUR, OR HE WANTS  
20 MORE IMPROVEMENT, THEN I THINK A ORTHOPEDIC SURGEON,  
21 WHO'S DOING SHOULDERS WORK, COULD DO ARTHROSCOPIC  
22 SURGERY AND CLEAN THAT UP. BUT THAT'S A TWENTY  
23 PERCENT CHANCE, AND IT'S UNLIKELY, IN MY OPINION,  
24 THAT HE'LL NEED THAT.

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1 Q NOW, BASED ON YOUR --- AGAIN, BASED ON YOUR  
2 EXAMINATION OF HIM AND YOUR REVIEW OF ALL THE  
3 APPLICABLE INFORMATION, THE MEDICAL RECORDS, THE  
4 FILMS, AND SO FORTH, WHAT IS YOUR OPINION TO A  
5 REASONABLE DEGREE OF MEDICAL CERTAINTY, DOCTOR, WITH  
6 REGARD TO WHETHER OR NOT THE PLAINTIFF IS  
7 EMPLOYABLE?

8 A MY OPINION IS, BASED ON --- THAT I HAVE IN MY REPORT  
9 --- I'VE GONE THROUGH SEVERAL CONCLUSIONS AND SO ON,  
10 WHICH I WON'T READ VERBATIM, BUT THEY'RE THERE. MY  
11 OPINION IS THAT THIS MAH IS EMPLOYABLE. I DO NOT  
12 BELIEVE THAT HE'S EMPLOYABLE IN THE JOB THAT HE WAS  
13 DOING PREVIOUSLY.

14 Q WHAT KIND OF WORK WOULD YOU RECOMMEND TO HIM? WHAT  
15 KIND OF RESTRICTIONS DO YOU THINK WOULD BE  
16 APPROPRIATE TO PUT ON HIM, MEDICALLY, AND THAT KIND  
17 OF THING, GIVEN HIS CURRENT STATUS, DOCTOR?

18 A IN HIS CURRENT STATUS, BEFORE TREATMENT OF HIS  
19 SHOULDER, HE COULD DO --- HE COULD DRIVE A LIGHTWEIGHT  
20 TRUCK. HE COULD DO MESSENGER WORK. HE COULD DO  
21 YARD WORK, SECURITY OFFICER, DISCHARGING AND  
22 DISPATCHING WORK.

23 THERE ARE MANY THINGS --- I USED TO WORK ON THE  
24 RAILWAY. I HAVE A LITTLE BIT OF IDEA ABOUT WHAT  
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1 GOES ON IN A RAILWAY YARD, AND HE COULD DO A LOT OF  
2 THOSE THINGS. BUT I DON'T THINK HE COULD WORK AS  
3 A --- AS A TRAC@, WHICH, INCIDENTLY, I HAVE ALSO  
4 DONE WHEN I WAS IN COLLEGE, TO MAKE ENOUGH MONEY  
TO

5 PAY FOR MY TUITION.

6 I WORKED ON THE UNION PACIFIC RAILWAY, AS A  
7 GANDY GANG, A TRACKMAN. SO, I'VE TAMPED TIES,  
I'VE

8 CUT TIES, I'VE LIFTED TIES. I KNOW WHAT THE RAILWAY  
9 LOOKS LIKE. I CAN FEEL HIS PROBLEM. BUT THE ---  
THE

10 POINT IS THAT WORKING WITH OTHER INDIVIDUALS WHO  
11 KNOW HE'S HAD A PROBLEM, THEY MAY NOT BE AS  
12 CONFIDENT WITH HIM, WHEN THEY SAY, "LET'S LIFT THIS,  
13 LET'S DO THAT," AND SO ON. SO, I WOULDN'T RECOMMEND  
14 THAT HE GO BACK TO THE TYPE OF WORK HE WAS DOING

15 PREVIOUSLY, BUT I WOULD --- BUT I BELIEVE FIRMLY TRAT  
16 HE IS EMPLOYABLE.

17 Q NOW, ASSUMING THE LEVEL OF IMPROVEMENT WITH REGARD  
18 TO HIS SHOULDER MOTION THAT YOU DESCRIBED EARLIER,  
19 WRAT WOULD YOUR OPINION BE WITH REGARD TO HIS  
20 EMPLOYMENT SITUATION AT THAT POINT?

21 A IF HIS SHOULDER IMPROVES, HE WOULD BE EVEN MORE  
22 EMPLOYABLE AT A GREATER SELECTION OF JOBS.

23 Q DOCTOR --- DOCTOR, DO YOU RAVE AN OPINION TO A  
24 REASONABLE DEGREE OF MEDICAL CERTAINTY, BASED ON  
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1 YOUR EXAMINATION, YOUR REVIEW OF THE FILMS, YOUR  
2 REVIEW OF THE RECORDS, AS TO THE CAUSE OF THE  
3 PLAINTIFF'S NECK, SHOULDER AND ARM COMPLAINTS?

4 A YES, I DO.

5 Q AND WHAT IS THAT OPINION?

6 A MY OPINION IS THAT THIS INDIVIDUAL HAD WHAT WE CALL  
7 AN AGING FORM OF WEAR AND TEAR OF THE CERVICAL  
8 SPINE, THAT HE HAD THIS ON THE DAY TRAT HE WAS  
DOING

9 THIS PLACEMENT OF A STANCHION, TRAT IT AFFECTED HIS  
10 NECK AT TWO LEVELS, C4-5 AND C5-6, MINIMAL, BUT ALL  
11 THE OTHER LEVELS AS WELL WITH HIS AGING, THAT THIS  
12 INCIDENT OCCURRED AT TRAT TIME, THAT IT'S RELATED  
TO

13 DOING THAT, BUT HE --- IT MIGHT HAVE OCCURRED IF HE'D  
14 BEEN DOING ANYTHING. IT MIGHT RAVE OCCURRED IF  
HE'D

15 BEEN JUMPING ON --- ON AND OFF A TRAIN, GETTING ON  
THE

16 TRACK, SNEEZING OR COUGHING IF HE HAD A BAD COLD,  
OR

17 A NUMBER OF OTHER THINGS. SO, IN THAT RESPECT,  
THIS

18 ACTION THAT HE DID IS NOT THE KIND OF ACTION TRAT  
19 USUALLY CAUSES A DISK TO RUPTURE OR A NERVE TO GET  
20 DAMAGED BY A SPUR.

21 WHAT --- CAN YOU EXPLAIN THAT? WHAT DO YOU MEAN BY  
22 TRAT?

23 A WBL, WI-IAT I MEAN 19 THAT AS WE'RE SITTING HERE  
NOW,

24 IF I HAVE DEGENERATIVE DISK DISEASE IN MY NECK, AND  
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1 1 BEND OVER TO PICK UP AN X-RAY, AND I DO IT  
2 FORCIBLY, AND --- AND THE VERTEBRA SLIPS MOMENTARILY,  
3 I MAY GET ARM PAIN. AND THAT MEANS THAT I'VE  
4 DEVELOPED NERVE ROOT PROBLEM, AND I'LL GET TREATED  
5 FOR IT. IF I DON'T GET BETTER IN SIX MONTHS OR A  
6 YEAR, I MAY NEED AN OPERATION.

7 WELL, WHAT DOES THAT MEAN? WHAT CAUSED IT?

8 I'M NOT GOING TO HOLD THE HOSPITAL RESPONSIBLE  
9 BECAUSE I BENT OVER IN ONE OF THEIR ROOMS WHILE I  
10 WAS PICKING UP SOMETHING OFF THE FLOOR. THE SAME  
11 THING MIGHT HOLD WITH A PERSON WHO'S WORKING AT A  
12 TEXTILE MILL, AND THEY'RE PUTTING SPINDLES UP ON  
THE

13 SHELVES. AND THIS WOMAN AT AGE FIFTY HAS DONE IT  
14 FOR THIRTY YEARS AND, THEN, ONE DAY, HER SHOULDER  
15 STARTS HURTING. WELL, IS TRAT DUE TO THE JOB?  
16 WHEREAS, HER SISTER, WHO'S NEVER BEEN IN A MILL,  
17 GETS A SHOULDER PAIN FROM DOING WHAT SHE DOES  
AROUND  
18 THE HOUSE.

19 SO, THIS IS THE --- THE STRAW THAT BREAKS THE  
20 CAMEL'S BACK. THAT'S WHERE THE OLD SAYING COMES  
21 FROM. THE CAMEL'S LOADED WELL AND DOING FINE, BUT  
22 YOU PUT ONE MORE STRAW ON IT, AND THAT CAUSES THE  
23 CAMEL TO COLLAPSE. DOES THAT MEAN PUTTING STRAW ON  
24 THE CAMEL'S BACK IS BAD PRACTICE? NO. DOES IT  
MEAN

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1 THAT ONE STPAW CAUSED THE PROBLEM? NO. IT MEANS  
2 THE CAMEL'S FULL OF STRAW AND HAD ENOUGH AND, THEN,  
3 THIS, WHATEVER THE INCIDENT MIGHT BE, RAPPENS TO BE  
4 THE --- THE FACTOR TRAT'S RELATED TO IT.  
5 DO YOU HAVE ANY OPINION TO A REASONABLE DEGREE OF  
6 MEDICAL CERTAINTY, DOCTOR, AS TO---PERHAPS IN  
7 PERCENTAGES, AS TO THE ROLE TRAT THIS PREEEXISTING  
8 CONDITION --- PREEEXISTING DISK DISEASE PLAYS IN HIS  
9 CURRENT PROBLEMS, VIS-A-VIS, THE INCIDENT OF AUGUST  
10 2, 1993?

11 A YES, I HAVE AN OPINION.  
12 AND WHAT IS YOUR OPINION IN THAT RESPECT?  
13 A MY OPINION IS THAT THE MAJORITY OF HIS PROBLEM  
14 PREEEXISTED. AND JUST FOR NUMBERS, I'D SAY SEVENTY  
15 TO SEVENTY-FIVE PERCENT OF HIS PROBLEM WAS ALREADY  
16 THERE. TWENTY-FIVE PERCENT OF HIS PROBLEM  
OCCURRED

17 WITH HIS WORK, HIS ACTIVITY, HIS SURGERY. I  
DON'T  
18 MEAN THE SURGERY WAS HARMFUL, BUT WHEN YOU HAVE  
AN  
19 OPERATION, YOU HAVE CRANGES. HIS SHOULDER PROBLEM,  
20 THAT OCCURRED SUBSEQUENTLY. SO, THE WHOLE TWENTY-  
21 FIVE PERCENT, SUBSEQUENTLY, THAT'S NOT A RATING,  
22 THAT'S NOT A DISABILITY AS SUCH, BUT TRAT'S A  
23 PROPORTION OF WHAT PREEEXISTED AND WHAT CAME  
24 AFTERWARD. SO, I'D PUT IT ON THREE PARTS EXISTED

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1 BEFORE, AND ONE PART EXISTED AFTERWARD.  
2 AND --- AND WRAT --- WHAT DO YOU BASE TRAT ON,  
DOCTOR?  
3 LET ME --- LET ME REPHP-ASE THAT.  
4 IF, IN FACT, THE PLAINTIFF, AS HE HAS  
TESTIFIED  
5 AT DEPOSITION, HAD NO OBVIOUS SYMPTOMS TO HIM  
6 RELATED TO HIS NECK, BEFORE AUGUST 2, 1993, WHY  
7 WOULD YOU SAY TRAT TWENTY --- TWENTY-FIVE PERCENT  
OR  
8 SO IS RELATED TO --- TO THAT DAY, AND SEVENTY-FIVE  
9 PERCENT OR SO, RELATED TO SOMETHING THAT HE ALREADY  
10 HAD?

11 A I'D --- I---

12 Q CAN YOU EXPLAIN WHY YOU SAY TRAT?

13 A YES, I CAN EXPLAIN THAT, AND WITHIN REASONABLE  
14 MEDICAL CERTAINTY. I'VE SEEN LITERALLY THOUSANDS  
OF  
15 INDIVIDUALS WHO RAVE RAD VARIOUS KINDS OF  
INJURIES  
16 AND COMPLAINTS. AND ON THE ONE RAND, I HAVE THIS  
17 LARGE GROUP OF PEOPLE WHO DO NOT CLAIM AN ACCIDENT,  
is WHO DO NOT CLAIM AN OCCUPATIONAL PROBLEM, WHO  
JUST  
19 COMPLAIN OF, SAY, PAIN IN THE SHOULDER OR PAIN IN  
2 0 THE NECK. AND, THEN, ON THE OTHER SIDE, I RAVE  
THIS  
21 OTHER GROUP WHO ARE WORKING, WHO HAVE AN  
OCCUPATION,  
22 AND WHO SAY, "WELL, THIS RAPPENED ON THURSDAY  
23 AFTERNOON WHILE I WAS ON THE JOB."  
24 SO, THEN, WE GET INTO THIS WHOLE DISCUSSION OF  
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1 ON-THE-JOB VERSUS OFF-THE-JOB. AND IF A PERSON'S  
2 WORKING AND SOMETHING OCCURS WHILE THEY'RE WORKING,  
3 THEN THERE'S AN EFFORT MADE TO RELATE IT TO THE  
JOB.  
4 NOW, IF I'M PUTTING A NAIL IN WITH A HAMMER  
AND  
5 I HIT THE NAIL, AND I MISS THE NAIL AND HIT MY  
HAND,  
6 AND 14Y THUMB'S BLEEDING, THERE ISN'T ANY QUESTION  
7 THAT'S AN ON-THE-JOB INJURY. BUT IF I GO HOME THAT  
a NIGHT AND I'M READING THE NEWSPAPER, AND MY THUMB  
9 STARTS HURTING, AND I'M DEVELOPING A TENDON THAT'S  
10 GOT ADHESIONS AROUND IT BECAUSE I'M FIFTY-TWO YEARS  
11 OLD AND I'M READY TO DEVELOP TRAT WITH MY  
ARTHRITIS,  
12 THAT'S NOT AN ON-THE-JOB INJURY. BUT THAT PERSON  
13 GOES BACK TO THE JOB NEXT DAY, AND IN DOING THEIR--  
-  
14 THEIR WORK, THEY SAY, "MY THUMB HURTS." SO, THEY  
15 REPORT IT TO THE SUPERVISOR, AND THEY SAY, "I --- MY  
16 THUMB HURTS ON THE JOB," THEY AREN'T LYING, THEY'RE  
17 LTUST RELATING IT TO WHAT THEY'RE DOING.  
18 AND THE SUPERVISOR HAS NO WAY OF FERRETING IT  
19 OUT. HE'S NOT AN F.B.I. DETECTIVE. SO, HE LTUST  
20 TAKES IT FOR WHAT IT IS. AND THAT'S THE DIFFERENCE  
21 BETWEEN OCCUPATIONAL, ON-THE-JOB, AND COINCIDENTAL.  
22 AND I BELIEVE, BASED ON MY PAST EXPERIENCE, LOOKING  
2S AT THESE X-PAYS, KNOWING THAT RE'S @ PROBLEMS IN  
24 THE PAST FROM THE X-RAYS, THAT I CAN SAFELY SAY  
TRAT  
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1 THE MECHANISM THAT HE --- THIS OCCURRED, JAMMING THIS  
2 ISN'T GOING TO RUPTURE A DISK.  
3 NOW, IF --- IF HE WERE HIT IN THE HEAD, BOWLED  
4 OVER, ROLLED DOWN, FELL OFF THE CART, SITTING IN THE  
5 CART, IT HIT HIM AND JAMMED HIS HEAD AND HE BUMPED  
6 HIS FOREHEAD AND BROKE HIS MAXILLA AND HIS MANDIBLE

7 AND HAD A BIG FACIAL INJURY, THEN I'D SAY THAT'S  
8 RELATED TO THE ACCIDENT. I DON'T THINK HIS INCIDENT  
9 WAS THE MAJOR CAUSE OF HIS PROBLEM.

10 SO, I ARBITRARILY COME UP WITH SOME NUMBERS SO  
11 THAT PEOPLE CAN DISCUSS THIS WITHIN REASON. IF I  
12 DON'T HAVE A NUMBER, THEN THEY SAY IT'S VAGUE. SO,  
13 I COULD HAVE SAID SEVENTY-THIRTY, EIGHTY-TWENTY,  
14 EIGHTY-FIVE-FIFTEEN. IT'S JUST IN THE AREA OF  
15 WEAT'S REASONABLE.

16 DOCTOR, YOU'VE BEEN REFERRING THROUGHOUT YOUR  
17 TESTIMONY TO SOME PAPERWORK THERE, AND YOU REFERRED  
18 A NUMBER OF TIMES TO YOUR REPORT. FOR THE RECORD,  
19 SIR, CAN YOU IDENTIFY WHAT WE'VE MARKED AS EXHIBIT  
20 NO. 2, AS A COMPLETE AND ACCURATE COPY OF YOUR  
21 REPORT?

22 (THEREUPON, THE WITNESS REVIEWS DOCUMENT.)

23 A YES, THIS IS THE REPORT THAT I PREPARED, CORRECTED,  
24 AND SIGNED. THE EXAMINATION WAS OCTOBER 21, 1996,  
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1 AND I SIGNED IT ON OCTOBER 23, 1996.

2 Q NOW, YOU INDICATED EARLIER THAT YOU --- THAT YOU, FROM  
3 TIME TO TIME, CONSULT IN THESE LITIGATION TYPE  
4 MATTERS. AND I ASSUME THAT YOU CHARGE FOR YOUR  
5 TIME

6 IN CONNECTION WITH THOSE. IS THAT TRUE?

7 A YES, I DO.

8 Q AND WHAT --- WHAT DO YOU CHARGE FOR YOUR TIME IN THESE  
9 KINDS OF MATTERS?

10 A I CHARGE THREE HUNDRED DOLLARS AN HOUR TO REVIEW THE  
11 RECORDS. I CHARGE FOUR HUNDRED AND FIFTY DOLLARS  
12 AN

13 HOUR, PORTAL TO PORTAL, THAT MEANS FROM THE TIME I  
14 LEAVE MY OFFICE TO WHEN I GET BACK THERE, FOR THE  
15 COURT CASE. AND I DO THAT BECAUSE I'VE HAD TO  
16 WAIT

17 MANY TIMES FOR ATTORNEYS, LATE PLANES.

18 I'VE SCHEDULED THE TIME. I CAN'T CONTROL THEIR  
19 TIME, AND I CHMGE FOR THEIR TIME. SEE, I CAN'T BE  
20 TOO LENIENT. AND I PUT THESE RULES UP FRONT, AND

21

22 THINK I TOLD YOU IN THE BEGINNING, I CHARGE PORTAL  
23 TO PORTAL, AND THAT'S WHAT IT MEANS.

24 YES, SIR. AND FOR THE RECORD, I'VE --- I'VE NEVER  
25 REFERRED ANY OTHER COURT CASES TO YOU BEFORE THIS  
26 ONE, HAVE I, SIR?

27 A THAT'S CORRECT.

28 MR. MILLBERG: YOU FOR ANSWERING MY  
29 ASSOCIATED REPORTING & TRANSCRIPTION  
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DR. GOIJ)NICR PAGE

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1 QUESTIONS, DR. GOLDNER.

2 MR. SE(PIRO: CAN WE TAKE A BRIEF RECESS?

3 W3[TNESS: CAN WE TAKE A BRIEF---

4 MR. MILLBERG: YES.

5 (THEREUPON, THERE WAS A BRIEF RECESS.)

6

7 T,)IRECT EXAMINATION BY MR. SHAPIRO:

8 Q DR. GOLDNER, AS I SAID EARLIER, MY NAME'S RICK  
9 SHAPIRO FOR THE PLAINTIFF.

10 DR. GOLDNER, BEFORE WE STARTED THE DEPOSITION,  
11 YOU DID HAVE AN OPPORTUNITY TO MEET WITH MR.  
12 MILLBERG, THE ATTORNEY FOR THE DEFENDANT, DID YOU  
13 NOT?  
14 A YES.  
15 Q AND YOU TALKED IN GENERAL TERMS ABOUT WHAT THINGS HE  
16 MIGHT ASK YOU ABOUT TODAY, RIGHT?  
17 A YES.  
18 Q AND WHEN YOU WERE FIRST CONTACTED, AT SOME POINT,  
19 YOU LEARNED FROM THE ATTORNEYS FOR C.S.X. THAT THE  
20 CASE WAS ALREADY IN COURT, WASN'T IT?  
21 A YES.  
22 Q SO, YOU GENERALLY KNEW THAT YOUR EXAMINATION WAS AT  
23 THE REQUEST OF C.S.X., UNDER THE COURT PROCEDURES,  
24 DID YOU NOT?

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DR. GOLDNER PAGE 51

1 A YES.  
2 Q YOU REALIZED YOU'D HAVE TO GIVE A DEPOSITION OR  
3 TESTIFY AT TRIAL?  
4 A THAT'S CORRECT.  
5 YOU --- YOUR CHARGES THAT YOU REFERENCED BEFORE FOR  
6 YOUR EXAMINATION ARE GOING TO BE PAID BY C.S.X.,  
7 CORRECT?  
8 A THAT'S CORRECT.  
9 YOU TALKED A GOOD DEAL ABOUT YOUR LONG HISTORY IN  
10 ORTHOPEDICS, AND I THINK ONE OF THE THINGS YOU HAD  
11 TOLD US EARLIER WAS THAT YOU ALSO HAD BEEN A NORFOLK  
12 SOUTHERN SURGEON?  
13 A A SOUTHERN RAILWAY SURGEON.  
14 AT THAT TIME --- IT WAS BEFORE IT WAS NORFOLK  
15 SOUTHERN---  
16 A RIGHT.  
17 Q --- IT WAS CALLED SOUTHERN PAILWAY, CORRECT?  
18 AND YOU SAID TRAT YOU KNOW MAX ROGERS, WHO, I  
19 THINK, WAS THE CHIEF MEDICAL DOCTOR FOR SOUTHERN  
20 RAILWAY FOR A NUMBER OF YEARS, RIGHT?  
21 A THAT'S RIGHT.  
22 HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH DR.  
23 ROGERS?  
24 A WELL, DR. ROGERS WENT TO DUKE AS A MEDICAL STUDENT.

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DR. GOIIDNER PAGE 52

1 HE LIVED IN HIGH POINT. RE REFERRED PATIENTS TO ME.  
2 HE WAS A GENERAL SURGEON. SO, I KNEW MAX BY  
3 TELEPHONE NAME, BY PERSONAL NAME. HE WAS HERE FOR  
4 ALUMNI CONFERENCES. I TREATED HIS WIFE. I THINK I  
5 OPERATED ON HER FOOT. I KNEW HIM PROFESSIONALLY,  
6 AND FROM A DISTANCE, SOCIALLY.  
7 Q AND OBVIOUSLY, OVER THE YEARS, SOTTHERN RAILWAY  
8 REFERRED A NUMBER OF ITS WORKERS TO YOU FOR  
9 EVALUATION AND TREA774ENT?  
10 A MAINLY FOR TREATMENT, BECAUSE I WAS THE TRIAGE --- I  
11 MEAN, THE TERTIARY CENTER HERE. THEY WOULD HAVE  
12 MANY PATIENTS OUT IN THE STATE OR WHEREVER IT WAS,  
13 AND THEY WERE TRYING TO GET THE FINAL OPINION AND  
14 GET THEM TREATED THE BEST WAY THEY COULD. SO, I  
15 TREATED THEM.  
16 Q ALSO, ABOUT THESE MEDICAL EXAMINATIONS CONNECTED  
17 WITH LAWSUITS, YOU SAID TRAT YOU STARTED DOING THESE



18 MORE FREQUENTLY IN THE LAST TEN YEARS SINCE YOUR  
19 SEMI-RETIREMENT, I TAKE IT?  
20 A RIGHT. SINCE 1990, WHEN I HAD MORE TIME, I'D GET  
21 REQUESTS FROM ATTORNEYS THAT I DIDN'T KNOW. I'M NOT  
22 LISTED ON ANY FIRM LIST WITH ANY COMPANY OR ANY  
23 FORMAL GROUP. I DO THIS ON MY TIME, AND I DO IT  
24 BECAUSE I THINK IT'S --- FIRST OF ALL, I'M INTERESTED  
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1 IN MEDICAL-LEGAL PROBLEMS. SECONDLY, I'VE GIVEN  
2 NUMEROUS LECTURES ON HOW TO AVOID BEING SUED. AND,  
3 THIRD, I TEACH MEDICAL STUDENTS HOW TO KEEP GOOD  
4 RECORDS SO THEY STAY OUT OF COURT. AND THIS HAS  
5 BEEN A POLICY OF MINE FOR FORTY YEARS. SO, WHEN, AT  
6 THE END OF MY CAREER, I'M FACED WITH A OPPORTUNITY  
7 OF PRACTICING WHAT I PREACH, I CHOSE IT, AND I DO  
8 IT.

9 YOU FIND IT INTERESTING, I TAKE IT, LOOKING AT A  
10 SITUATION AND EXAMINING A PERSON ON ONE OCCASION?  
11 A I FIND IT VERY INTERESTING, BECAUSE I'M AT A  
12 DISTANCE, SO TO SPEAK. I DO IT, I'M THROUGH WITH  
13 IT, AND I GO ON TO THE NEXT ONE; WHEREAS, IN  
14 MEDICINE, A COMPLEX PROBLEM STAYED WITH ME FOR  
15 THIRTY YEARS.

16 Q AND IN PARTICULAR IN THIS CASE, YOU EXAMINED MR. LEE  
17 ON ONE OCCASION, AS I THINK YOU PREVIOUSLY  
18 TESTIFIED, AND YOU WERE WITH HIM FOR ABOUT AN HOUR.  
19 IS THAT CORRECT?

20 A I WAS WITH HIM FOR AN HOUR AND TWENTY MINUTES.

21 Q ALL RIGHT. YOU @ BEEN PROVIDED A LOT OF THE  
22 MEDICAL RECORDS INVOLVING MR. LEE, ALSO, HAD YOU  
23 NOT?

24 A YES.

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1 EVERYTHING THAT RELATED IN ANY WAY TO MR. LEE'S  
2 SPINAL CONDITION WAS PROVIDED TO YOU BY C.S.X.'S  
3 ATTORNEYS, CORRECT?

4 A THAT'S CORRECT, AT MY REQUEST.

5 Q YES, SIR. NOW, THE FIRST THING I WANT TO ASK YOU IS  
6 THIS, JUST TO MAKE SURE I UNDERSTAND. WE'RE GOING  
7 TO GO INTO SOME OF THE DETAILS. YOU DID AGREE THAT  
8 THE ACCIDENT THAT MR. LEE DESCRIBED, ON AUGUST 2,  
9 1993, CONTRIBUTED IN SOME RESPECT TO CAUSING HIS  
10 NECK INMMY, AS BEST YOU COULD GATHER?

11 A I --- I AGREED THAT IT WAS ASSOCIATED BY TEMPORAL  
12 OCCURENCE. I DID NOT AGREE IN ANY WAY THAT THE  
13 MOTIONS HE WERE --- HE WERE DO --- HE WAS DOING CAUSED  
A

14 SPUR TO OCCUR, CAUSED A DISK TO RUPTURE, OR CAUSED  
15 HIS NECK-SHOULDER PAIN PRIMARILY.

16 Q RIGHT. WELL, THERE WAS NO DISK RUPTURE RIGHT AFTER  
17 HIS ACCIDENT, WITHIN THE FIRST WEEK OR TWO.

18 A TRAT'S CORRECT.

19 0 BUT YOU TESTIFIED THAT SOMETHING AS SIMPLE AS A  
20 SNEEZE CAN CAUSE SOMEBODY TO RAVE A DISK PROBLEM,  
21 DIDN'T YOU?

22 A I SAID THAT IF THEY HAVE A PROBLEM, THEN IT CAN BE  
23 AGGRAVATED BY TRAT. THAT'S CORRECT.

24 Q SO, WHAT WOULD BE SO UNUSUAL ABOUT THE MOTION OF

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1 TAKING A STAKE THAT'S TEN TO TWENTY POUNDS AND  
2 JABBING IT INTO THE GROUND WITH YOUR ARMS, CAUSING  
3 SOME KIND OF NECK PROBLEM?  
4 A IT WOULDN'T CAUSE IT. IT WOULD BE COINCIDENTAL WITH  
5 IT.  
6 ALL RIGHT. NOW, A COUPLE OF OTHER THINGS IN YOUR  
7 REPORT, WHICH WAS REFERENCED BY MR. MILLBERG, YOU  
8 ALSO WOULD --- YOU HAVE AGREED THAT MR. LEE CAN'T  
9 RETURN TO HIS PRIOR JOB WITH C.S.X., BASED ON HIS  
10 PRESENT CONDITION, CORRECT?  
11 A YES, I HAVE.  
12 NOW, YOU WOULD AGREE, AS FAR AS HIS PRESENT  
13 CONDITION, WITH A LIFTING RESTRICTION OF --- IN  
14 GENERAL TERMS FOR MR. LEE, OF SOMEWHERE FROM TWENTY  
15 TO THIRTY POUNDS?  
16 A YES.

17 Q AND THAT ISN'T TOO DIFFERENT THAN WHAT HIS TREATING  
18 DOCTOR HAS SAID, TEN TO TWENTY POUNDS, RIGHT?  
19 A THAT'S CORRECT. I THINK IT'S TOO --- IT'S VERY  
20 GENERAL, AND I'VE TRIED TO DESCRIBE IT AS, HE COULD  
21 LIFT TEN, TWENTY, THIRTY, FIFTY POUNDS, IF IT WERE  
22 FROM THE FLOOR UP TO THE KNEE LEVEL, FREQUENTLY.  
23 BUT OVERHEAD, HE COULDN'T DO THAT.  
24 Q OKAY. AND YOU'RE AWARE THAT HIS TREATING DOCTOR,  
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1 DR. HANEY, HAS SEEN HIM --- CARED FOR HIM FOR ABOUT A  
2 FOUR-YEAR PERIOD?  
3 A YES, I'M AWARE OF THAT.  
4 Q AND HE WOULD HAVE A PRETTY GOOD OPPORTUNITY TO KNOW  
5 MR. LEE'S CLINICAL CONDITION, BASED ON THOSE FOUR  
6 YEARS, WOULDN'T HE?  
7 A I WOULD THINK SO, AND I'D HAVE TO --- HAVE TO SAY  
8 THAT, SOMETIME, ANOTHER PERSON LOOKING IN ON A CASE  
9 SEES THINGS THAT THE REGULAR DOCTOR DOESN'T SEE,  
10 BECAUSE YOU'RE ACCUSTOMED TO SEEING THE PATIENT, AND  
11 THEY'RE --- YOUR DETAILED EXAMINATION ISN'T ALWAYS AS  
12 DETAILED.  
13 Q I WOULD AGREE. YOU WERE AWARE, FROM YOUR REVIEW OF  
14 THE MEDICAL RECORDS, THAT MR. LEE HAD NO PRIOR  
15 MEDICAL CARE FOR ANY NECK OR SHOULDER PROBLEM,  
16 BEFORE AUGUST 2, 1993, THAT YOU WERE ABLE TO FIND?  
17 A THAT'S CORRECT.  
18 Q AND C.S.X. HAS --- HAS NOT PROVIDED YOU ANY EVIDENCE  
19 THAT MR. LEE EVER HAD ANY MEDICAL CARE FOR HIS NECK,  
20 PRIOR TO AUGUST OF 1993, RIGHT?  
21 A THAT'S CORRECT.  
22 Q AND IN YOUR OWN PRIOR MEDICAL HISTORY THAT YOU TOOK  
23 FROM MR. LEE, YOU TRIED TO BE AS EXPANSIVE AS YOU  
24 COULD. YOU ASKED ABOUT EVERYTHING, RIGHT?  
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1 A THAT'S TRUE.  
2 AND YOU DIDN'T LEARN OF ANY PRIOR MEDICAL  
HISTORY OF

3 ANY PROBLEMS WITH HIS NECK, RIGHT?  
4 A THAT'S CORRECT.  
5 AND TRAT GOES, ALSO, FOR MR. LEE'S RIGHT  
SHOULDER  
6 PAIN. THERE WAS NO PRIOR HISTORY, BEFORE  
AUGUST,  
7 1993, OF ANY PAIN WITH THAT SHOULDER, WAS THERE?  
8 A NO, THAT I---NOT THAT I DETERMINED.  
9 THE SURGERY THAT DR. MATTHEWS CONDUCTED, YOU  
10 REVIEWED THE NOTES ABOUT HIS OPERATION AND HOW  
HE  
11 DID IT?  
12 A Yeg.  
13 THAT WAS RATHER STANDARD. I MEAN, THERE WAS  
NOTHING  
14 UNUSUAL ABOUT THE WAY HE DID HIS SURGERY, WAS  
THERE?  
15 A NO.  
16 BASED ON THE COMPLAINTS THAT MR. LEE WAS HAVING UP  
17 TILL OR JULY OF 1994 WHEN THE SURGERY  
OCCURRED,  
18 YOU WOULD AGREE THAT THE SURGERY WAS A  
REASONABLE  
19 AND NECESSARY MEDICAL OPTION FOR HIM?  
20 A YES.  
21 CERTAINLY --- I THINK YOU'VE TESTIFIED THAT THE  
22 SURGICAL OUTCOME WAS PRETTY GOOD AND THE FUSION OF  
23 THE DONE RAS BEEN VERY GOOD?

24 A YES.  
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1 YOU WOULD AGREE THAT THERE'S A CERTAIN AMOUNT OF  
2 SCAR TISSUE THAT IS NOW IN MR. LEE'S NECK AREA  
3 AROUND THE --- WHERE THE SURGERY WAS CONDUCTED; Tliat  
4 IS, IN THE NERVES AROUND THE AREA OF THE SURGERY?  
5 A NO, I WOULDN'T AGREE TO THAT.  
6 Q WOULD YOU AGREE THERE'S ANY SCAR TISSUE---  
7 A BUT I AGREE---  
8 Q --- AS A RESULT OF THE SURGERY?  
9 A I AGREE HE'S HEALED, BUT HE'S HEALED IN THE FRONT OF  
10 THE VERTEBRAE. WE DON'T SEE THE NERVES WHEN WE DO  
11 AN ANTERIOR FUSION. WE'RE NOT NEAR THE NERVES, IF  
12 YOU GO OUT FIVE, EIGHT, TEN, TWELVE, MILLIMETERS.  
13 TRAT'S ONE OF THE MAJOR ADVANTAGES OF DOING IT IN  
14 THE FRONT, THAT YOU AVOID THE NERVES. NOW, YOU CAN  
is GET TO THE NERVES FROM THE FRONT, BUT DR. MATTHEWS  
16 DIDN'T REMOVE THE POSTERIOR LONGITUDINAL LIGAMENT,  
17 AND HE DIDN'T TAKE THE SPURS OFF. SO, HE DIDN'T GET  
18 NEAR THE NERVES, AND I'D SAY THE OPERATION WAS ONLY  
19 GOOD FOR THE NERVES, NOT BAD FOR THEM.  
20 1---I WANT TO SEPARATE THE ISSUE OF THE NERVES FROM  
21 SOME SCAR TISSUE. I MEAN, YOU WOULD JUST AGREE  
22 WHENEVER A SURGEON GOES IN AND DOES A SURGERY SUCH  
23 AS THIS, THERE IS SOME SCAR TISSUE? IT'S MINIMAL---  
24 A BUT SCAR TISSUE ISN'T HARMFUL.

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1 WELL, SCAR TISSUE ISN'T THE SAME AS HEALTHY TISSUE,  
2 IS IT?

3 A IN SOME --- IN THIS RESPECT, IT'S BETTER. IT'S NOW  
4 STRONGER THAN IT WAS BEFORE. SCAR --- HEALTHY---  
5 PATHOLOGIC TISSUE IS UNHEALTHY. THE TISSUE IN FRONT  
6 OF HIS SPINE WHEN THEY WENT IN, WAS UNHEALTHY. THE  
7 DISK WAS UNHEALTHY.

8 Q RIGHT.

9 A SO, THEY REMOVED THE UNHEALTHY DISK, THEY REMOVED  
10 THE ANTERIOR LIGAMENT WHICH WAS UNHEALTHY, THEY PUT  
11 IN A FRESH BONE GRAFT. NOW, THE NEW SCAR THAT HE  
12 HAS IS LIKE PUTTING IN NEW MORTAR ON TWO OLD BRICKS.

13 Q I GUESS WE'RE TALKING ABOUT TWO DIFFERENT THINGS.

14 I'M NOT ASKING ABOUT THE DISK WHICH WAS REMOVED.

15 THAT IS A CERTAIN TISSUE, RIGHT?

16 A YES.

17 I'M ASKING ABOUT THE TISSUE THAT SURROUNDS THE AREA  
18 OF THE DISK; THAT IS, THE SKIN THAT DR. MATTHEWS HAS  
19 TO GO IN WITH HIS SCOPE AND GO AROUND. THERE IS  
20 SOME SCAR TISSUE FROM GOING IN WITH THE SURGICAL  
21 INSTRUMENT THROUGH THE FRONT OF THE NECK, CORRECT?

22 A WELL, I CAN ANSWER YES, BUT I --- I WANT TO ELIMINATE  
23 THE IMPLICATION THAT THAT'S BAD SCAR.

24 Q OKAY. BUT SCAR TISSUE NEVER HEALS LIKE HEALTHY-  
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1 TISSUE, DOES IT? IT NEVER---

2 A YES. YES, IT DOES. YOU HAVE AN APPENDECTOMY AND

3 YOU HAVE AN INCISION AND IT HEALS, AND IN --- WITHIN A

4 YEAR, IT'S HEALTHY. IT'S --- IT'S DIFFERENT MAKEUP,

5 BUT IT'S HEALTHY.

6 Q OKAY.

7 A I THINK THE GENERIC TERM, "SCAR TISSUE," ALWAYS

8 IM --- IMPLIES SOME BAD SITUATION. IT'S NOT.

9 Q THE SURGERY THAT MR. LEE HAD, WENT IN THROUGH THE

10 FRONT OF HIS NECK, AS YOU POINTED OUT, AND THE

11 SPINAL COLUMN IS IN THE REAR, CORRECT?

12 A WELL, THE SPINAL COLUMN IS IN THE FRONT AND THE

13 REAR, BUT YOU CAN GET TO IT FROM EITHER THE --- YOU

14 CAN GET TO THIS TABLE FROM THIS SIDE, YOU CAN GET TO

15 IT FROM THAT SIDE. IT'S THE SAME TABLE.

16 Q IS THE SPINAL COLUMN LOCATED IN THE FRONT OR THE

17 REAR OF THE VER --- IF I'M POINTING TO MY VERTEBRAE

18 RIGHT NOW, IS IT TOWARD THE POSTERIOR OR THE FRONT?

19 A WELL, THE SPINAL COLUMN IS MADE UP OF THE BONES IN

20 THE BACK, THE SPINAL CORD, THE NERVE ROOTS, AND THE

21 BONES IN THE FRONT. SO, ALL THAT'S THE SPINAL

22 COLUMN. ON TOP OF THAT IS THE CARTILAGE OF THE

23 THYROID WHERE YOU SWALLOW, THE TRACHEA, THE

24 ESOPHAGUS. THOSE SOFT TISSUES ARE ON THE SPINAL

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1 COLUMN. IN THE BACK, YOU'VE GOT MUSCLES ON THE

2 SPINAL COLUMN. SO, THE SPINAL COLUMN, AS YOU'RE

3 USING IT, IS LIKE A STEEL GIRDER IN THE MIDDLE OF A

4 ROOM THAT HOLDS THE ROOF UP. IT HOLDS THE HEAD UP.

5 Q WOULD YOU AGREE THAT ANTERIOR CERVICAL DISK FUSION,

6 SUCH AS THIS PROCEDURE, IS A DANGEROUS PROCEDURE AND

7 THAT THERE ARE A NUMBER OF POTENTIAL COMPLICATIONS

8 THAT CAN RESULT?

9 A YES.

10 Q MR. LEE NOW HAS ONE LESS JELLY-LIKE DISK IN HIS NECK

11 AREA, DOESN'T HE?  
12 A YES.  
13 Q AND BECAUSE TRAT BONE HAS FUSED IN BETWEEN THOSE TWO  
14 VERTEBRAE, HE DOESN'T RAVE THE SAME CUSHIONING, THE  
15 SAME NUMBER OF DISKS AS SOMEONE LIKE YOURSELF, IF  
16 YOU RAVE NEVER RAD A SURGERY, RIGHT?  
17 A THAT'S CORRECT, EXCEPT TRAT THE CUSHIONING Tliat HE  
18 WAS GETTING FROM HIS DISEASED DISK WAS ZERO. SO, HE  
19 WAS WORSE OFF WITH TRAT NUMBER THAN HE WAS NOW  
20 WITHOUT THAT NUMBER.  
21 Q ALL RIGHT. AND THAT'S AN OPINION YOU RAVE---  
22 A TRAT'S A FACT.  
23 O --- TO A REASONABLE DEGREE OF MEDICAL CERTAINTY?  
24 A YES, IT IS. IT'S A FACT, BASED ON MY EXPERIENCE AND  
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1 THE LITERATURE AND VARIOUS OTHER THINGS.  
2 Q OKAY. SO, HE'S BETTER OFF NOW THAN HE WAS AS OF THE  
3 DATE OF THE INMMY BECAUSE THAT DISK IS GONE?  
4 A CORRECT.  
5 AND THIS IS EVEi4 THOUGH MR. LEE NEVER RAD ONE  
6 COMPLAINT OF NECK PAIN PRIOR TO AUGUST 2, 1993, THAT  
7 HE EVER MADE TO A DOCTOR?  
8 A TRUE.  
9 Q NOW, ANYTIME ONE DISK IS REMOVED FROM THE NECK, YOU  
10 WOULD AGREE TRAT IT'S VERY WELL KNOWN MEDICALLY THAT  
11 THERE CAN BE INCREASED PRESSURE ON THE ADJACENT  
12 DISKS ABOVE AND BELOW THE AREA OF THE SURGERY?  
13 A THERE MAY BE, BUT THERE MAY NOT BE.  
14 Q BUT IT'S WELL DOCUMENTED MEDICALLY THAT, OFTEN,  
15 THERE IS INCREASED PRESSURE ON THE SURROUNDING  
16 DISKS?  
17 A YES.  
18 Q AND AS YOU TESTIFIED EARLIER, YOU SAID THERE'S AN  
19 EIGHTY PERCENT CHANCE MR. LEE WOULD NOT NEED ANY  
20 FURTHER INTERVENTION AT THE DISK BELOW THE AREA OF  
21 THE SURGERY, BUT THAT OBVIOUSLY MEANS THAT THERE'S A  
22 TWENTY PERCENT RISK TRAT HE WILL NEED A FUTURE  
23 SURGERY, RIGHT?  
24 A THERE WAS A TWENTY PERCENT RISK AT THE TIME DR.  
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1 MATTHEWS DID IT, THAT HE SHOULD liAVE INCLUDED THIS  
2 SPACE, AND HE DIDN'T. SO, THAT RISK WAS THEN, AND  
3 THAT RISK XS NOW---  
4 Q WELL---  
5 A --- BUT IT'S NO GREATER NOW THAN IT WAS THEN, EXCEPT  
6 FOR YOUR ASSUMPTION, BASED ON UNDOCUMENTED  
7 STATEMENTS IN THE LITERATURE, THAT EVERY PATIENT RAS  
8 A RISK. SO, IN Z4Y PERSONAL OPINION, WHEN I'VE TOLD  
9 THESE TWO OR THREE HUNDRED PATIENTS I'VE TREATED, I  
10 SAY, "THAT SPACE MAY BE SUBJECT TO A PROBLEM. DOING  
11 THIS FUSION MAY ADD A SLIGHT RISK TO IT, BUT THE  
12 BENEFIT WILL BE SO GREAT TRAT WE CAN TAKE TRAT  
13 RISK."  
14 WELL, WOULD YOU, AS A DOCTOR, NORMALLY ADVISE YOUR  
15 PATIENT THAT YOU'D RATHER TAKE OUT TWO DISKS OR ONE,  
16 IF THERE'S A MARGINAL ISSUE ON THE OTHER, YOU KNOW,  
17 SECOND DISK?  
18 A DEPENDS ON THE PATIENT. NOW, IF THE PATIENT IS

19 GOING TO DO HEAVY PHYSICAL WORK, PERSONALLY, I WOULD  
20 HAVE TAKEN OUT C5-6 ON THIS PATIENT. THAT DOESN'T  
21 MEAN I SAY DR. Z4ATTHEWS IS WRONG. I %TUST SAY MY  
22 EXPERIENCE DISAGREES WITH HIS DECISION.  
23 OKAY. CERTAINLY WHEN YOU DO THAT, YOU FURTHER  
24 POTENTIALLY RESTRICT THE RANGE OF MOTION THAT THE  
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1 PERSON MAY HAVE IN THEIR NECK, AND THEIR BENDING  
2 ABILITY IN THEIR NECK, CORRECT?  
3 A WELL, THEORETICALLY, YOU DO, IF YOU DO IT IN A  
4 NORMAL, HEALTHY NECK. BUT IF YOU TAKE A PAINFUL  
5 DISK AND REMOVE IT AND PUT BONE IN IT, MANY TIMES,  
6 YOU ACTUALLY INCREASE THE MOTION, BECAUSE THEY DON'T  
7 RAVE PAIN AND THEY USE WRAT THEY RAVE BETTER.  
8 OKAY. LET ME TURN TO THE OTHER CONDITION REGARDING  
9 THE --- THE RIGHT SHOULDER. I BELIEVE YOU STATED IN  
10 YOUR REPORT THAT HE HAS WHAT'S CALLED "ACROMIAL  
11 IMPINGEMENT OR MILD ADHESIVE CAPSULE OF THE RIGHT  
12 SHOULDER," AND I'M SKIPPING SOME PARTS. AND, THEN,  
13 YOU'VE SAID, A LITTLE LATER IN THE PARAGRAPH, THAT  
14 THIS IS GENERALLY REFERRED TO AS A SECONDARY  
15 SHOULDER CHANGE ASSOCIATED WITH NECK PROBLEMS, AND  
16 IS NOT UNUSUAL IN ITS OCCURRENCE.  
17 A TRAT'S CORRECT.  
18 Q AND AS YOU PREVIOUSLY SAID, MR. LEE DID NOT COMPLAIN  
19 OF A RIGHT SHOULDER PROBLEM BEFORE AUGUST OF 1993?  
20 A THAT'S CORRECT.  
21 Q AND YOU WOULD AGREE WITH NE, BEFORE AUGUST OF 1993,  
22 MR. LEE NEVER KNEW HE WAS GOING TO RAVE AN ACCIDENT  
23 TN AUGUST OF 1993?  
24 A THAT'S CORRECT.

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65  
1 Q NOW---  
2 A OR AN INCIDENT. I DON'T CALL IT AN ACCIDENT.  
3 Q YES, SIR. YOU, IN DOING THESE EXAMINATIONS, HAVE  
A  
4 NTIMBER OF METHOI)S WHERE YOTJ CAN DISTRACT THE PERSON  
5 YOU'RE TESTING AND DO VARIOUS TESTS TO SEE IF  
6 THEY'RE BEING CONSISTENT IN WHAT THEY'RE TELLING YOU  
7 VERSUS WRAT THEY CAN DO. IS THAT TRUE?  
8 A THAT'S CORRECT.  
9 Q AND I BELIEVE YOU SAID IN YOUR REPORT THAT YOU  
10 CHECKED SOME OF THESE DISTRACTION TECHNIQUES ON THE  
11 PLAINTIFF, BUT YOU FOUND THAT HE WAS CONSISTENT WITH  
12 WHAT HE HAD DESCRIBED AND WHAT HE COULD DO, DIDN'T  
13 YOU?  
14 A YES.  
is Q YOU'VE USED THE AMERICAN 14MEDICAL ASSOCIATION GUIDES  
16 TO THE EVALUATION OF PERMANENT IMPAIRMENT BEFORE,  
17 RAVEN'T YOU, DOCTOR?  
18 A YES, I HAVE.  
19 Q AND THEY'RE A WELL-RESPECTED GUIDE FOR LOOKING AT  
20 IMPAIRMENT, AREN'T THEY?  
21 A THEY'RE A GUIDE ONLY, BUT THEY'RE --- THEY ARE  
22 REFERRED TO MAINLY BECAUSE THE LEGAL FIELD WANTS A  
21 FIGURE AND THEY WANT A NUMBER AND THEY WANT  
24 SOMETHING THEY CAN POINT TO, AM THEY WANT TO REMIND

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DR. GOIRDNER PAGE 66

1 YOU OF WHAT YOU SAID BEFORE, AND THERE'S THE NUMBER.  
2 SO, THIS CAME OUT BECAUSE IT'S MAINLY THE LAW --- THE  
3 LAW PROFESSION INDIRECTLY DEMANDED IT.  
4 WELL, IN SOME WAYS, IT --- IT DOES LET US HAVE  
5 OBJECTIVE GUIDES OR CRITERIA BASED ON TESTS, AND  
6 THAT'S --- TRAT'S A BENEFIT SOMETIMES, ISN'T IT?  
7 A WELL, YOU KNOW WRAT A STRAW MAN 19? I'M NOT  
8 SUPPOSED TO ASK YOU QUESTIONS. SEE, A STRAW MAN IS  
9 SOMETHING YOU BUILD UP AND YOU CAN BREAK DOWN AND  
10 YOU CAN DO WHAT --- ANYTHING YOU WANT WITH IT. THIS  
11 GUIDE'S A STRAW MAN. AND THE WAY THIS DISABILITY  
12 RATING WAS DETERMINED IN THIS CASE, REPRESENTS IT.  
13 Q WELL, I'M NOT QUITE SURE I UNDERSTAND THAT, BUT LET  
14 ME ASK YOU THIS. YOU LOOKED AT THE DISABILITY  
15 EVALUATION AS CONDUCTED BY MS. HUDGINS, AND YOU DID  
16 YOUR OWN TESTS OF MR. LEE'S NECK, AND YOU DON'T  
17 QUARREL MUCH WITH THE FACT THAT SHE CAME UP WITH  
18 TWENTY PERCENT IMPAIRMENT OF THE NECK UNDER THE  
19 GUIDES AS TO THE CONDITION TRAT HE WAS IN WHEN SHE  
20 TESTED HIM?  
21 A WELL, I'M NOT --- ACCORDING TO THE GUIDE, YES. I---  
22 WRAT I'M QUARRELING WITH IS THE FOUR PERCENT TOTAL  
22 BOI)Y IMPAIRMENT THAT THE GUIDE GIVES YOU WHEN YOU  
24 CAN'T TURN YOUR HEAD TWENTY --- PAST TWENTY DEGREES.

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DR. GOLDNRR PAGE 67

1--- I'm ---  
2 I WASN'T EVEN REFERRING TO THAT.  
3 A WELL, I KNOW, BUT I'M --- I'M DIS --- I'M DISAGREEING  
4 WITH THE GENERIC FACTOR, AND THERE ARE LITERALLY  
5 THOUSANDS OF ORTHOPEDIC SURGEONS WHO FIMD THE A.M.A.  
6 GUIDE IS HELPFUL, BUT A HINDRANCE. BUT IN --- IN  
7 RESPONSE TO YOUR QUESTION, SHE'S NOT OUT OF THE BALL  
8 PARK WITH THE TWENTY PERCENT IMPAIRMENT, BUT I DON'T  
9 LIKE THE WAY SHE ADDED UP FOUR, FOUR, FOUR AND FOUR,  
10 AND THE RIGHT'S FOUR, LEFT'S FOUR, BACK'S FOUR,  
11 FORWARD'S FOUR AND, THEN, THAT GIVES YOU TWENTY,  
12 BECAUSE THERE ARE SIX TESTS OR SOMETHING LIKE THAT.  
13 YOU HAVE TO LOOK AT THIS PATIENT AS A WHOLE.  
14 YOU HAVE TO LOOK AT HIS FUNCTION. AND YOU CAN HAVE  
15 AN ANATOMIC DISABILITY AND YOU CAN HAVE A FUNCTIONAL  
16 DISABILITY. AND HIS ANATOMIC IS IN KEEPING WITH HIS  
17 AGE. I PUT LESS EMPHASIS ON HIS ANATOMIC T@ I DO  
18 FOR THE FACT THAT WHEN I TESTED HIM AND I SAW WHAT  
19 HE COULD DO AND COULDN'T DO, I FELT HE WAS IMPAIRED.  
20 Q ALL RIGHT. NOW --- GIVE ME ONE MOMENT.  
21 (THEREUPON, THERE WAS A BRIEF PAUSE.)  
22 Q GENERALLY, WHEN WE TALK ABOUT THESE PERCENTAGES, AND  
23 I'M REFERRING BACK, NOT TO THE IMPAIRMENT RATING,  
24 BUT THE PERCENTAGES THAT WAS THERE BEFORE HE HAD THE

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DR. GOLDNER PAGE 68

1 ACCIDENT OR AFTER THE ACCIDENT, WOULD YOU AGREE WITH  
2 ME THAT MEDICINE IS NOT AN EXACT SCIENCE, BUT IT IS,  
3 INSTEAD, COMING TO REASONABLE CONCLUSIONS BASED ON  
4 DIFFERENTIAL DIAGNOSIS, EXAMINATION, AND THINGS LIKE

5 THAT?

6 A I WOULD AGREE THAT THERE ARE A LOT OF SCIENTIFIC  
7 THINGS IN MEDICINE THAT ARE HELPFUL; BUT GENERALLY  
8 SPEAKING, WE'RE TALKING MORE ABOUT JMGMENT, ART,  
9 ASSESSMENT OF THE PERSON, AND OCCUPATION AND MANY  
10 OTHER THINGS.

11 ALL RIGHT. AND IS THAT WHY, WHEN YOU SAID MAYBE ONE  
12 PART OF HIS PROBLEM WAS CAUSED BY THIS ACCIDENT, AND  
13 THREE PARTS OUT OF FOUR WERE PREEXISTING, THAT YOU  
14 REALLY CAN'T GIVE AN EXACT PERCENTAGE, YOU CAN PUT  
15 IT IN TERMS OF APPROXIMATIONS?

16 A THAT'S WHAT I SAID, IT WAS AN APPROXIMATE, BECAUSE I  
17 SAY IT COLTLD BE SEVENTY-THIRTY, EIGHTY-TWENTY.

18 TRAT'S NOT THE POINT. THE POINT I'M TRYING TO MAKE  
19 IS, AND I'VE BEEN INVOLVED IN THIS IN ALL COUNTRIES  
20 OF THE WORLD ON OCCUPATIONAL MEDICINE, THAT WHAT  
21 PREEXISTED IS REALLY THE CAUSATIVE FACTOR, AND THE  
22 INCIDENT IS COINCIDENTAL.

21 CONTRIBUTING TO IT, RIGHT?

24 A CON --- CONTRIBUTING, COINCIDENTAL. CONTRIBUTING ROW  
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DR. GOLDNER PAGE

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1 MUCH? WELL, I'M TRYING TO COME UP WITH A FAIR --- I  
2 DIDN'T SAY THIS WASN'T RELATED IN ANY WAY. I SAID  
3 IT WAS RELATED, BUT IT WASN'T A H = RED PERCENT OF  
4 HIS PROBLEM. AND HE @ A PREEXISTING CONDITION  
5 THAT I PUT AT THREE QUARTERS, AND I SAID ONE  
6 QUARTER. YOU CAN CHALLENGE THAT, BUT I'M GIVING  
YOU

7 MY OPINION.

8 Q YES, SIR. LET ME ASK YOU THIS. YOU MENTION IN  
YOUR

9 REPORT THAT YOU WERE AWARE THAT HE HAD BEEN  
10 RECEIVING MEDICATION FROM THE TREATING DOCTOR. I  
11 THINK IT WAS DARVOCET AND PLEXERIL. HE WAS TAKING  
12 IT ON AN INCONSISTENT BASIS, BUT HE WAS STILL  
TAKING

13 IT. IS THAT CORRECT?

14 A YES.

15 Q DO YOU RAVE AN OPINION AS TO WHETHER, BASED ON WHAT  
16 YOU EXAMINED AND WHAT YOU SAW IN MR. LEE, WHETHER  
HE

17 WOULD HAVE A REQUIREMENT, OR NOT REQUIREMENT---  
18 WHETHER HE WILL SUFFER ANY PAIN IN THE FUTURE TO  
HIS

19 NECK OR SHOULDER?

20 A YEAH. MY OPINION IS THAT HE WILL HAVE EPISODES  
WITH

21 A CHANGE IN THE WEATHER, CERTAIN INCREASED  
22 ACTIVITIES, TRAT FOR A DAY OR TWO, HIS NECK AND HIS  
23 SHOULDER WILL HURT MORE T@ THEY DID THE WHOLE  
24 THREE OR FOUR WEEKS BEFORE. NOW, MY PHILOSOPHY IS,  
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DR. GOILDNER PAGE 70

1 IF TRAT HAPPENS, INCREASE YOUR ACTIVITY, PUT A HOT  
2 TOWEL ON IT, LOOK AT THE T.V., READ A BOOK, BUT  
3 DON'T TAKE ANY MEDICINE. MOST PEOPLE TAKE PILLS.  
4 AND IF THE BABY SAYS, "MY HEADACHE HURTS," MA14A  
5 GOES TO GET THE TYLENOL. SHE DOESN'T SAY, "WELL,



6 LET ME RUB IT. LET'S SIT DOWN HERE AND READ YOU A  
7 STORY. WHY IS IT HURTING?- SO, I'M OF THE OLD  
8 SCHOOL. FEWER PILLS, THE BETTER.  
9 FLEXERIL IS USELESS. IT'S GIVEN BY MILLIONS OF  
10 DOCTORS, SEE, AND THE COMPANY'S MAKING A LOT OF  
11 MON' EY; BUT IT'S NO --- SCIENTIFICALLY, IT ISN'T  
12 HELPFUL, EXCEPT IT MAKES YOU SLEEPY. SO, IT'S A---  
13 IT'S A SOPORIFIC. DARVOCET IS A PAIN MEDICINE, AND  
14 THAT DOES DECREASE THE AWARENESS OF PAIN.  
15 NOW, IF I HAD WOKEN UP THIS MORNING AND RAD A  
16 SORE SHOULDER, AND I COULDN'T GET MY ARM UP  
17 OVERHEAD, AS I SAT HERE AND MY SHOULDER WAS ACHING  
18 AND ACHING AND I HAD TO COME HERE AND GIVE A  
19 DEPOSITION, I'D HAVE A CHOICE BETWEEN TAKING THE  
20 DARVOCET OR ACCEPTING THE TROUBLE.  
21 WELL, I ACCEPT THE TROUBLE, BECAUSE TALKING TO  
22 YOTJ GUYS, I TAKE MY MIND OFF MY SHOULDER. A.ND  
23 THAT'S CALLED BEHAVIORAL MODIFICATION, SEE, AND  
24 THAT'S WHAT EVERYBODY'S SETTling ON NOW. IF YOU  
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DR. GOLDNER PAGE 71

1 CAN'T TAKE AN M.R.I., TAKE BEHAVIORAL MODIFICATION.  
2 MY POINT IS THAT, YES, HE MAY NEED TWO DARVOCET ONCE  
3 A MONTH. THAT'S NOT A BIG DEAL.  
4 YES, SIR. LET ME TURN TO THE ISSUE OF MR. LEE'S  
5 POTENTIAL JOBS. IF HE CAN'T RETURN TO HIS PRIOR  
6 JOB, I THINK YOU SAID THERE ARE SOME LIGHTER JOBS HE  
7 COULD DO. LET ME ASK YOU SPECIFICALLY ABOUT ONE. I  
8 DON'T REMEMBER IF YOU MENTIONED IT. WHAT ABOUT  
9 JANITOR --- JANITORIAL WORK, SUCH AS, YOU KNOW, LTUST  
10 JANITORIAL WORK? IT MAY REQUIRE SOME OVERHEAD  
11 LIFTING. I DON'T---  
12 A HE COULD DO JANITORIAL WORK IN A VERY GOOD WAY,  
13 BECAUSE A JANITOR GENERALLY DOESN'T HAVE A  
14 PRODUCTIVE LIKE. HE DOESN'T --- HE HAS TO CLEAN  
15 TWENTY-TWO ROOMS, BUT HE DOES THEM AT HIS SPEED,  
16 WHEN HE WANTS. HE CAN SIT DOWN BETWEEN CASES AND SO  
17 ON. THAT'R) BE IDEAL FOR HIM, JANITORIAL OR SIMILAR  
18 KINDS OF WORK. MOST OVERHEAD WORK IS DUSTING OR  
19 CLEANING, AND THAT WOULD BE HELPFUL TO HIM.  
20 THIS PERSON THINKS THAT BECAUSE HE HURTS  
21 OCCASIONALLY, HE'S CRIPPLED OR RE'S GOING TO HARM  
22 HIMSELF. SEE, I DON'T THINK HE'S BEING  
23 UNREASONABLE. WHEN I ASKED HIM WHO CLEANS HIS HOME,  
24 HE SAID, WELL, HIS NIECE COMES IN OR HIS DAUGHTER  
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1 COMES IN. "WELL, WHY DON'T YOU DO IT?" "WELL, I'M  
2 SICK." WELL, HE COULD CLEAN HIS HOME AND BENEFIT  
3 FROM IT.  
4 FROM THE EXERCISE---  
5 A YES.  
6 Q --- PART OF IT?  
7 A ABSOLUTELY.  
8 Q BUT YOU WOULD RULE OUT HEAVY LIFTING OVERHEAD OR---  
9 A WELL, I WOULD RULE OUT---  
10 Q --- ANYTHING LIKE THAT?  
11 A I WOULDN'T PUT HIM IN A GREASE PIT AND RAVE HIM  
12 CHANGING OIL ALL DAY LONG, BUT THAT'D PROBABLY GET  
13 HIM WELL, EXCEPT HE COULDN'T TIP HIS HEAD BACK VERY

14 WELL, AND HE COULDN'T SHIFT HIS SHOULDER UP VERY  
15 WELL. BUT IF HE HAD TO EAT VERSUS TO STARVE, HE'D  
16 CH"GE OIL IN THE GREASE PIT.  
17 YOU CERTAINLY WOULDN'T WANT HIM DOING THAT WITH HIS  
18 RESTRICTION?

19 A NO, I --- I WOULDN'T WANT IT, BUT EVERYTHING I SAY---  
20 Q OKAY.

21 A --- DOESN'T MEAN THAT I --- ALL I'M TRYING TO GET  
22 ACROSS TO YOU IS THAT HE COULD DO A LOT MORE THAN  
23 HE'S DOING, BECAUSE HE'S REALLY NEVER BEEN ADVISED  
24 WHAT'S HARMFUL OR NOT. AND I TOLD HIM AS POSITIVE  
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DR. GOI.DNER PAGE 73

1 AS I COULD --- I'LL NEVER SEE HIM AGAIN, EXCEPT IN  
2 COURT, BUT TRAT THE MORE YOU DO, THE BETTER, RATHER  
3 THAN THE LESS YOU DO.  
4 0 WERE YOU AWARE TRAT DR. HANEY HAD NOT RELEASED HIM  
5 TO FULL --- I GUESS, FULL-TIME, EIGHT-HOUR-A-DAY  
DUTY?

6 A YES.

7 Q AND WOULD YOU---

8 A BUT THAT WAS SORT OF A, DIBUT HE'S NOT READY TO GO  
9 BACK TO WORK." "WELL, WHAT KIND OF WORK?- "WELL,  
I

10 CAN'T DO MY OLD JOB." "WELL, THEN, YOU'RE NOT  
READY

11 TO GO BACK TO WORK." YOU SEE, IF ADOCTOR SAYS TO  
12 THE PATIENT ON THE SLIP, "RETURN TO LIGHT DUTY,"  
AND

13 THEY GO THERE AND SAY '-LIGHT DUTY," AND THE  
EMPLOYER

14 SAYS, "I DON'T HAVE ANY LIGHT DUTY. YOU'RE EITHER  
15 ON OR YOU'RE OFF"---

16 Q RIGHT.

17 A ---"OR YOU'RE FIRED." AND HE'S NOT IN THAT LATTER  
18 SITUATION, BECAUSE HE'S GOT A LOT OF PROTECTION  
WITH

19 THE RAILWAY. AND IF HE CAN'T GO BACK TO HIS  
20 ORIGINAL WORK, THEN YOU JUST SAY HE CAN'T RETURN TO  
21 HIS ORIGINAL JOB. NOW, I DON'T KNOW --- I DON'T KNOW  
22 WHETHER HE SAID ORIGINAL OR NOT, BUT HE COULD  
RETURN

23 TO SOME KIND OF WORK.

24 UNDERSTOOD.

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DR. GOLDNER PAGE 74

1 MR. SH"IRO: THAT'S ALL THE QUESTIONS 1  
2 HAVE, DOCTOR.

3 WITNESS: T@ YOU VERY 14UCH.

4 MR. MILLBERG: DR. GOLDNER, I HAVE JUST A  
5 COUPLE OF FOLLOW-UP QUESTIONS.

6 PURTE[3&R DIRECT EXAMIXATION BY MR. MILLBERG:

7 Q IN YOUR OPINION, IS THERE ANY REASON THIS MAN CAN'T  
8 WORK EIGHT HOURS A DAY?

9 A DEPENDING ON THE JOB, NO.

10 Q OKAY. IN YOUR BEST MEDICAL JUDGMENT, IS IT BETTER  
11 FOR HIM TO BE SEDENTARY OR TO BE ACTIVE?

12 A NO QUESTION, IT'S BETTER FOR HIM TO BE ACTIVE WITH  
13 LIMITED PERIODS OF REST, LIKE EVERY THREE HOTTRS, HE  
14 SITS FOR TEN MINUTES OR WHATEVER. BUT HIS

15 INACTIVITY, AS I TOOK HIS HISTORY FOR AN HOUR AND A  
16 RALF, WHICH, INCIDENTLY, IS PROBABLY FIVE TIMES MORE  
17 TIME THAN YOUR DOCTOR SPENT WITH YOU LAST TIME YOU  
18 WENT TO SEE HIM, I FOUND THAT HE'S VERY SEDENTARY,  
19 AND HE DOESN'T HAVE WHAT I CALL STRONG MOTIVATION TO  
20 EXERCISE. SEE, IF --- IF HE'D BEEN A RUNNER OR A  
21 BASKETBALL PLAYER OR A SPORT OR SOMETHING, HE'D BE  
22 OUT DOING SOMETHING.  
23 WITH REGARD TO THIS PARTICULAR SURGERY THAT HE'S  
24 HAD, A SINGLE-LEVEL CERVICAL FUSION, WITH REGARD TO  
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DR. GOLDNER PAGE

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1 THE EXPECTED RECOVERY FROM THAT KIND OF SURGERY, CAN  
2 YOU TELL US WHETHER OR NOT YOU WOULD EXPECT A  
3 PATIENT WHO'S HAD A SUCCESSFUL SURGERY OF THAT TYPE  
4 TO BE ABLE TO RETURN TO THEIR OLD LEVEL OF  
5 ACTIVITIES?

6 A YES. I SAW---

7 MR. SHAPIRO: LET ME JUST INTERPOSE MY  
8 OBJECTION. THIS IS NOT RELEVANT, BECAUSE YOU  
9 DIDN'T ASK HIM WHETHER HE COULD RETURN TO HIS  
10 PRIOR JOB. NOW, IF YOU MEAN ANY JOB, THAT'S  
11 ONE THING; BUT---

12 MR. MILLBERG: I DIDN'T ASK HIM ABOUT A  
13 JOB. I ASKED HIM IF HE THOUGHT THAT SUCH A  
14 PERSON COULD --- WITH SUCCESSFUL, SINGLE-LEVEL  
15 CERVICAL FUSION, SHOULD BE ABLE TO RETURN TO  
16 THEIR PRE-INCIDENT, PRE-ACCIDENT, LEVEL OF  
17 ACTIVITY, WHATEVER IT WAS.

18 A THE ANSWER IS YES. I SAW A FORMER PATIENT OF MINE  
19 THE OTHER DAY, EIGHTY-THREE-YEAR-OLD PHYSICIAN, WHOM  
20 I'VE DONE TWO SPACE FUSIONS ON WHEN HE WAS SIXTY-  
21 FIVE, AND HE HAD JUST COME BACK FROM A FISHING TRIP,  
22 AND HE PLAYS TENNIS AND HE PLAYS GOLF AND HE DRIVES  
23 HIS CAR, AND HE'S DOING EVERYTHING HE DID WHEN HE  
24 WAS SIXTY-FIVE.

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DR. GOLDNER PAGE

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1 MR. MILLBERG: THAT YOU, DOCTOR. THOSE  
2 ARE ALL MY QUESTIONS.

3 MR. SHAPIRO: WELL, DR. GOLDNER, THAT  
4 REQUIRES ME TO ASK A COUPLE.

5 DIRECT QUESTION BY MR. SHAPIRO:

6 I UNDERSTAND THE EXAMPLE MR. MILLBERG JUST GAVE  
YOU;

7 BUT IN THIS CASE, THE QUESTION RELATED TO WHETHER  
8 MR. LEE, THIS INDIVIDUAL, COULD RETURN TO HIS PRIOR  
9 JOB. AND YOUR OPINION IS, HE CAN'T, AS A RESULT OF  
10 THE SURGERY?

11 A MY OPINION --- NO, THAT'S NOT WHAT I SAID. I SAID I  
12 DID NOT THINK HE COULD RETURN TO HIS PRIOR JOB  
13 BECAUSE HE CONTINUES TO HAVE EVIDENCE OF C5-6  
14 IRRITATION, WHICH WAS NOT RELATED TO THE INCIDENT,  
15 PRIMARILY, AND HE HAS A STIFF SHOULDER, WHICH WAS  
16 INDIRECTLY RELATED. BUT HIS RETURN TO WORK IS NOT  
17 BECAUSE OF THE C4-5 FUSION.

18 Q OKAY. YOU WERE LIMITING --- IN OTHER WORDS, NOT  
19 LIMITED TO JUST THE FUSION, BUT HE HAS---

20 A NOT LIMITED TO THE FU --- HE HAS OTHER THINGS THAT  
21 KEEP HIM FROM GOING BACK TO WORK. THE C4-5 FUSION  
22 IS PROBABLY THE BEST THING HE'S HAD IN HIS --- IN HIS  
21 FAVOR.

24 Q OKAY. BUT THE OTHER ITEMS DO INTERFERE. SO, I  
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DR. GOLDNER PAGE 77

1 UNDERSTAND. YOU'RE SAYING THE FUSION WAS  
2 SUCCESSFUL, AND THAT ALONE IS NOT WHAT'S STOPPING  
3 HIM FROM GOING BACK?  
4 A THAT'S CORRECT.

5 ALL RIGHT.

6 MR. SERAPIRO: I HAVE NOTHING FURTHER.

7 MR. MILLBERG: T YOU, DR. GOLDNER.

8 (THEREUPON, THE WITNESS WAS DISMISSED AT  
9 12:11 P.M.)

10

11 @ING AND SIGNING WA@.

12

13

14

15

16

17

18

19

20

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22

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STATE OF NORTH CAROLINA

COUNTY OF WAKE

C E R T I F I C A T E

1, MARY KAY TURBYFILL, NOTARY PUBLIC/REPORTER, DO  
HEREBY CERTIFY THAT J. LEONARD GOLDNER, N.D., WAS DULY  
SWORN BY ME PRIOR TO THE TAKING OF THE FOREGOING  
DEPOSITION; AND THAT SAID DEPOSITION WAS TAYEN AND  
TRANSCRIBED UNDER MY SUPERVISION; AND THAT THE FOREGOING  
77 PAGES CONSTITUTE A TRUE AND ACCURATE TRANSCRIPT OF THE  
TESTIMONY OF THE WITNESS.

I DO FURTHER CERTIFY THAT THE PERSONS WERE PRESENT  
AS STATED IN THE CAPTION.

I DO FURTHER CERTIFY THAT I AM NOT OF COUNSEL FOR,  
OR IN THE EMPLOYMENT OF, EITHER OF THE PARTIES TO THIS  
ACTION, NOR AM I INTERESTED IN THE RESULTS OF THIS  
ACTION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY  
NAME THIS 7TH DAY OF NOVEMBER , 1996.

KARY URBYF L, NOT

MY COMMISSION EXPIRES:

APRIL 13, 1999.

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CURRICULUM VITAE INCLUDING BIBLIOGRAPHY

J. Leonard Goldner, M.D.  
JamOs B. Duke Professor and Chief Emeritus  
Division of orthopaedic Surgery  
Duke University Medical Center  
Durham, North Carolina  
PREL114INARY EDUCATIOM  
1918 Born, Omaha, Nebraska.  
1932-36 Omaha Central High School.  
1936-39 University of Minnesota, Liberal Arts,  
A.B. and pre-medical education  
1939-43 University of Nebraska College of  
Medicine, B.S. Medicine and M.D.  
degree  
1943-44 University Hospital, Nebraska College of  
Medicine, Omaha, Nebraska, Rotating  
Internship (accelerated nine months).  
Assistant Resident in General Surgery  
(accelerated nine months).  
1946 Duke University Medical Center  
Assistant  
Resident in Division of Orth'opaedic  
Surgery.  
1947-49 Georgia Warm Springs Foundation, special  
study in reconstructive surgery of  
poliomyelitis and scoliosis - Resident  
and Research Fellow.  
1949-50 Duke University Medical Center, Chief  
Resident in Orthopaedic surgery.  
Supervisor assigned to initiate Hand  
Service in Division of Orthopaedic  
Surgery.  
MILITARY SERVICE  
1944-46 United States Navv. Lieutenant J.G.,  
MC.  
Great Lakes Navai Hospital-Orthopaedic  
Service.  
Mare Island Naval Hospital, California  
Amputee Center.  
Medical officer, auxiliary ship, Pacific  
Theater, (22 months combat).  
HONORARY APPOINTMENTS  
Alpha omega Alpha (honorary medical fraternity).  
Sigma Xi (scientific socieiy).  
Exchange Orthopaedic Fellow, American Orthopaedic  
Association 1955 (selected as one of five doctors  
from the United Siates and Canada to tour Great  
Britain and France).  
S. H. Camp Visiting Professor, Harvard Medical School.  
Massachusetts General Hospital, 1967.  
Curriculum Vitae (cont'd.) -2- J. Leonard Goldner,  
M.D.  
Member, Canadian orthopaedic Association, june 1969.  
Guest Speaker of the President; Topic - Unusual  
Injuries of the Cervical Spine.  
Honorary Member, State of Kentucky Medical Society.  
Honorary Member, Texas Orthopaedic Association,  
1963.  
Honorary Member, Dallas Southern Clinical Society,  
1972.  
Distinguished Member, Mexican Society for Surgery of  
the  
Hand.  
Honorary Fellow-Royal Australasian College of  
Surgeons,

1977.

Oklahoma Orthopaedic Society, 1980.

South African orthopaedic Association, 1987.

Mew Zealand Orthopaedic Association, 1987.

Australasian Orthopaedic Association, 1987.

British orthopaedic Association, 1987.

Distinguished Alumnus Achievement Award, University of

Nebraska Medical Center College, October 1993.

Honorary Doctor of Science, University of Nebraska Medical Center College, May 1995.

Honorary Member North Carolina Spine Society, June 1995.

Honorary Member Hong Kong Society for Surgery of the Hand, 1995.

#### IV. CONSULTING APPOINTMENTS

U. S. Army Hospital (Womack), Fort Bragg, NC.

Veterans Administration Hospital, Durham, NC (Dean's Hospital and affiliated institution of Duke Orthopaedic Service).

Lenox Baker Cerebral Palsy Hospital, Durham, NC.

Watts Hospital, Durham, NC (affiliated institution of

Duke Orthopaedic Service).

Lincoln Hospital, Durham, NC (affiliated institution of

Duke Orthopaedic Service).

Southeastern General Hospital, Lumberton, NC.

National Library of Medicine, orthopaedic manuscript review.

Veterans Administration Medical Claims, Washington, DC.

Consulting-Visiting, U.S. Naval Hospital, San Diego, CA

and Portsmouth, VA.

North Carolina Division of Vocational Rehabilitation

-

Participating Surgeon and Clinic Director.

North Carolina Crippled Children Section of NC State

Board of Health - Cooperating Surgeon and Clinic

Director. Director of formal clinics in

Goldsboro,

Lumberton, and Asheboro, NC.

O'Berry School, Goldsboro, NC - Consulting

Orthopaedic

Surgeon. one clinic each month (school for

physically and mentally handicapped).

NC Tuberculosis Sanatorium, McCain, NC - Consulting

Orthopaedic Surgeon.

Oteen VA Hospital, oteen, NC - Consulting

Orthopaedic

Surgeon (affiliated institution of Duke

orthopaedic

Service).

Curriculum Vitae (cont'd.) -3- J. Leonard Goldner,

M.D.

IV. Shriners Hospital for Crippled Children, Erie, PA -

Consulting, (affiliated institution of Duke

Orthopaedic Service).

shriners Hospital for Crippled Children, Greenville

General Hospital, Greenville, SC - Consulting

(affiliated institution of Duke orthopaedic

Service).

Consultant in Orthopaedic Surgery to the Surgeon

## General

of the U.S. Navy, 1974.

Consulting Professor of Orthopaedics, Cabarrus County, Cannon Foundation.

Fayetteville VA Hospital, Fayetteville, NC, Consultant, 1975 to present.

Armed Forces Institute of Pathology, Board of Consultants,

October 1, 1974-September 30, 1979.

Editorial Board of the Orthopaedic Audio-Synopsis Foundation, 1978 to present.

Editorial Board of Orthopaedic Review, 1981 to present.

## V. DUKE UNIVERSITY MEDICAL CENTER APPOINTMENTS AND COMMITTEE ACTIVITIES

Associate in Orthopaedic Surgery, 1950.

Assistant Professor of Orthopaedic Surgery, 1951.

Associate Professor of Orthopaedic Surgery, 1954.

Professor of Orthopaedic Surgery, 1957.

Professor and Chairman of the Division, 1967.

Chairman of Functional Anatomy Teaching Program for Year

I

Medical Students, 1954-1954.

Medical Center Rehabilitation Committee, 1958-1962.

Medical Education for National Defense Committee, 1958-1961.

Medical School Curriculum Committee Discussions - Participant, 1962-1967.

Operating Room Administrative Committee, 1962 to present.

Chairman of Sub-Committee, Operating Room, to determine time-saving mechanisms (ad hoc), 1963-1965.

Medical Center Educational Policies Committee, 1964-1966.

Medical Center Record Library Committee, 1959-1973.

Surgical Private Diagnostic Clinic Operating Committee, 1964 to present.

Medical Care Committee, 1968-1973.

Anesthesia Search Committee, 1967-1968.

Department of Surgery Executive Committee, 1967 to present.

Utilization Committee, 1969-1970.

James B. Duke Professor of Orthopaedic Surgery, 1979.

J. Leonard Goldner Chair in Orthopaedic Surgery established

1985.

J. Leonard Goldner Orthopaedic Library, 1986.

Duke Alumni - Distinguished Teacher for 1986.

Distinguished Service Award, Merit Service to the University, Presented by President Keith Brodie, AOA Meeting, Homestead, VA, June, 1988.

J. Leonard Goldner Visiting Professor of Orthopaedic Surgery established in 1992.

Curriculum Vitae (cont'd.) -4- J. Leonard Goldner, M.D.

## VI. AMERICAN ACADEMY FOR CEREBRAL PALSY

Member since 1959.

Instructional Course Faculty, 1961-67.

Member, Executive Committee (Junior Member, 1961.)

Policy Committee Chairman for Revision of By-Laws and

Organization of Annual Program and Scientific Session, 1963.

Moderator of Panel, Annual Meeting 1969.

Chairman, Grants and Loans Committee, 1972, 1973.

Instructional Course Faculty, 1972, 1973, 1974, 1975, 1976, 1977, 1978.

VII. AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
Member, 1954-Present.

Member of Scientific Exhibit Committee, 1958.

Associate Editor, Bulletin, American Academy of Orthopaedic Surgeons, 1960.

Faculty Member, Instructional Courses for Academy Membership, 1960-Present.

Cerebral Palsy Upper Extremity Reconstruction  
1960-

Cerebral Palsy Lower Extremity Panel, Participant and Moderator, 1967-70.

Member, Committee on Delivery of Services.

Hand Surgery Committee for National Orthopaedic Programs; Chairman, 1968.

Member, Subcommittee on National Orthopaedic Program to

Study Implementation Regional Centers, 1969-70.

Member, Program Committee, 1972, 1973.

Chairman, Program Committee, Annual Meeting, 1974.

Member, Program Committee, 1975, 1976.

Chairman, Continuing Education Course, The Foot - Children and Adults, Durham, NC, April 25-27, 1984.

VIII. AMERICAN BOARD OF ORTHOPAEDIC SURGERY

Diplomate January 1952.

Part I Examiner in Anatomy, 1961-63.

Part II Examiner in Children's Orthopaedics, 1963-67.

IX. AMERICAN ORTHOPAEDIC ASSOCIATION

Member @ince 1957-Thesis on Volkmann's Ischemia.

Member of Exchange Fellowship Committee, American and British, 1959-60.

Member, Committee on Annual Residents Meeting, 1968-70.

Member, Committee on Undergraduate Medical Education (Curriculum), 1968.

AOA's representative to the Advisory Council for Orthopaedic Resident Education, 1984.

Second President Elect, 1985.

First President Elect, 1986

President, 1987.

Curriculum Vitae (cont'd.) -5- J. Leonard Goldner, M.D.

X. AMERICAN ORTHOPAEDIC FOOT AND ANKLE SOCIETY

Founding Fellow, May 17, 1969.

Vice-President, 1978.

President, 1979.

Special Recognition as Past President, July, 1995.

XI. AMERICAN SOCIETY FOR SURGERY OF THE HAND

Member since 1954.

Annual Meeting presentations, 1954, 1956, 1958, 1959, 1960, present.

Annual Meeting Program Chairman, 1963.

Program Committee Member, 1964.

Panel Discussion Moderator, 1963.

Finance and Educational Committee Member, 1964.

Credentials Committee Member, 1964-Present.

Residency Training Program Committee Chairman, 1966-Present.

Vice President, 1967.

President-Elect, 1968.

President, 1969.



Council, 1970, 1971, 1972, 1973, 1974.  
Associate Editor, The Journal of Hand Surgery, 1976-Present.

XII. ASSOCIATION OF ORTHOPAEDIC CRAIRMEN  
Member 1972-Present.

XIII. EASTERN ORTHOPAEDIC ASSOCIATION.  
Charter Member, 1970.

XIV. INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN  
Member, 1975-Present.

XV. INTERNATIONAL LUMBAR SPINE SOCIETY  
Member, 1976-Present.  
Curriculum Vitae (cont'd.) -6- J. Leonard Goldner, M.D.

XVI. INTERURBAN ORTHOPAEDIC SOCIETY  
Member, 1968-Present.  
Host, Interurban Orthopaedic Society Meeting, October 29-November 2, 1969 Duke University, Durham, N.C.  
Host, Interurban Orthopaedic Society Meeting, Duke University, October 1987.

XVII. THE JOURNAL OF BONE AND JOINT SURGERY  
Associate Editor, 1957-60, 1964-67, 1969-75.  
The Journal of Hand Surgery Managerial Board, 1980.  
Associate Editor, 1978-1982.  
Journal of Foot and Ankle, Associate Editor, 1980-current.  
Journal of Pain, Associate Editor, 1987.

XVIII. NATIONAL AMPUTEE CLINIC ORGANIZATIONS  
Member, National Amputee Clinic Chiefs, auspices of National Academy of Sciences.  
Member, Committee on Prosthetic Teaching and Education.  
Cooperating Clinic Chief for National Research Projects, 1958-Present.  
Contributor to Inter-Clinic Bulletin.

XIX. NATIONAL INSTITUTES OF HEALTH  
Special Committees for Review of Grant Requests, 1961-63.  
Appointed to Membership on Study Section of Applied Physiology, 1963-67.  
Consultant for Site Visits.  
Recipient of Grant Award, July 1, 1969-1974.

XX. NORTH CAROLINA MEDICAL SOCIETY  
Member, 1951-Present.  
Chairman, Postgraduate and Audiovisual Programs, 1952-63.  
Member, Committee on Physical Restoration, 1958-72.  
Member, Committee on Vocational Rehabilitation, 1957-64.  
Regional Commissioner, Annual Arrangements, 1973-64.  
Member, Committee on Scientific Exhibits, 1965-68.  
Member, Ad Hoc Committee on Amputation Problems, Subcommittee Under Physical Restoration, 1965-66.  
Member, Committee, Insurance Problems.  
Ad Hoc Committee on Podiatry, 1967-Present.  
Member, Committee on Physical and Vocational Rehabilitation, 1966-67.  
Curriculum Vitae (cont'd.) -7- J. Leonard Goldner, M.D.

XXI. NORTH CAROLINA ORTHOPAEDIC ASSOCIATION  
Secretary, 1957-58.  
Program Chairman, 1957-58.  
President, 1960.  
Chairman, Disability Ratings Committee, 1963-66.  
Chairman, Ad Hoc Committee on Organization of Amputation Clinics in State of North Carolina, 1966-Present.

XXII. ORTHOPAEDIC GUILD SOCIETY (TRAVEL CLUB)  
Member, 1956-Present.

Host for Annual Guild Meeting, 1967.

XXIII. ORTHOPAEDIC RESEARCH SOCIETY  
Member, 1967.

XXIV. PAN-PACIFIC SURGICAL ASSOCIATION  
Member, 1964-Present.  
Guest Speaker, Orthopaedic Section, 1966.  
Panelist, Program, 1972.

XXV. PIEDMONT ORTHOPEDIC SOCIETY  
Founding Member, 1951.  
Executive Secretary and Treasurer, 1951-Present.  
Society Chairman, 1952.  
Chairman, Committee for Revision of Constitution and  
By-Laws, 1957, 1962.  
Founding Member of Foundation (for Research and  
Resident Training in Orthopaedics), 1962.  
Piedmont Orthopedic Foundation/J. Leonard Goldner  
Research Fellowship established in 1978.  
Treasurer, Present.

XXVI. SOCIETY OF INTERNATIONAL COLLEGE OF ORTHOPAEDICS AND  
TRAUMATOLOGY  
Member, 1964-Present.  
Curriculum Vitae (cont'd.) -8- J. Leonard Goldner,  
M.D.

XXVII. SOUTHERN RAILWAY ASSOCIATION  
Member, 1957.  
Program Committee Chairman for Meeting in Durham,  
NC, 1964.  
Coordinator, Program for Meeting in Durham, NC,  
1975.

XXVIII. SOUTHERN MEDICAL ASSOCIATION  
Secretary of Orthopaedic Section, 1954-55.  
Vice-Chairman of Orthopaedic Section, 1955-56.  
Chairman, Orthopaedic Section, 1956-57.  
Councilor-Elect, State of North Carolina, 1958.  
Councilor, State of North Carolina, 1960-66.  
Member of Executive Committee, 1962-64.  
Committee on Residency Training Grants, 1962-64,  
1965-70.  
chairman of Scientific Works Committee for entire  
organization for Annual Meetings, 1964, 1965.  
Chairman of the Executive Committee, 1966.  
Chairman of the Council, 1966.  
Chairman, Special Awards Committee, 1968.  
Vice President, 1968.  
President-Elect, 1969.  
President, 1970.  
Board of Trustees, 1970-71.  
Assistant Editor, Journal of Southern Medical  
Association, 1970-73.

XXIX. SUNDERLAND SOCIETY - PERIPHERAL NERVE STUDY GROUP  
Founding Member, 1980.  
President, 1988.  
Host, Meeting, Durham, NC, June 1988.  
Historian, 1995.

XXX. RECIPIENT OF GRANTS FOR LABORATORY AND CLINICAL  
RESEARCH  
United Medical Research Foundation; Peripheral  
Nerves,  
Tendon Health, Amputation Protheses.  
Durham, Cerebral Palsy Foundation; Audiovisual  
Studies  
of Cerebral Palsy Problems.  
Ethicon Research Division; monomer as Nerve Suture  
Material.

Crippled children's Program, Amputee Pilot Study of Upper Extremity Developments in Protheses. Vocational Rehabilitation Administration, Plaster and Plastic Pylon Study Grant for Development of Program Related to Early Postoperative Temporary Prosthesis, 1964-67.

Veterans Administration, Electromyographic Project Related to Amputees, 1968.

Curriculum Vitae (cont'd.) -9- J. Leonard Goldner, M.D.

XXX. (cont'd.)  
Federal Drug Administration authorization to use Bone Glue on 50 patients for institutional study (no funds)  
Institution Cancer Grant on Plastic Cement (Methyl Methacrylate) as a bonding substance for implants. Study of the Discography of the Cervical Spine, Results of Anterior Cervical Fusion.  
Zimmer bone Cement Study, Prosthetic Replacement of Hip Shoulder, and Elbow, 1974-75.  
NIH Grant Award "An Academic Orthopaedic Training Program," five year program, 1969-73.  
NIH (Trauma Grant) Tissue Injury, Revascularization and Transplantation. Awarded 1978 (with James R. Urbaniak, et al)

XXXI. AWARD RECIPIENT  
Gaston County Award for outstanding exhibit concerned with Amputation Protheses in Upper and Lower Extremity Amputees, Medical Society of the State of North Carolina, 1960.  
Award recognition from American Medical Association for exhibit concerned with Thromboembolism in Orthopaedic Conditions, 1962.  
Physician of the Year for the State of North Carolina, 1967, (Governor's Award).  
Distinguished Civilian Service Award by the Secretary of the Army, June, 1981.  
Distinguished Teacher Award, Alumni, Duke Medical Center, November 20-22, 1986.  
Distinguished Service Award for Outstanding Service to Duke University - Presented by President Keith Brodie at the AOA meeting in Homestead, VA, 1988.  
Distinguished Award United States Army, Consultant and Teacher, from Surgeon General Becker, April, 1988.  
American Orthopaedic Association Medallion of President's Office for Past President, June, 1988.  
Distinguished Southern Orthopaedist Award, 5th Annual

Meeting, Edinburgh, Scotland, August, 1988.  
Pioneer of Hand Surgery for life long meritory  
services  
and contributions, presented by the Fifth Congress  
of  
the International Federation of Societies for  
Surgery  
of the Hand, Paris, France, May 25, 1992.

XXXII. COMMUNITY ACTIVITIES

Board Member, National Foundation for Infantile  
Paralysis, 1950  
Junior Chamber of Commerce, past active member.  
Board of Deacons, First Presbyterian Church.  
Active supporter of Durham Boy's Club, YMCA, Durham  
Academy, and Chamber of Commerce.  
Board Member, Board of Directors, First Union  
National  
Bank, 1980-present.

XXXIII. MEDICAL LEGAL ACTIVITIES

Address to the North Carolina Bar Association on  
two  
occasions. Fractures and Injuries of the  
Musculoskeletal System-Medical and Legal  
implications.  
Curriculum Vitae (cont'd.) -10- J. Leonard  
Goldner, M.D.

XXXIII. (cont'd.)

Participation in @ledico-Legal Trial, activity of  
Duke  
University Law School, laarch 1966 and 1967.  
Address to Joint @leeting of North Carolina  
State Medical  
Society and North Carolina Bar Association,  
June 1968.

XXXIV. ADVISORY COMMITTEES, GUEST LECTURER AND VISITING  
PROFESSOR

North Carolina Physical Therapy Society, Advisory  
Committee, 1959-1962.  
Kentucky State Medical and Orthopaedic  
Societies, Guest  
Lecturer, 1962.  
Kessler Rehabilitation Institute, Guest  
Lecturer, 1956.  
Texas State @federal Society and Orthopaedic  
Society, 1963,  
Guest Lecturer.  
University of Miami Hand Symposium, Guest  
Lecturer, 1962  
and 1967.  
Mid-West Clinical Society. General Assembly, Guest  
Lecturer, 1962.  
Symposium on Education of Surgical Residents, Panel  
Participant. American College of  
Surgeons, Regional,  
1961.  
Ethicon Suture Company, Member of Advisory  
Committee,  
1961 - present. Chairman, Advisory  
Committee Panel,  
1966-1968.  
Visiting Professor, Royal Children's Hospital,  
Melbourne,  
Australia, 1965.  
Sumner Koch Honorary Visiting Lecturer, Chicago,

September, 1966.  
Guest Faculty, Annual Hand Course, Cook  
County Hospital  
1966.  
Guest Lecturer, South Carolina Orthopaedic  
Association,  
1966.  
Guest Speaker, American Congress of  
Neurologic Surgeons,  
1967.  
University of California, Los Angeles, Visiting  
Professor,  
1967.  
Western Orthopaedic Association, Guest Lecturer,  
1967.  
Boston Orthopaedic Club, Guest Speaker, 1967.  
Guest Speaker, Panel on Sports Medicine,  
Ottawa, Canada,  
1967.  
S. H. Camp Visiting Professor, Orthopaedic  
Department,  
Harvard Medical Center, Massachusetts General  
Hospital,  
1967.  
Guest Speaker, Medical Society of Charleston, West  
Virginia, 1968.  
Curriculum Vitae (cont'd.) -11- J. Leonard Goldner,  
M.E.,  
XXXIV. (cont'd.)  
Participant, Joint Meeting of American, French,  
and  
British Hand Societies, 1968.  
Participant, Regional Meetings, American Academy  
of  
Orthopaedic Surgeons, Atlanta, 1966, 1967.  
Faculty Member, Hand Surgery Course, Memphis,  
Tennessee,  
1966.  
Faculty Member, Hand Surgery Course, Houston,  
Texas, 1966.  
Faculty Member, Regional Course, American Academy  
of  
Orthopaedic Surgeons: Tendon Transfers of the  
Shoulder; Tendon Transfers of the Elbow,  
Atlanta, 1969.  
Faculty Member, American Academy of Orthopaedic  
Surgeons,  
Pittsburgh: Clubfeet and Peripheral Nerve  
Injuries,  
1969.  
Guest Speaker, Lenoir County Medical Society:  
Musculoskeletal  
Aspects of Emotional Problems,  
Kinston, North  
Carolina, May, 1969.  
Canadian Orthopaedic Association Guest Speaker:  
Cervical  
Spine Injuries, June, 1969.  
American Orthopaedic Association, Moderator of  
Panel on  
Management of the Paralytic Hand, June, 1969.  
Guest Speaker, Harvey Cushing Society: Tendon  
Transfers  
for Irreparable Nerve Injuries, April, 1969,

Cleveland,  
Ohio.  
American Medical Association-orthopaedic Section,  
July,  
1969. Presentation of paper entitled Tendon  
Transfers  
for Irreparable Radial Nerve Injuries. New  
York.  
Visiting Professor, Hamot Hospital and Shrine  
Hospital,  
Erie, Pennsylvania: Peripheral Nerve Injuries  
-  
Management and Physiology of Nerve Repair,  
1969.  
SICOT - Mexico City. Moderator of Panel on  
Management of  
Cerebral Palsy - Upper Extremity, 1969.  
Regional Meeting American Academy of Orthopaedic  
Surgeons,  
San Antonio. Panel Moderator and Papers on:  
1. Repair  
of Flexor Pollicis Longus. 2. Upper Extremity  
and  
Cerebral Palsy.  
American Academy for Cerebral Palsy - Las Vegas -  
Panel  
Moderator. Cerebral Palsy, Surgery of the  
Lower  
Extremity in Cerebral Palsy and Reliable  
Surgical  
Procedures, 1969.  
Regional Meeting - American Academy of Orthopaedic  
Surgeons. Miami, Florida, December 11-13,  
1969.  
Peripheral Nerve Injuries - Management.  
Flexor Tendon  
Repairs.  
Guest Speaker, University of Colorado, February 16-  
21,  
1970. Implants of the Hand.  
Curriculum Vitae (cont'd.) -12- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Piedmont Orthopaedic Society. March 24-29, 1970.  
Pebble  
Beach, California. Talk on Duke University  
Orthopaedic  
Training Program.  
Guest Lecturer, Orthopaedic Conference on Congenital  
Defects. New Zealand, March 30-April 8, 1970.  
Guest Speaker, Australia, April 9-17, 1970. Talk on  
Congenital Talipes Equinovarus: Fifteen Years of  
Surgical Treatment; and Athletic Injuries.  
Visiting Professor Japan, April 18-25, 1970. Talk  
on  
Congenital Dislocated Hip; and Orthopaedic  
Training.  
Sweden, April 26-May 10, 1970. Peripheral Nerve  
Injuries;  
and Rheumatoid Arthritis - Hand Treatment.  
North Carolina Medical Society, Pinehurst, North  
Carolina.  
May 20-26, 1970. Talk on Physicians and  
Medical Legal

Reports; and talk on Fractures and Vascular Injuries.  
American Medical Association. Chicago, Illinois, June 21-24, 1970. Talk on Anterior Cervical Discectomy and Fusion.  
Hand Conference, Jacksonville, Florida, September 12-20, 1970. Talk on Fractures of the Digits and Metacarpals.  
Kentucky Orthopaedic Association and Kentucky State Medical Society, September 21-23, 1970. Louisville, Kentucky. Talks on: Vascular Injuries and Fractures; and Osteotomy of the Hip.  
Hand Seminar, School of Medicine, State University of New York at Buffalo, September 27-29, 1970. Moderator.  
Orthopaedic Guild, Lexington, Kentucky. October 22-24, 1970. Paper on Osteotomy of the Hip.  
Portsmouth Naval Hospital, Consultant; Hand Trauma, Cerebral Palsy, and Spine Trauma, February 12-14, 1971.  
Neurosurgical Lecturer, Duke Department of Neurosurgery; Peripheral Nerves and Tendons, Itarch 27, 1971.  
Senior Host to American Orthopaedic Association Residents Conference, April 18-20, 1971.  
Guest Speaker, Hospital for Joint Diseases, New York - Juvenile Rheumatoid Arthritis, Arthrogryposis, Peripheral Nerve Injuries, April 29-30, May 1, 1971.  
Guest Lecturer, Duval Medical Center, Jacksonville, Florida, May 4, 1971.  
Guest Lecturer, Wa--ts Tiospital, Durham, North Carolina.  
Surgical Staff - "Total Hip Replacement," May 15, 1971.  
Guest Lecturer, Doctors Hospital Faculty, Washington, D.C.  
"Implants of the Hand," May 17, 1971.  
Guest Lecturer, Detroit Osteopathic HoSpital, Detroit, Michigan, May 21-22, 1971.  
Curriculum Vitae (cont'd.) -13- J. Leonard Goldner, M.D.  
xxxiv. (cont'd.)  
Visiting Professor, University of New Mexico, June 10-12, 1971.  
Visiting Professor, Carrie Tingley Children's Hospital, Truth or Consequences, New Mexico, June 10-12, 1971.  
American Orthopaedic Association, Hot Springs, Virginia,  
Presentation of Paper "Blood Supply of Tendons After

Silicone Tendon Rod," June 22, 1971.  
Visiting Professor; Honor Speaker, Hoke-Kite  
Lectureship,  
Atlanta, Georgia, July 11-12, 1971.  
Visiting Professor, Vermont Crippled Children's  
Department, Burlington, Rutland, Bennington, and  
University of Vermont, August 22-25, 1971.  
Chairman, Ad Hoc Committee, North Carolina Crippled  
Children's Division, Clinic Chiefs, Mid  
Pines, North  
Carolina, October 22-23, 1971.  
Guest Lecturer, Louisiana Orthopaedic Association,  
New  
Orleans, Louisiana. "Osteotomy of the Hip,  
Total  
Hip, and Children's Orthopaedics," October 27-  
30, 1971.  
Lecturer, Orthopaedic Surgeons of Washington,  
D.C. "John  
Adams Day" November 8-10, 1971.  
Guest Lecturer, New York Arthritis Meeting,  
March 8-11,  
1972.  
Guest Speaker, Southern Clinical Society, Dallas,  
Texas,  
March 19-21, 1972.  
Guest Speaker, Clemson University "Hand Implants",  
April 2-4, 1972, Clemson, South Carolina,  
Engineering  
Symposium.  
Guest Lecturer, Portsmouth Naval Hospital,  
Portsmouth,  
Virginia, April 28-29, 1972.  
Guest Speaker, North Carolina Industrial  
Commission,  
Wilmington, North Carolina, May 19, 1972.  
Visiting Professor, Washington University, St.  
Louis,  
Missouri. St. Louis Cardinals Visiting  
Professor,  
May 22-25, 1972.  
Visiting Professor, Bogota, South American, S. A.  
Orthopaedic Society, August 13-22, 1972.  
Participant, Panel on Arthritis. Arthritis Forum.  
Durham,  
North Carolina, August 12, 1972.  
Guest Speaker, Faculty Leader and Moderator,  
Regional  
Course on Hand Surgery sponsored by American  
Academy of  
Orthopaedic Surgeons and University of Texas,  
San  
Antonio, September 13-16, 1972.  
Guest Speaker, Children's Orthopaedics, British  
Orthopaedic  
Association Meeting; Attendance Interurban  
Orthopaedic  
Society, Oxford and London, England,  
September 19-  
October 1, 1972.  
Curriculum Vitae (cont'd.) -14- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Visiting Professor and Guest Lecturer, Annual



Symposium

at Elizabetbtown Crippled Children's Hospital,  
Pennsylvania, October 7, 1972.

Guest Lecturer and Participant in Regional Course on  
Arthritis, sponsored by American Academy of  
Orthopaedic

Surgery and Atlanta Orthopaedic Group, October  
12-14,  
1972.

AACP Meeting, St. Louis, Chairman for Crants and  
Awards;

Instructional Course on Upper Extremity Surgery  
Faculty, December 7-10, 1972.

Host for American Academy of Orthopaedic Surgeons,  
Regional Course on Upper Extremity, Duke,  
sponsored

by American Academy of Orthopaedic Surgeons (300  
registrants, 20 Faculty), March 8-10, 1973.

Visiting Professor and Guest Lecturer for  
Association of

Cerebral Palsy of Venezuela (ANAPACE), Caracas,  
Venezuela, March 22-27, 1973.

Director of Hand Orientation Course for  
Rehabilitation

Personnel, Vocational Rehabilitation Counselors,  
Rehabilitation Nurses and Third Party Sponsors

(200  
registrants), Durham, North Carolina, April 20,  
1973.

Guest Lecturer for Regional Academy Day, sponsored  
by

Orthopaedic Surgeons in Huntington, West  
Virginia and

American Academy of Orthopaedic Surgeons, hfay 1-  
3, 1973.

Panel Participant, Canadian Orthopaedic Association

-

Winnipeg, June 10-14, 1973.

Presentation of Paper on Implants for the Thumb,  
American

Orthopaedic Association, June 24-28, 1973.

Guest Lecturer, Conference on Tendon Transfers of  
the Hand,

Vail, Colorado, July 26-29, 1973.

Visiting Professor, Vernon Luck Society, Los  
Angeles,

California, August 27-31, 1973.

Participant, Orthopedic Travel Group, Springfield,  
Massachusetts, September 21, 1973.

Guest Moderator, Cleveland Clinical Orthopaedic  
Society,

Cleveland, Ohio, October 3-5, 1973.

Guest Lecturer, Philadelphia Spine Symposium,  
Philadelphia,

Pennsylvania, October B-10, 1973.

Visiting Lecturer on Musculoskeletal System a,.d  
SI)orts

injuries, Omaha, Nebraska, October 29-31, 1973.

Host, Duke Medical Center Orthopaedic Division, to  
Japanese Study Team on Orthopaedics, January  
23-24,1974.

Host to Visiting Professor of Orthopaedic Surgery,  
Dr.

William Enneking, February 11-14, 1974.

Faculty, American Academy of Orthopaedic Surgeons  
Regional  
Course on Athletics, Duke University, Durham,  
North  
Carolina, March 7-9, 1974.  
Curriculum Vitae (cont'd.) J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Faculty, American Academy of Orthopaedic Surgeons  
Regional Course on the Hand, Philadelphia,  
Pennsylvania,  
March 13-16, 1974.  
Visiting Professor, Cabarrus County Hospital,  
Lecture on  
Ultraviolet Lights, March 22, 1974.  
Faculty, American Academy of Orthopaedic Surgeons  
Regional  
Course on The Child's Foot and Ankle, Boston,  
Massachusetts, May 19-20, 1974.  
Host for Combined American, British, and Canadian  
Orthopaedic Associations Traveling Fellows, Duke  
University, May 26-27, 1974.  
Guest Lecturer and Visiting Professor, Vanderbilt  
University Orthopaedic Residents Annual  
Orthopaedic  
Program, May 29-June 1, 1974.  
Host to Visiting Professor, Dr. Dennis Patterson -  
Australia, Duke University, Durham, North  
Carolina,  
September 18-20, 1974.  
Faculty, American Academy of Orthopaedic Surgeons  
Regional  
Course on the Hand, Boston, Massachusetts,  
October 1-5, 1974.  
Moderator for General Session, Eastern Orthopaedic  
Association, Bermuda, October 15-20, 1974.  
Participant, National Research Council, Washington,  
D.C.,  
Conference on Clean Air, November 8-10, 1974.  
Program. Participant, Orthopaedic Guild Society,  
Denver,  
Colorado, September 25-28, 1974. Presentations  
on  
"Tendon Transfers About the Shoulder and Anterior  
Lumbar Fusion for Intervertebral Disc Disease".  
Moderator, Panel, Arthrofibrosis of the Hand.  
Southern  
Medical Association, Section on Orthopedic and  
Traumatic Surgery, Postgraduate Course in Hand  
Surgery,  
Atlanta, Georgia, November 15, 1974.  
Participant, Panel, Peripheral Nerve Injuries and  
Repairs,  
SMA, Section on Orthopaedic and Traumatic  
Surgery,  
Postgraduate Course in Hand Surgery, Atlanta,  
Georgia,  
November 16, 1974.  
Program Participant, American Society for Surgery of  
the  
Hand, February 28, 1975, San Francisco,  
California,  
"Direct Electrical Stimulation Of Peripheral  
Nerves for

Relief of Intractable Pain".  
Guest Speaker, Indiana Orthopaedic Society,  
Michigan City,  
Indiana, "Hand Reconstruction", and "Injuries to  
the  
Cervical Spine", April 11-12, 1975.  
Faculty, Regional Course on the Hand, AAOS.  
Philadelphia,  
Pennsylvania, "Use of Silicone in Traumatic  
Injuries of  
the Hand", and "Fractures of the Navicular",  
April 13-15, 1975.  
Curriculum Vitae (cont'd.) -16- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Faculty, Southern Railway and Duke University -  
combined  
meeting on back injuries. The Governor's Inn,  
Durham,  
North Carolina, "Patient with Multiple Low Back  
Operations; Diagnosis and Management", and  
"Disability  
Evaluation of Upper Extremity Injuries",  
January 10-11, 1975.  
Visiting Lecturer, Hamot Medical Center and Shriners  
Hospital for Crippled Children, April 24-25, 1975.  
Guest Faculty Member, Third Annual Pediatric  
Orthopaedic  
Seminar, The Children's Memorial Hospital,  
Chicago,  
Illinois, "The Child's Foot and Lower Limb",  
May 27-28, 1975.  
Faculty, American Academy of Orthopaedic Surgeons,  
Regional Course on Cerebral Palsy, Royal Villa,  
Durham,  
North Carolina, "Orthopaedic Management of the  
Upper  
Extremity in Cerebral Palsy", June 20, 1975.  
Faculty, Duke Orthopaedic Division - Course on  
"Arthroscopy", Duke Medical Center, Durham, North  
Carolina, June 13, 1975.  
Faculty, Academy Day, Portland, Maine, "Perplexing  
Fractures", September 12-14, 1975.  
Faculty, American Academy for Cerebral Palsy.  
Instructional Course, "Upper Extremity", New  
Orleans,  
Louisiana, September 27, 1975.  
Faculty, American Society for Surgery of the Hand  
Regional  
Course, Reconstructive Surgery of the Hand,  
"Treatment  
of the Painful Hand", and "Use of Silicone Tendons  
and  
Joints in Children", Boston, Massachusetts,  
October 1-4, 1975.  
Faculty, Eastern Orthopaedic Meeting. Moderator  
Panel on  
"Low Back". Presentation "Anterior Lumbar  
Fusion",  
Puerto Pico, October 14-19, 1975.  
Presentation North Carolina Industrial Commission  
Symposium, "A Physician Looks at Workmen's  
Compensation  
Rehabilitation", Raleigh, North Carolina, October

30,  
1975.  
Faculty, American Academy of Orthopaedic Surgeons  
Regional  
Course, The Foot: Child and Adult. Presentation  
-  
"Congenital Talipes Equinovagum (Vertical  
Talus):  
Diagnosis and Surgical Treatment". Moderator of  
Panel  
Problems in Children. Dallas, Texas, November  
6-8,  
1975.  
Host to Visiting Professor, Dr. Albert Ferguson from  
Pittsburgh, Pennsylvania. Lectures on  
Children's  
Orthopaedics, November 9-13, 1975.  
Curriculum Vitae (cont'd.) -17- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Guest Faculty, American Academy of Orthopaedic  
Surgeons  
Regional Course on Combined Tissue Injuries,  
Upper  
Extremity. "Goals of Reconstruction Following  
Multiple  
Soft Tissue Injuries in the Forearm", and "Goals  
of  
Reconstruction Following Multiple Tissue  
Injuries with  
Fractures in the Forearm", Williamsburg,  
Virginia,  
December 10-13, 1975.  
Guest Speaker, Eastern North Carolina Orthopaedic  
Group,  
Kinston, North Carolina, "Ultraviolet Lights",  
January 15, 1976.  
Faculty, American Academy of Orthopaedic Surgeons  
Meeting,  
New Orleans, Louisiana, Instructional Course #62  
Cerebral Palsy. Scientific Session  
Presentation -  
"Hallux Valgus", January 26-February 4, 1976.  
Faculty, American Society for Surgery of the Hand.  
Instructional Course No. 118, "Flexor Tendon  
Injuries",  
New Orleans, Louisiana, January 26-February 1,  
1976.  
Faculty, Symposium on Neurological Disease-The  
Educational  
Foundation of the American Society of Plastic and  
Reconstructive Surgeons, Inc., Salt Lake City,  
Utah,  
March 7-10, 1976.  
Guest Lecturer, Emory University, Division of  
Orthopaedic  
Surgery; A Workshop on Air Powered Tools in  
Orthopaedic  
Surgery: 1. "The Techniques of Total  
Replacement of  
the Hip, Anterolateral Approach; 2. The  
Techniques of  
Selected Procedures for Management of Rheumatoid  
Arthritis Involving the Hand, Arthroplasty of the

Metacarpophalangeal Joint: Swanson Technique and Niebauer Technique. Atlanta, Georgia, April 9, 1976.

Faculty and Host, American Society for Surgery of the Hand, Conference (Members of the Society), Durham, North Carolina, March 4-6, 1976.

Faculty and Host, Hand Symposium, Implants and Replantation Upper Extremity, Division of Orthopaedics, Duke Medical Center, Durham, North Carolina, (for third party agencies), April 16, 1976.

Guest Lecturer, American Society for Surgery of the Hand, Continuing Education Course. "Replacement Prosthesis of the Thumb", Baltimore, Maryland, May 21-23, 1976.

Visiting Professor, Stanford University and Affiliates (Children's Hospital, Santa Clara Valley Medical Center, Veterans Administration Hospital), Stanford, California. Lectures, Consultations, Conferences, May 23-29, 1976.

Curriculum Vitae (cont'd.) -18- J. Leonard Goldner, M.D.

XXXIV. (cont'd.)

Consulting Surgeon, U.S. Naval Hospital, Portsmouth, Virginia: Lectures: "Musculoskeletal Aspects of Emotional Problems, Tendon Transfers for Irreparable Nerve Injuries of the Hand and Forearm", June 10-12, 1976.

Faculty, American Orthopaedic Association Combined Meeting, London and Edinburgh. "Panel on Clubfeet", September 7-20, 1976.

Faculty, Eastern Orthopaedic Association Meeting, The Breakers, Palm Beach, Florida. Moderator Panel "The Foot", Co-author presentation paper on "Traumatic Carpal Instability: Putting the Pieces Together", October 12-17, 1976.

Visiting Professor in Hand Surgery. Metropolitan Washington, D.C., Society for Surgery of the Hand Meeting. "Replantation Surgery at Duke", and "Extensor Carpi Ulnaris", October 22-23, 1976.

Guest Professor, Annual Meeting of Society of Military Surgeons, Washington, D.C., "Transfer About the Shoulder for Irreparable Nerve Lesions", November 8-11, 1976.

Faculty, American Academy of Orthopaedic Surgeons

Continuing Education Course on Practical Management of Acute Problems in Children. Sea Island, Georgia, "Nerve Repair of Hand Injuries in Children", and "Tendon Repair of Hand Injuries in Children". November 12-14, 1976. Guest Lecturer, Beckley, West Virginia County Medical Society, "Tendon Repair: Flexors, Extensors", November 15-16, 1976. Guest Lecturer, New England Orthopaedic Society Meeting (Massachusetts Hospital for Crippled Children and Massachusetts General Hospital), "Tendon Transfers About the Shoulder", "Clubfeet Operative Treatment", and "Anterior Lumbar Fusion", November 18-20, 1976. Guest Faculty, Hahnemann Medical College and Hospital of Philadelphia, Pennsylvania, Neurosurgical Meeting on "Current Techniques of Operative Neurosurgery", New York, New York, November 30-December 1, 1976. Faculty, Meeting of North Carolina Industrial Commission and the Southern Association of Workmen's Compensation Administrators. Conference on "The Industrially Disabled-Whose Responsibility?", Presentation - "Physical Rehabilitation", Raleigh, North Carolina, December 2, 1976. Curriculum Vitae (cont'd.) -19- J. Leonard Goldner, M.D. XXXIV. (cont'd.) Faculty, American Academy of orthopaedic Surgeons, Course on Diseases of the Intervertebral Disc, Philadelphia, Pennsylvania, December 5-7, 1976. Presentation, American Academy of Orthopaedic Surgeons Meeting and American Society for Surgery of the Hand Meeting, Las Vegas, Nevada. "Transcutaneous Stimulator for Reflex Dystrophy", "Use of the Extensor Carpi Ulnaris Muscle in Cerebral Palsy Upper Extremity Surgery", "Instructional Course Director on Cerebral Palsy-Upper Extremity", "Panel on Chronic Back Pain", and American Orthopaedic Foot Society "X-ray Findings in Clubfeet". Combined Meetings, January 30-February 8, 1977. Guest Faculty, Symposium on Reconstructive Surgery, Plastic

Surgeons, Williamsburg, Virginia. Presentations:  
Co-  
Moderator, Hand Session, "The Rheumatoid Hand",  
"Recent  
Advances in Reconstruction of the Thumb and  
Wrist", "How  
We Manage the Stiff Hand", and "Newest Advances  
in  
Treatment of Osteomyelitis of the Lower  
Extremity",  
March 6-10, 1977.  
Guest Professor, Hospital for Joint Diseases and  
Medical  
Center Grand Orthopaedic Conference, New York.  
Presentation: "Clubfeet", March 12, 1977.  
Guest Faculty, Georgetown University Hand Symposium,  
Washington, D.C., "Tendon Transfers for  
Irreparable  
Nerve Injuries", April 14-15, 1977.  
Guest Faculty, American Association of Neurological  
Surgeons, Toronto, Canada. Presentations:  
"Spondylolisthesis", "The Problem Back", and  
"Spinal  
Cord Injured Patients", April 24-28, 1977.  
Honorary Fellowship Recipient and Guest Faculty  
Clinical  
Session, Orthopaedic Section, Australasian  
College of  
Surgeons Meeting, Melbourne, Australia.  
Presentations:  
"Treatment of Peripheral Nerve Injuries", and  
"Tendon  
Transfers for Irreparable Nerve Injuries", May  
15-23,  
1977.  
Faculty, 1977 World Congress of the International  
Society  
for Prosthetics and Orthotics, New York.  
Moderator  
"Instructional Course on Hand Bracing", New  
York, New  
York, May 31, 1977.  
Spring Visiting Professor, Jefferson Medical  
College,  
Department of Orthopaedic Surgery. Philadelphia,  
Pennsylvania. Presentations: "Congenital  
Talipes  
Equinovarus", "Musculoskeletal Aspects of  
Emotional Problems", and "Tendon Transfers  
About the  
Shoulder", June 15-17, 1977.  
Curriculum Vitae (cont'd.) -20- J. Leonard  
Goldner, M.D.  
xxxiv. (cont'd.)  
Faculty, American orthopaedic Association  
meeting, Boca  
Raton, Florida. Presentation: "Cavovarus.  
June 26-30, 1977.  
Guest Lecturer, Maine Orthopaedic Review Annual  
Meeting,  
August, Maine. Presentations: "Bone  
Grafting",  
"Tendon Transfers in Paralytic Feet", "Lesions  
of the

Spine Simulating Ruptured Discs", and "Shoulder Pain",  
July 27-29, 1977.  
Guest Speaker, Skyland Orthopaedic Society;  
?.fountain Area  
Health Education Center; Consultant Orthopaedic  
Surgeon  
Asheville Veterans Administration Hospital.  
Skyland  
and MAHEC - "Orthopaedic Discussion Conference,  
Questions and Answers", Asheville, North  
Carolina,  
August 16-17, 1977.  
Faculty, Members Meeting, American Society for  
Surgery of  
the Hand, Toronto, Canada. Presentations:  
"Discussion  
Nerve Repair in Replantation" and "Tendon  
Transfers in  
the Paralytic Upper Extremity", Toronto, Canada,  
September 9-11, 1977.  
Visiting Professor, Letterman Army Medical Center,  
San  
Francisco, California. Presentations: "Hand  
Fractures",  
"Case Presentations-Upper Extremity, Hand, and  
Wrist",  
"Carpal Metacarpal Arthroplasties of the  
Thumb", "The  
Paralytic Foot, Diagnosis and Treatment",  
"Congenital  
Talipes Equinovarus", and "Musculoskeletal  
Aspects of  
Emotional Problems", September 20-24, 1977.  
Visiting Professor, University of Maryland  
Orthopaedic  
Department. Presentations: "Clinical  
Examination of  
the Hand/General Principles" and "Management of  
Clubfeet"  
Baltimore, Maryland, October 2-4, 1977.  
Presentation, American Academy for Cerebral Palsy  
Meeting,  
Atlanta, Georgia. ". . . Elbow Release. . .  
Patients  
with Cerebral Palsy", "Director Instructional  
Course on  
The Upper Extremity in Cerebral Palsy", Atlanta,  
Georgia,  
October 5-8, 1977.  
Host, Seminar on "The Spine" for third party  
agencies,  
Durham, North Carolina, October 21, 1977.  
Visiting Lecturer, Hand Seminar, University of  
North  
Carolina-Orthopaedic Division. "Tendon  
Transfers for  
Nerve Injury in tipper Extr-mity", Chapel Hill,  
North  
Carolina, November 2, 1977.  
Presentations, Southern Medical Association  
Meeting.  
"Roentgen Examination of Talipes Equinovarus"  
and



"Treatment of Hand Fractures", Dallas, Texas,  
November 6-8, 1977.  
Curriculum Vitae (cont'd.) -21- J. Leonard  
Goldner, M.D.  
XXXIV. (cont'd.)  
Visiting Professor, University of North Carolina-  
Orthopaedic  
Division, Residents' Grand Rounds Conference,  
Chapel  
Hill, North Carolina, December 3, 1977.  
Visiting Professor, Cleveland Clinic Orthopaedic  
Seminars.  
Presentations: "Developmental implants for the  
Arthritic  
Hand" and "Congenital Talipes Equinovarus  
Classification  
and Treatment", December 16-17, 1977.  
Faculty, Symposium on Implants and Prostheses in  
the Upper  
Extremity (Dr. John Boswick), Denver, Colorado,  
January 9-10, 1978.  
Visiting Professor, Children's Symposium,  
Fitzsimons Army  
Medical Center, Denver, Colorado, January 11-  
13, 1978.  
Visiting Consultant, Tripler Army Medical Center,  
Hawaii,  
January 23-27, 1978.  
Faculty, Annual Meeting, American Academy of  
Orthopaedic  
Surgeons-Instructional Course; Panels: Annual  
Meeting,  
American Society for Surgery of the Hand-Panel:  
American Orthopaedic Foot Society, Program.  
Dallas,  
Texas, February 19-28, 1978.  
Visiting Professor, U.S. Naval Regional Medical  
Center, San  
Diego, California, "Clubfeet",  
"Carpometacarpal Joint  
Thumb Arthroplasty", and "Musculoskeletal  
Aspects of  
Emotional Problems", March 9-11, 1978.  
Faculty, University of Miami, Department of  
Orthopaedics  
and Rehabilitation, Anterior Spine Symposium,  
March  
20-22, 1978.  
Visiting Professor, University of Pittsburgh,  
Department  
of Orthopaedic Surgery, Pittsburgh, Pennsylvania,  
March 23-26, 1978.  
Faculty, Hand Rehabilitation Foundation, third  
annual  
meeting, Philadelphia, Pennsylvania, March 30-  
31, 1978.  
Lecture, "Current Concepts in Tendon Grafting",  
Plastic  
Surgery Division, Duke Medical Center, Durham,  
North  
Carolina, March 27, 1978.  
Visiting Professor, 1st Annual North Carolina  
Orthopaedic  
Hospital Day, (Charlotte, North Carolina, April

10, 1978.

Visiting Lecturer, Hospital for Joint Diseases  
and Medical

Center, "Upper Extremity in Cerebral Palsy",  
New York,

New York, April 15, 1978.

Visiting Professor, Shriners Hospital for Crippled  
Children,

Springfield, Massachusetts, April 20-21, 1978.

Faculty, Continuing Education Course, Orthopaedic  
Aspects

of the Adult and Child Foot and Ankle, American  
Orthopaedic Foot Society, New Orleans, Louisiana,  
May 17-19, 1978.

Curriculum Vitae (cont'd.) -22- J. Leonard  
Goldner, M.D.

XXXIV. (cont'd.)

Faculty, Sixth Pediatric Orthopedic  
International Seminar,

Department of Orthopedic Surgery of the  
Children's

Memorial Hospital, Chicago, Illinois, Dr.

@fihran

Tachdjian, San Francisco, California, May 27-  
June 3,

1978.

Lecturer, Skyland Orthopaedic Society, Mountain Area  
Health Association, "Orthopaedic Dilemmas-

Pointers from

the Professor", VA Hospital Asheville-  
Consultant,

Asheville, North Carolina, April 15-16, 1978.

Visiting Professor, Union Memorial Hospital,  
Baltimore,

Maryland, August 18, 1978.

Faculty, Annual Meeting, American Academy for  
Cerebral

Palsy and Developmental Medicine, Toronto,  
Canada,

September 24-28, 1978.

Visiting Professor, University of Cincinnati,  
Department of

Orthopaedic Surgery, Cincinnati, Ohio, October  
11-14,

1978.

Visiting Professor and Faculty, University of  
Alabama,

Birmingham, Alabama, Division of Orthopaedic  
Surgery,

"Reconstructive Surgery for Trauma of the Hand",  
October 31-November 2, 1978.

Faculty, Annual Meeting, Southern Medical  
Association,

Atlanta, Georgia, November 11-13, 1978.

Visiting Lecturer, Baylor University, The Joe Cain  
Lecture, Houston, Texas, October 20-21, 1978.

Faculty, Course "The Neck and Shoulder-Trauma and  
Reconstruction", Jefferson Medical College,

Department

of Orthopaedic Surgery, Philadelphia,  
Pennsylvania,

November 27-29, 1978.

J. F. LeCocq Lecturer, University of Washington,  
Seattle,

Washington, and Visiting Lecturer to Puget Sound Chapter of the Western Orthopaedic Association.

Congenital Talipes Equinovarus; Anterior Discectomy and Fusion; Tendon Transfers About the Shoulder for Irreparable Nerves; Vascular Injuries Associated with Elbow Fractures-Prevention of Volkmann's Ischemia. January 21-24, 1979.

American Society for Surgery of the Hand; American Academy of Orthopaedic Surgeons, Faculty, Scientific Sessions Instructional Course Director, Moderator. February 17-28, 1979.

Guest Lecturer, Hospital for Joint Diseases, New York, New York. Indications, Types, and Expectations in Shoulder Fusions. March 9-10, 1979.

Curriculum Vitae (cont'd.) -23- J. Leonard Goldner, M.D. XXXIV. (cont'd.)

Faculty, Continuing Education Course-American Society for Surgery of the Hand, The Insensitive Hand. Philadelphia, Pennsylvania, March 28-31, 1979.

Faculty, Seventh Annual Hand Symposium, Emory University, Atlanta, Georgia, March 14-17, 1979.

Faculty, American Academy of Orthopaedic Surgeons, Continuing Education Course: Trauma to the Leg and Its Sequela, University of Southern California, Monterey, California; Management of Open Tibial Fractures; Symbiotic, Anerobic, and Clostridial Infections Associates with Injuries of the Leg; Management of Complicated Closed Nonunions; and Management of Open Nonunions-Posterolateral Bone Grafting, April 4-8, 1979.

Visiting Professor, College of Medicine and Dentistry of New Jersey - New Jersey Medical School, Orthopaedic Division. Clubfeet; Excision of the Distal End of the Ulna and Stabilization of the Proximal Ulna with One-Half of the Extensor Carpi Ulnaris. Newark, New Jersey, April 26-27, 1979.

Faculty, Georgetown Hand Symposium, National Hand Research and Rehabilitation Fund, Inc. Symposium on Introductory Hand Surgery: Predictors of a Stormy Postoperative Course; Sumposium on Congenital Problems:

Supranumerary  
Digits and Late Complications; Traumatic Hand  
Problems.  
Washington, D.C., May 9-11, 1979.  
Visiting Professor, Prooke Army Medical Center, San  
Antonio,  
Texas. Congenital Talipes Equinovarus;  
Management of  
Peripheral Nerve Gaps; Anterior Discectomy and  
Fusion;  
Musculoskeletal Aspects of Emotional Problems;  
Adolescent and Adult Hallux Valgus;  
Supracondylar  
Fracture of the Elbow Associated with Vascular  
Injuries;  
Trapezium Implants of the Thumb; and Volkmann's  
Ischemia.  
May 16-19, 1979.  
Faculty, Seventh Pediatric Orthopedic International  
Seminar,  
Children's Memorial Hospital, Chicago, Illinois.  
Upper  
Limb in Cerebral Palsy; Symposium on Talipes  
Equinovarus  
Lateral Impingement Syndrome: Roentgen  
Analysis: Fetal  
Dissections and the Relationship of the Talus  
to the  
Ankle Joint: Importance of Classification;  
Congenital  
Convex Pes Valgus, One Stage Reconstruction;  
Serpentine  
Foot. May 26-June 3, 1979.  
Visiting Lecturer, Fayetteville Veterans  
Administration  
Hospital, Department of Surgery, Surgical  
Conference.  
Surgery in Rheumatoid Arthritis.  
Fayetteville, North  
Carolina, June 6, 1979.  
Curriculum Vitae (cont'd.) -24- J. Leonard Goldner,  
@I.D.  
XXXIV. (cont'd.)  
Visiting Speaker, Skyland Orthopaedic Society,  
Asheville,  
North Carolina, August 7, 1979.  
Faculty, Eastern Orthopaedic Association Annual  
Meeting,  
Moderator Symposium. Palm Beach, Florida,  
October 17-20,  
1979.  
Faculty, Southern Medical Associating Meeting.  
Moderator  
AMA/SMA Symposium on Reconstructive Hand  
Surgery,  
November 6. Discussor Papers Modified Nicoll  
Graft in  
Treatment of Gap Nonunions; Periosteal  
Chondroma. Las  
Vegas, Nevada, November 4-6, 1979.  
Guest Speaker, Annual Meeting, New Jersey  
Orthopaedic  
Society. Changing Concepts in the Management of  
Congenital Talipes Equinovarus. Palm Springs,

California, November 7-8, 1979.  
Guest Speaker, New York Academy of Sciences,  
Conference on  
Airborne Contagion, New York, New York,  
November 9, 1979.  
Faculty, American College of Surgeons, Eastern  
Pennsylvania  
Chapter Meeting. Hand Fractures; Flexor  
Tendon Problems;  
Current Status of Replantation. Lancaster,  
Pennsylvania,  
November 13-14, 1979.  
Visiting Professor, Medical College of Virginia,  
Division of  
Orthopaedic Surgery. MP Arthroplasties;  
Treatment of  
Carpal Metacarpal Arthritis. Richmond,  
Virginia,  
November 15-16, 1979.  
Faculty, American Academy of Orthopaedic Surgeons  
Course on  
Pediatric Orthopaedics for the Practitioner.  
Thomas  
Jefferson University, Philadelphia,  
Pennsylvania. Nerve  
Repair in the Upper Extremity Muscular  
Reconstruction  
Around the Wrist. Williamsburg, Virginia,  
November 18-20, 1979.  
Faculty, American Academy of Orthopaedic Surgeons  
Course -  
Diseases of the Intervertebral Disc. The  
Pennsylvania  
Hospital. Salvage Spine Surgery - The Anterior  
Approach, Philadelphia, Pennsylvania, December  
2-4, 1979.  
Guest Speaker, Memphis Orthopaedic Society  
Meeting, and  
University of Tennessee-Campbell Clinic.  
"Talipes  
Equinovarus-Lateral Impingement Syndrome."  
Memphis,  
Tennessee. January 10-12, 1980.  
Faculty, American Society for Surgery of the  
Hand, Annual  
Meeting. Presentation - "Sympathetic  
Dystrophy," Panel-  
"Nerve Entrapment Problems." Atlanta, Georgia,  
February 2-5, 1980.  
Faculty, American Orthopaedic Foot Society Annual  
Meeting.  
Presidential Address "Physiologic  
Variations...",  
Moderator-General Session. Atlanta, Georgia,  
February 6-7, 1980.  
Curriculum Vitae (cont'd.) -25- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Faculty, American Academy of Orthopaedic Surgeons  
Annual  
Meeting. Instructional Course #10 "Diagnosis and  
Treatment of the Adult Foot . . . Hallux Valgus".  
Presentation Paper "Tendon Transfers Rather than  
Arthrodesis for the Partially Paralyzed Shoulder".

Instructional Course #38 "Diagnosis and Treatment of the Adult Foot: Cavovarus Feet, Clawtoes, Plantar Metatarsal Lesions. . .". Instructional Course #68  
"Cerebral Palsy, Upper Extremities". Symposium: "Common Foot Problems". Atlanta, Georgia, February 8-11, 1980.  
Guest Speaker, The New York Academy of Medicine, Meeting of Section on Orthopaedic Surgery. "Neural Entrapment Syndromes of the Foot and Ankle". New York, New York, March 10, 1980.  
Faculty, American Society for Surgery of the Hand Continuing Education Course - The Nerve and the Hand. "Methods of Handling the Nerve Gap", "Anomalous Innervation", "Tendon Transfers for Median Nerve Injuries", and Panel "Evaluation and Management of Congenital Deficits, Cerebral Palsy and Arthrogyrosis". Vail, Colorado, March 23-26, 1980.  
Faculty, Course - New Concepts in Fracture Management, Duke University Medical Center. "Summary and Epilogue", Duke University, Searle Center Lecture Hall, Durham, North Carolina, March 27, 1980.  
Guest Professor, Henry Ford Hospital Orthopaedic Department. "Tendon Transfers About the Hand", "Peripheral Nerve Repair", and "Congenital Foot Problems". Detroit, Michigan, March 28-29, 1980.  
Guest Professor, University of Charlottesville Orthopaedic Department. "Reflex Sympathetic Dystrophy", "Clubfeet", "Peripheral Nerve Gaps", and "Tendon Transfers". Charlottesville, Virginia, April 9-12, 1980.  
Evaluation Committee Site Visitor, American Society for Surgery of the Hand. University of Tennessee Hand Program. Memphis, Tennessee, April 16-17, 1980.  
Faculty, American Academy of Orthopaedic Surgeons, Continuing Education Course - Orthopaedic Care of the Foot and Ankle - San Diego, California. "Congenital Lesions of the Foot", "Panel Discussion - Intoeing Gait - To Treat or Not to Treat", Moderator - Scientific Session "How I Like To Do Bunions", and "The Flat Foot in Children". San Diego, California, May 14-16, 1980.  
Curriculum Vitae (cont'd.) -26- J. Leonard Goldner, M.D.

xxxiv. (cont'd.)

American Academy of Orthopaedic Surgeons.  
Symposium on  
Microsurgery "A Perspective of Microsurgical  
Concepts in  
Orthopaedic Surgery" and "Concepts of  
Peripheral Nerve  
Repair with Emphasis on Management of Small and  
Large  
Nerve Gaps". Faculty. Durham, North Carolina,  
May 19-20, 1980.  
Faculty, International Society for the Study of  
the Lumbar  
Spine Annual Meeting, New Orleans,  
Louisiana. "Pseudoarthrosis  
of The Spine - Diagnosis, Analysis,  
and  
Treatment", May 24-28, 1980.  
Faculty, San Francisco Orthopaedic Review Course.  
University of California San Francisco. "The  
Hand",  
San Francisco, California, June 11-13, 1980.  
Program Evaluator - American Society for Surgery  
of the  
Hand. Chicago, Illinois, June 29, 1980.  
Faculty, ASSH - Peripheral Nerve Study Group  
Annual Meeting,  
Case Presentations. Glen Cove, New York, July  
16-20,  
1980.  
Guest Lecturer, Carl E. Radgley Lecture,  
University of  
Michigan Orthopaedic Surgery Department.  
Visiting  
Professor University of Michigan Orthopaedic  
Residency  
Program. "Musculoskeletal Aspects of  
Emotional Problems-  
Attitudes, Patient, and Physician" and  
"Diagnosis and  
Treatment of Congenital Talipes Equinovarus in  
1980-A New  
Era" case presentations. Ann Arbor, Michigan,  
September 10-13, 1980.  
Faculty, University of Washington Continuing  
Education  
Department Course - The Spine: Advances in  
Practical  
Management. "Anterior Lumbar Spine Fusion",  
September 25-28, 1980.  
Faculty, 4th Annual John P. Sebold Memorial Hand  
Symposium  
at O'Shaughnessy Learning Center of the College  
of St.  
Thomas, St. Paul, Minnesota, October 23-25,  
1980.  
Faculty, Continuing Education Course, American  
Academy for  
Cerebral Palsy and Developmental Medicine and  
Division  
of Orthopaedic Surgery, The University of  
Texas Medical  
Branch. "Assessment Patterns of Deformity and  
Examination of the Upper Extremity", "Operative

Procedures and Postoperative Management", and  
"Functional  
Age of thr, Upper Extremity". November 20-22,  
1980.  
Guest Lecturer, Nassau County Medical Center,  
Department of  
Physical @edicine and Rehabilitation. Fifth  
Annual  
Symposium on Motor Disorders. Update in  
Neuropathies,  
"Lower Extremity Entrapment Neuropathies",  
New York, New  
York, April 21-22, 1981.  
Curriculum Vitae (cont'd.) -27- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Visiting Professor, Louisville, Kentucky, "Hand  
Cases,  
Questions and Answers, Hand Surgery  
Associates", "Reflex  
Sympathetic Dystrophy, Prediction, Prevention  
and  
Treatment", "Musculoskeletal Aspects of  
Emotional  
Problems", and "Clubfeet", April 6-8, 1981.  
Visiting Lecturer, Houston, Texas. "Physiologic  
Variations  
of the Lower Extremities. To Treat or Not to  
Treat?",  
"Lateral Impingement Syndrome in Congenital  
Clubfoot",  
"Avulsion of Calcaneus and Soft Tissues,  
Reconstruction  
of the Hindfoot", "Hallux Valgus in Children and  
Adolescents", and "The Foot in Cerebral Palsy,  
Diagnosis  
and Treatment", April 8-10, 1981.  
Guest Speaker, Hospital for Joint Diseases. "Foot  
Problems: Reconstruction of Hallux Valgus -  
Previously  
Operated Feet. New York, New York, April 25,  
1981.  
Visiting Professor, Hamot Medical Center - 100th  
Anniversary  
Celebration, Erie, Pennsylvania. "Comparing the  
Old and  
the New During the Past 100 Years", Wlay 1, 1981.  
Faculty, Pediatric Orthopedic International  
Seminar, Chicagc  
Illinois. Directed by Mihran O. Tachdjian, M.D.  
"Anatomic Dissection of Talipes Equinovarus in  
Stillborns  
- Prelude to Rationale of Treatment", "Treatment  
- Surger  
Changing Concepts of Management". Roundtable  
discussion,  
"(Talipes Equinovarus)", "The Serpentine Foot,  
Diagnosis  
and Treatment", "Brachial Plexus Paralysis".  
"Classification, Early Management Hand - Forearm  
- Elbow"  
and "Cerebral Palsy. The Upper Limb.", ?Aay 23-  
31, 1981.  
Visiting Professor, University of Alabama in



Birmingham and  
Jefferson County Orthopaedic Society,  
Birmingham,  
Alabama. "Analysis of Tendon Transfers About  
the  
Shoulder", June 1-3, 1981.  
Faculty, San Francisco Orthopaedic Review Course,  
"The  
Hand", San Francisco, California, June 6-12,  
1981'  
Visiting Professor, Shreveport, Louisiana and  
Louisiana  
State University, "Clubfeet", June 26-27, 1981.  
Visiting Speaker, Louisiana State University,  
Shreveport,  
Louisiana. "Clubfeet", "Peripheral Nerve  
Injuries in  
Children", and "Orthopaedic Management of Upper  
Extremity  
Problems in Cerebral Palsy (Surgical and Non-  
Surgical)".  
June 26-27, 1981.  
Visiting Speaker, Colorado Springs, Colorado.  
Discussion  
of paper, "Surgical Management of Resistant  
Congenital  
Talipes Equinovarus Deformities", by George H.  
Thompson, M.D., American Orthopaedic Association  
Annual  
Meeting, June 14-18, 1981.  
Curriculum Vitae (cont'd.) -28- J. Leonard Goldner,  
?, I.D.  
XXXIV. (cont'd.)  
Guest Lecturer, Annual Southern Association of  
Workmen's  
Compensation Administrators Conference, - "Lesions  
Simulating Ruptured Intervertebral Disc",  
Asheville,  
North Carolina, July 7, 1981.  
Guest Lecturer, Skyland Orthopaedic Association,  
"Orthopaedic  
Patient Problems", Asheville, North Carolina,  
July 8, 1981.  
Moderator, Dr. Goldner's Round Table, Eastern  
Orthopaedic  
Association Annual Meeting, Boca Raton, Florida,  
October 14-18, 1981. (Open discussion on cases  
presented by registrants)  
Seventh Guy A. Caldwell Visiting Professorship in  
Children's  
Orthopaedic Surgery, Tulane University, New  
Orleans,  
Louisiana, November 18-20, 1981. "Nerve  
Entrapment  
Syndromes of the Upper Extremity",  
"Musculoskeletal  
Disease, Emotions, and the Orthopaedic Surgeon",  
"Clubfeet - Changing Concepts". Patient  
presentations -  
children's auditorium.  
Visiting Professor, Harvard University School of  
Medicine,  
Division of Orthopaedic Surgery. "Upper and Lower  
Extremity Cerebral Palsy Patients". Resident

patient  
presentations to Dr. Goldner. December 8-9, 1981.  
ASSH Annual Meeting, New Orleans, Louisiana, January  
15-18,  
1982. Panel Member - Course on Congenital Hand  
including  
CP. Discussor paper on "Intra-Articular  
Metacarpal Head  
Fracture".  
AAOS Annual Meeting, New Orleans, Louisiana, January  
19-23,  
1982. Panel Member - Thicon Panel. Instruction  
Course  
Director, No. 309, Cerebral Palsy. Paper  
presentation -  
"Hallux Valgus" (with Dr. Paul Speigl).  
Visiting Professor, University of Minnesota,  
Minneapolis,  
Minnesota, February 10-12, 1982. Case Studies  
with  
Residents. "Clubfeet", "Nerve Entrapment  
Syndromes of  
the Upper Extremity", "Reflex Sympathetic  
Dystrophy -  
Prediction, Prevention, and Treatment", "Nerve  
Entrapment  
Syndromes of the Foot and Ankle", and "Anterior  
Lumbar  
Discectomy and Fusion".  
Faculty, Seventh Combined Meeting of the Orthopaedic  
Associations of the English-Speak World, Cape  
Town,  
South Africa, March 21-27, 1982. "P-oxirrial  
Radioulnar  
Synostosis, Diagnosis and Treatment Based on  
Anatomic  
and Functional Assessment by J. L. Goldner and M.  
A.  
Lipton" and an audiovisual programme videocassette  
on  
"Clubfeet".  
Curriculum Vitae (cont'd.) -29- J. Leonard  
Goldner, M.D.  
XXXIV. (cont'd.)  
Distinguished Lecturer, Hospital for Joint  
Diseases, New  
York, New York, April 22-24, 1982. Case  
Studies with  
Residents. "Supramalleolar Osteotomy of the  
Tibia Only,  
as an Alternative to Osteotomy of the Talus".  
Visiting Professor, Louisiana State University  
School of  
Medicine, April 24-26, 1982. A Resource Course,  
Children's Hospital sponsored by LSU  
Department of  
Orthopaedics. "Surgical Treatment of Clubfoot".  
Packard Lecturer - University of Colorado Health  
Sciences  
Center, Denver, Colorado, May 9-12, 1982. Case  
Presentations from Residents. "Changing  
Concepts in  
the Management of Talipes Equinovarus - 1982" and  
a

videotape on "Clubfeet".  
Faculty, Third AOA International Symposium on  
Trauma, San  
Francisco, California, May 18-22, 1982.  
Moderator -  
Panel on the Foot.  
Presidential Guest Speaker, Cleveland Orthopaedic  
Club,  
June 4-5, 1982. "Congenital Clubfoot", and  
"Peripheral  
Nerve Injuries and Repair of the Upper  
Extremity".  
Visiting Professor, Columbia University, New York  
Orthopaedic Hospital, June 20-24, 1982.  
Videotape  
"Four Quadrant Approach to Clubfeet". "Nerve  
Entrapment Syndrome of the Foot", "Anterior  
Lumbar  
Discectomy and Fusion", "Nerve Entrapment of the  
Upper Extremity", and "Sympathetic Dystrophy".  
Guest Speaker, Skyland Orthopaedic Society,  
Asheville,  
North Carolina, August 3-4, 1982. Orthopaedic  
Round  
Table - Problem Cases.  
Faculty, Boston Orthopaedic Club, Boston,  
Massachusetts,  
September 20-21, 1982. "The Use of Spinal  
Fusion in  
Discogenic Low Back Pain".  
North Carolina/South Carolina Orthopaedic Annual  
Meeting,  
Asheville, North Carolina, October 13-16, 1982.  
"Combined Pelvic and Femoral Osteotomies for  
Treatment  
of Partially Covered Femoral Head in Childhood  
and  
Adolescence".  
Guest Speaker, South Carolina Rheumatism Society,  
Asheville,  
North Carolina, October 22-24, 1982. "Osteotomy  
of the  
Hip", "Implants of the Hand for Arthritis", and  
"Arthritis of the Feet".  
Curriculum Vitae (cont'd.) -30- J. Leonard Goldner,  
M.D.  
XXXIV. (cont'd.)  
Guest Speaker, New England Orthopaedic Society,  
Boston,  
Massachusetts, November 19-20, 1982. "Reflex  
Sympathetic Dystrophy, Prediction, Prevention  
and  
Treatment" and on the Trauma Panel - Problem  
Case  
Presentations.  
Congreso Centroamericano Y Del Caribe (Orthopaedic  
Central  
American Congress), Willemstad, Curacao,  
November 22-27,  
1982. "Reflex Sympathetic Dystrophy -  
Prediction,  
Prevention and Treatment".  
Guest Speaker, Beth Israel Hospital, Boston,  
Massachusetts,

June 15-18, 1983. "The Spine: 1983".  
Guest Faculty, Orthopaedic Days 1983, The  
University of  
British Columbia, Vancouver, British Columbia,  
Canada,  
June 22-24, 1983. "Open Fractures of the  
Tibia",  
"Practical Approach to Bunions", "Current Concepts  
of Clubfeet", "Flexor Tendon Injuries in the  
Hand",  
"Entrapment Neuropathies", and "Pain Control".  
Guest Speaker, AHEC, Skyline Orthopaedic Group,  
Asheville,  
North Carolina, August, 1983. "Coirplex  
Problems in  
Orthopaedics: Diagnosis and Treatment, with  
Emphasis  
on Cartilage Dysplasia".  
Guest Speaker and Chief Lecturer, Oscar Miller  
Day, The  
Miller Clinic, Charlotte, North Carolina,  
October, 1983.  
"Changing Concepts in the Management of Congenital  
Clubfoot", "Musculoskeletal Aspects of Errotional  
Problems".  
Guest Speaker and 1-toderator, AAOS course, San  
Diego,  
California, Noveirber 2-6, 1983. "The Pully  
System -  
Anatomy and Reconstruction", "Clinical  
Evaluation of  
the Patient with Nerve Injury: Cross-over  
Innervation",  
"Epineural Repair - Techniques, Methods of  
Handling the  
Gap, and Methods of Alignment", "The Acute  
Ligamentous  
Injury - Treatment and Results". Nioderater  
Panel on  
the "Nerve".  
Guest Speaker, Washington Orthopaedic Club,  
Wasbington,  
D.C., December, 1983. "Nerve Compression  
Lesions of  
the Upper Extremity, Differential Diagnosis.  
Guest Speaker, Washington Hospital Center, George  
Washington University, Washington, D.C.,  
December, 1983.  
"Grand Rounds".  
Visiting Professor, University of Alabama,  
Birmingham,  
Alabama, January 9-11, 1984.  
Faculty, American Academy of Ortbo paedic Surgeons,  
Annual  
Meeting, Atlanta, Georgia, February, 1984.  
Faculty, American Society for Surgery of the Hand,  
Annual  
Meeting, Atlanta, Georgia, February, 1984.  
Curriculuin Vitae (cont'd.) -31- J. Leonard Goldner, @I.D.  
XXXIV. (cont'd.)  
Guest Speaker, Children's Hospital, Boston, Niassachusetts,  
February 28-29, 1984, "Cerebral Palsy, Upper Extremity".  
Faculty, SYMPOSIUM - The Hand: Another Decade of Tendon  
Surgery, Philadelphia, Pennsylvania, March, 1984.

Xioderator - Scientific Session - Tendon Transfers for Specific Problems. Panel Member - Tendon Transfers - Special Situations. Paper - "Tendon Transfers in Cerebral Palsy - Do They Work?".

Guest Speaker, Massachusetts General Hospital Department of Surgery Grand Rounds, Boston, Massachusetts, March, 1984.

Visiting Professor, Department of Orthopaedic Surgery at Wayne State University School of Medicine, Detroit, Michigan, April, 1984. "Nerve Entrapment Syndromes of the Leg and Foot" and "Current Concepts in Clubfoot". "Reflex Sympathetic Dystrophy - Prediction, Prevention and Treatment".

Course Chairman and Faculty, AAOS Continuing Education Course, The Foot - Children and Adults, Durham, North Carolina, April 25-27, 1984. "Physiologic Variations of the Foot and Ankle", "Nerve Entrapment Lesions of the Foot", "Clubfoot: Anatomic Dissections", "Lateral Impingement Syndrome - Fact or Fiction?", "Recurrent Clubfoot: The Four Quadrant Approach", "Juvenile and Adolescent Hallux Valgus", "Adult Hallux Valgus: Double Osteotomy".

Kennedy Memorial Lectureship, London, Ontario, Canada, May, 1984. "Carpal Instability, Putting Together the Pieces", "Foot and Leg Nerve Entrapment Syndromes.

Adjudicator - Fifteen Residents' Papers - The University of Western Ontario, Division of Orthopaedic Surgery.

Lecturer, Piedmont Orthopaedic Society Annual Meeting, Kiawah Island, South Carolina, May, 1984. "Legg-Calve-Perthes Disease".

Lecturer, AOA Annual Meeting, Palm Beach, Florida, May, 1984. "Soft Tissue Stabilization of Relaxed Flatfeet in Adolescents and Adults Without Subtalar or Triple Arthrodesis".

Presidential Guest Speaker, Missouri State Orthopedic Association and Mid-Central States Orthopaedic Society, Coluירbia, Missouri, May, 1984. "Nerve Entrapment Lesions of the Foot and Leg" and "Patients with Failed Lumbar Disc Surgery: Analysis and Treatment".

Lecturer, Skyland Orthopaedic Group/AHEC, Asheville, North Carolina, August 7, 1984. "Aseptic Necrosis of the Hip: Current Status of Treatment and Orthopaedic Consultations for Complex Problems".

Curriculum Vitae (cont'd) -32- J. Leonard Goldner, M. D.

XXXLV. (cont'd)

Annual Meeting, AAOS, ASSH, AOFAS, ORS, Las Vegas, Nevada, January 19-28, 1985, Talks: (1) Reflex Sympathetic Dystrophy, (2) Clubfoot, (3) Cerebral Palsy - Upper Extremity.

Distinguished Professor's Talk, Duke University Medical Center, February 8, 1985, Have We Solved any Problems Involving the Musculoskeletal System During the Past Fifty Years?

Principal Speaker, Rehabilitation of the Hand/Symposium and Workshop: March 15-20, 1985, (1) Principles of Management,

(2) Moderator, afternoon session, (3) Evaluation and Special Problems of Nerve Surgery, Moderator Workshop (4) Rehabilitation Flexor Tendons, Panel (5) A Look to the Future.

Visiting Professor, University of Kansas, Wichita, Kansas,

March 28-30, 1985, (1) Cervical Spine, (2) Nerve Entrapment Lesions of the Foot, (3) There Is a Place for Anterior Lumbar Fusion for the Failed Lumbar Disc Syndrome, (4) Reflex Sympathetic Dystrophy, Predictions, Preventions and Diagnosis.

Visiting Professor, May 1-4, 1985, University of Pennsylvania School of Medicine, Edgar L. Ralston Lecture and paper presentations by residents at scientific session.

Orthopaedic Hand Lecture, May 15-16, 1985, San Francisco, California.

Principal Speaker, May 17-18, 1985, North Pacific Orthopaedic Association, Eugene, Oregon, (1) Changing Concepts in Diagnosis and Treatment of Clubfoot - 30 years, (2) Reflex Sympathetic Dystrophy: Prevention and Treatment, (3) Foot-Nerve Compression Lesions.

Visiting Professor, AOA, University of Southern California Graduate Orthopaedic Society Meeting, June 14, 1985, San Clemente, California, Talks: (1) Management of Failed Lumbar Laminectomies, (2) Nerve Compression Lesions of The Upper Extremity, (3) Complications of Foot Surgery - Cause and Management.

Lecturer, Skyland Orthopaedic Group/AHEC, August 6, 1985, Asheville, North Carolina.

Visiting Professor, Oxford, England, September 23-27, 1985.

Lecturer, Greenbriar Orthopaedic Guild, October 9-11, 1985, West Virginia, Reflex Sympathetic Dystrophy.

Lecturer, Orthopaedic Association, October 24, 1985, Pinehurst, North Carolina, (1) Lisfranc's Fracture/Diagnosis, Treatment, and End Results, (2) Reflex Sympathetic Dystrophy - Prediction, Prevention and Treatment.

Curriculum Vitae (cont'd) -33- J. Leonard Goldner, M. D.

XXXIV. (cont'd)

Visiting Professor, Shriner's Hospital, Greenville, South Carolina, November 6, 1985, Special Foot Clinic or. Clubfeet and Complex Foot Deformities; Operative Demonstration of Goldner Method of Performing Clubfoot Procedure.

Principal Speaker, Columbia Orthopaedic Day, Columbia, South Carolina, November 7-8, 1985, (1) Lisfranc's Fracture of The Foot, (2) Calcaneal Multiple Trauma Injuries, Skin, Tendon and Calcaneus, (3) Open Fractures Treated Open.

Visiting Professor, Brooke Army Medical Center, November 29-December 1, 1985, San Antonio, Texas.

Principal Speaker, Society of Orthopaedic Military Surgeons, San Antonio, Texas, December 1, 1985, Hip Arthroplasty - a Fifty Year Overview.

Guest Speaker, Atlanta Orthopaedic Society, December 9, 1985, Atlanta, Georgia, Complications of Foot Surgery.

Annual Meeting, AAOS, ASSH, AOFAS, ORS, Federation of Spine Associations, New Orleans, Louisiana, February, 15-25, 1986, Talks: (1) Moderator panel on Neuromuscular Disorders of the Upper Extremity, (2) Discussor of Paper on Treatment of Reflex Sympathetic Dystrophy of the Hand with an Active Stress Loading Program, Kirk Watson, (3) Distinguished Lecturer, Physiologic Variations of the Foot and Lower Extremity, (4) Goldner paper, W. Richardson, J.L. Goldner, Anterior Discectomy and Fusion of the Lumbar

Spine, (5) Management of Severe Open Extremity Fractures,  
(6) Instructional Course 1307: Diagnosis and Treatment of  
Neuromuscular Disease.  
Visiting Professor, Tripler Army Medical Center, March 16-23,  
1986, Hawaii, (1) Management of the Failed Lumbar Disc  
Syndrome by Anterior Lumbar Discectomy and Fusion,  
(2) Reflex Sympathetic Dystrophy - Prediction, Prevention  
and Treatment, (3) Nerve Compression of the Foot and Leg,  
(4) Nerve Compression of the Upper Extremity, (5) Surgical  
Management of Upper Extremity Cerebral Palsy Conditions,  
(6) Changing Concept in the Management of Clubfeet in the  
Past 35 Years, (7) Physiologic Variations of the Lower  
Extremities, (8) Tendon Transfers about the Shoulder.  
Lecturer, Aurora, Colorado, April 1-4, 1986, (1) Evaluation  
and Differential Diagnosis of Pain, (2) Tendon Transfers  
Following Ulnar Nerve Lesions.  
Lecturer, Orthopaedic Alumni Meeting of the University  
of Texas Medical Branch at Galveston, The Eggers Society,  
April 17-19, 1986, Galveston, Texas.  
Visiting Speaker, Charlotte Memorial Hospital, April 27-28,  
1986, Charlotte, North Carolina.  
Visit-'-ng Professor, Pavia, Italy, May 24-31, 1986.  
Visiting Professor, Belgrade, Vienna, June 11-18, 1986.  
Curriculum Vitae (cont'd) -34- J. Leonard  
Goldner, m. D.  
XXXIV. (cont'd)  
Visiting Speaker, AHEC and Asheville Veterans  
Administration  
Hospital, Asheville, North Carolina. August 5,  
1986.  
Lecturer, AOA Symposium, Chicago, Illinois, August  
20-22,  
1986.  
Lecturer, Orthopaedic Guild, Cleveland, Ohio, September  
24-27,  
1986.  
Lecturer, N.C. Orthopaedic Society, Asheville, October 16-  
18,  
1986.  
Lecturer, American Academy of Neurological and  
Orthopaedic  
Surgeons, Las Vegas, Nevada, October 21-25, 1986.  
Visiting Speaker, Randolph County Medical Society,  
Asheboro,  
North Carolina, October 29, 1986, The Musculoskeletal  
Aspects of Emotional Problems.  
Lecturer, Southern Medical Association, Atlanta,  
Georgia,  
November 10, 1986, Attitude and Altruism.  
Visiting Professor and Guest Lecturer, Columbia-  
Presbyterian  
Medical Center, The Presbyterian Hospital, New  
York, New  
York, December 4, 1986, (1) Complications of  
Adult Foot  
Surgery, (2) Nerve Entrapment Syndrome of the Foot and  
Leg.  
Lecturer, AAOS Foot Course, New York, December 5-7,  
1986,  
The Adolescent Bunion, moderator and talks: (1)  
The  
Adolescent Bunion: Management and Results, (2)  
The  
Bunion in the Neurologic Patient (Poliomyelitis,

Spasticity), (3) The Hindfoot and the Neurologic Patient.  
Annual Meeting, AAOS, ASSH, AOFAS, ORS, San Francisco, California, January 19-26, 1987, (1) Moderator for Foot Panel at AOS, Hallux Valgus and Related Subjects, (2) Discussion of paper on Laceration of Flexor Pollicis Longus Primary or Early Repair, (3) Chronic Reconstruction of Torn Ulnar Collateral Ligament Thumb, (4) Chronic Reconstruction of Torn Radial Collateral Ligament Thumb, (5) Discussion of paper concerning Arthrodesis of the Shoulder for Brachial Plexus Injuries for Shoulder and Elbow Society, (6) Discussion of paper concerning Arthrodesis of the Shoulder for Treatment of Partial Weakness for Poliomyelitis or Paralysis, (7) Discussion of paper on Multiple Tendon Transfers, (8) Member of Faculty, Instructional Course on Cerebral Palsy Upper Extremity Surgical Treatment, Slides and Handout. Lecturer, Orlando, Florida, March 10-14, 1987, (1) Physiologic Variations, (2) Lisfranc's Fracture Dislocation, (3) Management of the Spastic Foot, (4) Complications of Adult Foot Surgery: Analysis and Preventions, (5) Changing Concepts, (6) Attitude and Altruism. Lecturer, Los Angeles, California, Martin Luther King Day, March 22-28, 1987, (1) Clubfoot, (2) Physiologic Variations, (3) Lisfranc's Fracture, (4) Nerve Compression Upper RSD, (5) Foot Complications, (6) Foot Nerve Co-mpressions. Curriculum Vitae (cont'd) -35- J. Leonard Goldner, M. D. XXXIV. (cont'd) Visiting Professor, Washington, D.C., George Washington University, April 29-May 10, 1987, (1) Tendon Transfers about the Shoulder versus Arthrodesis of the Shoulder: Advantages and Disadvantages of Each, (2) The Complications of Adult Foot Surgery: Analysis of the Program and Further Treatment, (3) Thirty-five Years' Experience with Clubfeet. Lecturer, 16th Annual Orthopaedic Residents Scientific Day, Erie County Medical Center, Buffalo, New York, May 14, 1987, (1) Case Presentations, (2) Complications of Adult Foot Surgery. Lecturer, Milwaukee, Wisconsin, June 18-20, 1987, Clubfoot,



Dr. George Simmons.  
Visiting Speaker, Asheville Veterans Administration  
Hospital  
and Skyland Orthopaedic Group, August 4-5, 1987.  
Visiting Speaker, 37th Annual Meeting of the New  
Zealand  
Orthopaedic Association, Wellington, New Zealand,  
October 5, 1987, (1) Subtalar Arthroplasty in  
Clubfoot,  
(2) Instructional Course: Surgery of the Upper  
Extremity  
in Cerebral Palsy.  
Visiting Speaker, Madigan Army Medical Center,  
Department  
of the Army, Tacoma Washington, November 11-14,  
1987,  
(1) Complications of the Adult Foot, (2) Shoulder  
Tendon  
Transfers, (3) Nerve Compression Upper Extremity,  
(4) Physiologic Variations, (5) Spastic Foot--  
Diagnosis  
and Treatment, (6) Attitude and Altruism, (7)  
Cerebral  
Palsy--Upper Extremity, (8) Treatment of Diabetic  
Foot  
Ulcers.  
Visiting Professor, Emory University, May 5-7, 1988,  
Atlanta,  
Georgia, (1) Operative Technique and Discussion of  
Double  
Osteotomy for Hallux Valgus, (2) Reconstruction of  
Relaxed  
Flatfeet--Adults Ruptured Posterior Tibial Tendon,  
(3) Operative Technique for Triple Arthrodesis,  
(4) Presentation of the Kelly Society Address,  
Attitude  
and Altruism - Who Benefits?  
4th Annual Summer Meeting, American Orthopaedic Foot  
and Ankle  
Society, July 21-24, 1988, St. Paul, Minnesota, (1)  
Pes  
Planus, (2) Posterior Tibial Nerve Entrapment: A  
Thirty-three Year Review, (3) Moderator for Panel on  
Pediatrics.  
Visiting Speaker, Fourth Annual Review Course in  
Orthopaedics, October 31-November 4, 1988, McGill  
University, Montreal, Canada (1) The Insensitive  
Foot--Infection, Complications and Management,  
(2) Complications of Surgery on the Adult Foot.  
Ninth Annual Ray Curtis Hand Day and The USUHS  
Distinguished  
Lectureship, October 27-28, 1988, Washington, D.C.,  
(1) Concepts of Tendon Transfers in Reconstructions  
about  
the Shoulder, (2) Surgical Management of the Upper  
Extremity in CP.  
Curriculum Vitae (cont'd) -36- J. Leonard Goldner,  
M.D.  
XXXIV: Visiting Professor, 10th Anniversary Challenge of  
the  
Lumbar Spine, San Antonio, Texas, November 9-13, 1988,  
(1) The Failed Post-Discectomy Syndrome, (2) The  
Solution, (3) Moderator, Non-Specific Low Back  
Pain

Syndrome.

Visiting Professor, Fort Worth Affiliated Hospitals,  
John Peter Smith Hospital, January 12-13, 1989,  
(1) Surgical Treatment of Clubfoot without  
Extensive

Subtalar Arthrotomy, (2) Tendon Transfers about  
the

Paralytic Shoulder Rather than Glenohumeral Arthrodesis.

Visiting Speaker, Tulane University, New Orleans,  
Louisiana, January 29-February 1, 1989, (1)

Surgical

Treatment of Clubfeet Without Extensive Subtalar  
Arthrotomy, (2) Attitude and Altruism - Who Benefits?,  
(3) Tendon Transfers about the Shoulder Rather

than

Arthrodesis for Partial Paralysis.

Visiting Speaker, Contemporary Orthopaedics Panel,  
Las Vegas, Nevada, February 11, 1989, Discussion  
on Posterior Tibial Tendon Rupture with Roger Mann  
and Andy Cracchiolo.

Visiting Speaker, American Orthopaedic Foot and  
Ankle

Society Annual Meeting, Las Vegas, Nevada, February  
12,  
1989, Posterior Tibial Tendon Replacement with Flexor  
Hallucis Longus.

Visiting Professor, New York Society for Surgery of  
the Hand, The Hospital for Special Surgery,  
February 20-22, 1989, The Darrach Procedure - Is

It

Extinct?

Visiting Speaker, AAOS Course #479, The Adult Foot  
and

Ankle - A Decade of Progress, March 8-11, 1989,  
Orlando, Florida, (1) Physiologic Variations, (2) The  
Spastic Foot - Cerebral Palsy and Stroke, (3)  
Adult

Cavus Foot Problems.

Visiting Professor, McLaren General Hospital, Flint,  
Michigan, March 28-30, 1989, (1) Reconstructive  
Surgery of the Upper Extremity in Cerebral Palsy,  
(2) The Surgical Treatment of Congenital Clubfoot  
Without Excessive Subtalar Arthrotomy, (3)

Attitude

and Altruism - Who Benefits?, (4) Complications of  
Adult Foot Surgery.

Visiting Professor, Southwestern Michigan Area  
Health

Education Center, Kalamazoo, Michigan, March 31 -  
April 1, 1989, (1) Chronic Pain Syndrome Affecting the  
Spine and Extremities, (2) The Failed Disc  
Syndrome

as a Cause of Persistent Pain-Methods of  
Management,

(3) Adolescent Hallux Valgus-Diagnosis,  
Treatment,

and Results, (4) Surgical Treatment of Congenital  
Clubfoot Without Excessive Subtalar Arthrotomy,

(5) Attitude and Altruism-Who Benefits?, (6)

Everything

that Tingles in the Hand is not Carpal Tunnel  
Syndrome,

(7) Autonomic Dystrophy-Prediction, Prevention,  
and

Treatment.

Curriculum Vitae (cont'd) -37- J. Leonard Goldner, M.D.

XXXIV: Visiting Professor, 25th Annual Orthopaedic and (cont,d) Rehabilitation Seminar, April 7-8, 1989, Des Moines,

Iowa, (1) Complications of Foot Surgery, (2) Nerve

Entrapment Syndromes around the Foot and Ankle.

Visiting Speaker, University of Ottawa, Canada, April 11-14, 1989, (1) Complications of Adult Foot

Surgery, (2) Surgical Treatment of Clubfoot without

Extensive Subtalar Arthrotomy - 15 Year Follow-up,

(3) Reflex Autonomic Dystrophy: Prediction, Prevention, and Treatment.

Lecturer, Duke University Medical Center, Durham, NC,

Southern Surgical Travel Group, Guest of Dr. William

Peete, April 17, 1989, UV Lights in Orthopaedics.

Presidential Guest Speaker, mid-American Orthopaedic

Association Seventh Annual Meeting, Bermuda,

April 19-23, 1989, Reflex Sympathetic Dystrophy.

Visiting Professor, University of Pittsburgh, Pittsburgh, Pennsylvania, April 25-27, 1989,

Autonomic Dystrophy.

Guest Speaker, Joint Meeting Alabama and Mississippi

Orthopaedic Societies, Point Clear, Alabama,

May 5-7, 1989, (1) Tendon Transfer for Partial Paralysis of the Shoulder Rather than Arthrodesis,

(2) Adult Foot Surgery, (3) Surgical Correction of

Congenital Clubfoot without Extensive Subtalar Arthrotomy - 35 Years Experience.

Guest Speaker, Piedmont Orthopaedic Societyr Sea Island, Georgia, may 9-11, 1989, Review of

Medical-

Legal Problems in Orthopaedics.

Lecturer, American Orthopaedic Association, 102nd

Annual Meeting, Colorado Springs, Colorado,

June 12-15, 1989, (1) Presider for symposium on

Instabilty of the Wrist, (2) Traumatic

Osteochondral

Lesions of the Talus, paper given by Dr. David

Urquia, Dr. Goldner co-author, (3) The

Evaluation of

Articular Cartilage Injuries of the Knee Joint:

A Comparison of the Accuracy of Magnetic

Resonance

Imaging and Arthroscopy, paper given by Dr. Kevin

Speer, Dr. Goldner co-author.

Visiting Professor, Charlotte Memorial Hospital,

Charlotte, NC, June 26, 1989, Surgical Treatment

of Clubfoot without Extensive Subtalar

Arthrotomy.

Visiting Professor, Charlotte Memorial Hospital,

Charlotte, NC, July 24, 1989, Juvenile and

Adolescent Hallux Valgus.

Visiting Professor, Charlotte Memorial Hospital,

Charlotte, NC, August 28, 1989, Tendon Transfers about the Hand.  
Lecturer, Duke University Medical Center, Durham, NC, Distinguished Professors' Luncheon, September 11, 1989, orthopaedics Around the World - Medical Systems.  
Curriculum Vitae (cont'd) -38- J. Leonard Goldner, M.D.  
XXXIV: Lecturer, Duke University Medical Center, Durham, (cont,d) NC, Annual Meeting of Hip Society, September 21-22, 1989, UV Lights in orthopaedics.  
Visiting Professor, Charlotte Memorial Hospital, Charlotte, NC, September 25, 1989, Justification for Arthrodesis of the Lumbar and Lumbosacral Spine for Degenerative or Traumatic Intervertebral Disc Disease.  
Visiting Professor, Charlotte Memorial Hospital, Charlotte, NC, October 16, 1989, Twenty Years Experience with Anterior Discectomy and Fusion for Persistent Low Back Pain after Intervertebral Disc Excision.  
Lecturer, Charlotte Attorneys' Day, Charlotte, NC, October 18, 1989. Legal Problems in Orthopaedics.  
Visiting Professor, Hellenic Association of Orthopaedic Surgery and Traumatology, Athens, Greece, October 23-27, 1989, Reflex Autonomic Dystrophy - Prediction, Prevention, and Treatment.  
Visiting Professor, Texas Tech. University Medical School and The El Paso Del Norte Hand Surgery Club, El Paso, Texas, November 7-10, 1989, General Principles in Tendon Transfers; Surgical Management of Cerebral Palsy in Upper Extremities; Surgical Management of Cerebral Palsy in Lower Extremities; Surgical Treatment of Congenital Clubfoot.  
Visiting Professor, Murray S. Danforth Oration, Providence, Rhode Island, November 16-18, 1989, Reflex Autonomic Dystrophy - Prediction, Prevention, and Treatment; Congenital Clubfoot - the Results of 40 Years of Analysis and Surgical Treatment; Tendon Transfers about the Shoulder for Residuals of Brachioplexus Injuries; Resection of the Distal Ulna - Darrach Procedure is not Obsolete.  
Visiting Professor, Charlotte Memorial Hospital, Charlotte, NC, November 20, 1989, Midtarsal Fracture and Dislocation Lisfranc's Fracture - Diagnosis and Treatment.

Lecturer, Duke University Medical Center,  
Anesthesiology Grand Rounds, November 22, 1989,  
Ultraviolet Lights.  
Visiting Professor, University of Oklahoma,  
Oklahoma  
City, Oklahoma, November 26-30, 1989, Reflex  
Autonomic Dystrophy "RSD"; Management of Irreparable  
Brachial Plexus Injuries; Attitude and Altruism

-  
Who Benefits?

Visiting Professor, Charlotte Memorial Hospital,  
Charlotte, NC, December 18, 1989, Physiologic  
Variations of the Lower Extremities -  
Recognition  
and Management.

Visiting Professor, Scottish Rite Hospital,  
Dallas,  
Texas, January 14-16, 1990, Congenital  
Clubfoot.

Curriculum Vitae (cont'd) -39- J. Leonard Goldner,  
M.D.

XXIV: Lecturer, Duke Hand Club, Steamboat Springs,  
Colorado,

(cont'd) March 3-10, 1990, Upper Extremity Pain  
Syndromes -

Limited Success or Failure to Cure.

Thomas Brower Visiting Professor, Shriners Hospital,  
Lexington, Kentucky, May 25-26, 1990, Attitude  
and

Altruism in Medicine; Hallux Valgus in  
Adolescents;

Clubfoot - Diagnosis, Classification, and  
Treatment

with Limited Subtalar Arthrotomy; Complications  
in

Adult Foot Surgery; Reflex Autonomic Dystrophy -  
Prediction, Prevention, and Treatment.

Visiting Professor, University of Michigan Medical  
School, Ann Arbor, Michigan, May 30-June 1, 1990,  
Surgical Treatment of Congenital Clubfoot

Without Extensive Subtalar Arthrotomy -

Analysis and Results of 35 Years Experience;

Brachial Plexus Lesions - Current Management

in Infants, Adolescents, and Adults with

Emphasis on Tendon Transfers for Irreparable

Lesions; Attitude and Altruism - Who Benefits?

Lecturer, AOA 103rd Annual Meeting, Boston,

Massachusetts, June 12, 1990, Presider: Adult

Reconstruction of the Foot/Knee.

Visiting Professor, Rocky Mountain Chapter, Western

Orthopaedic Association, invited by Dr. R. Bess,

Aspen, Colorado, July 12-15, 1990, Pain

Dysfunction

Syndrome; Posterior Tibial Nerve Syndrome;

Complications in Adult Foot Surgery; Hallux

Valgus

in Children and Adolescents.

Visiting Lecturer, International Symposium on

Clubfeet,

Dr. George Simons, Milwaukee, Wisconsin,

Classification of Clubfeet, September 4-6, 1990.

Visiting Lecturer, Sunderland Society, Louisville,

Kentucky, September 14-17, 1990, Causalgia;

Chronic Pain Syndromes; Tibial Nerve Problems.

Visiting Professor, Murray Day, Toronto, Canada,  
September 27, 1990, Pain Syndromes of Upper  
Extremity Peripheral Nerves.  
Visiting Professor, American Society for Surgery of  
the  
Hand, Toronto, Canada, September 26, 1990,  
Reconstruction of the Hand after Ray Resection:  
An Experimental and Clinical Justification for  
Index to Middle Finger Transposition.  
Visiting Professor, National Orthopaedic Hospital,  
Dr. Mahinpour, Arlington, Virginia,  
November 2-3, 1990, Hallux Valgus; Presider of  
entire meeting.  
Visiting Professor, Charlotte Memorial Hospital,  
Charlotte, North Carolina, November 12, 1990,  
Massive Rotator Cuff Tears of the Shoulder -  
Past  
Experience and Current Assessment.  
Visiting Professor, Invited by Dr. Robert Karpman,  
Phoenix, Arizona, December 6-8, 1990, Congenital  
Clubfeet; Autonomic Dystrophy; Attitude and  
Altruism.  
curriculum vitae (cont'd) -40- J. Leonard Goldner,  
M.D.  
XXXIV: Lecturer, Duke University Medical Center, Anatomy  
and  
(cont,d) Pathology Conference, Durham, North Carolina,  
January 17, 1991, Volkmann's Contracture -  
Diagnosis  
and Treatment.  
Lecturer, Rotary Club, Asheboro, North Carolina,  
February 22, 1991.  
Lecturer, The Shoulder, Case Controversies,  
American  
Academy of Orthopaedic Surgeons annual  
meeting,  
March 9, 1991.  
Lecturer, Duke University Medical Center,  
Thermography,  
Discussion with neurology residents, March 27,  
1991.  
Lecturer, Piedmont Orthopedic Society, Sea  
Island,  
Georgia, May 22-26, 1991, Do Medical Legal  
Events  
Affect the Standard of Care in Medicine?; The Pre  
and  
Post Treatment Classification of Clubfoot Based  
on  
Severity as Determined by Clinical and  
Radiographic  
Assessment; Clubfoot Classification.  
Lecturer, Regional Review Course in Hand Surgery,  
Sponsored by the American Society for Surgery of  
the  
Hand, Searle Center, Durham, NC, September 7-8,  
1991,  
Principles of Tendon Transfers of the Hand and  
Compressive Neuropathies of the Upper  
Extremities.  
Lecturer, North Carolina Orthopaedic Society  
annual  
meeting, Wrightsville Beach, NC, September 19-  
22,

1991, Medical Legal talk.  
Lecturer at the Baltimore Children's Hospital;  
Guest  
Speaker at the Maryland Orthopaedic Society  
with  
presentation of Complications of Adult Foot  
Surgery;  
speaker at Johns Hopkins University and  
presented  
Diabetic and Tibial Nerve Compression  
Problems.  
Lecturer, "Orthopaedics for Lawyers", Charlotte,  
NC,  
November 6, 1991.  
Mark B. Coventry Visiting Professor, Mayo Clinic,  
Rochester, Minnesota, December 5-7, 1991,  
Overview of Congenital Clubfeet; Attitude and  
Altruism.  
Visiting Professor, Emory University Medical  
Center,  
Atlanta, Georgia, April 23-25, 1992, Overview  
of  
Clubfeet - 40 Years Experience.  
Visiting Professor, University of Nebraska, Omaha,  
Nebraska, June 17-20, 1992, Attitude and  
Altruism -  
Who Benefits?; Clubfoot - Results Based on  
Analysis  
of Pathology, Original Severity, and Method of  
Treatment; Fractures and Neurovascular  
Complications  
Diagnosis and Treatment.  
Lecturer, Duke Anatomy and Pathology, Durham, NC,  
Overview of Clubfeet, September 10, 1992.  
Lecturer, Orthopaedic Guild, Denver, Colorado,  
September 23-26, 1992, Supracondylar Fractures  
in  
Children - Vascular and Neural Complications  
-  
They Still Occur; Attitude and Altruism - Who  
Benefits?  
Curriculum Vitae (cont'd) -41- J. Leonard Goldner,  
M.D.  
XXXIV: Visiting Professor, Shriner's Hospital, Greenville,  
SC  
(cont'd) Clubfoot Symposium, September 30, 1992.  
Visiting Professor, Jefferson Hand Club,  
Philadelphia,  
PA, October 2-3, 1992, The Development of Hand  
Surgery in North America - Personal Reflections  
1941-1992; Tendon Transfers about the Shoulder  
for  
Irreparable Nerve Injuries - Indications,  
Clinical  
Examples, and Results.  
Lecturer, Duke Hand Club, Durham, NC, October 9-  
10,  
1992, History of the American Society for Surgery  
of the Hand - Personalities and Personal  
Recollections; Vignette of Hand Fellowship  
Program  
at Duke.  
Lecturer, Heidelberg, Germany, November 10-15, 1992,  
Cerebral Palsy presentation.

Herbert Stark Lecturer, Los Angeles, CA, November 17-21, 1992, Causalgia and Reflex Autonomic Dystrophy -  
Current Concepts; Tendon Transfers about the Shoulder for Irreparable Nerve Injuries; Reconstructive Surgery of the Upper Extremity in Cerebral Palsy -  
Forty Years Experience; Attitude and Altruism - who Benefits?  
Lecturer, Duke OR Nurses, Durham, North Carolina, January 27, 1993, The Use of UV Lights in the Operating Room.  
Discussor of Papers, (1) Motor Nerve Anatomy of the Flexor Carpi Ulnaris Muscle by Gerard Gabel; (2) Submuscular Transposition of the Ulnar Nerve for Failure of Subcutaneous Transposition by Steve Meadows. Presented at the American Academy of Orthopaedic Surgeons, San Francisco, CA, February 20, 1993.  
Lecturer, Duke University Medical Center, Grand Rounds, March 15, 1993, Cerebral Palsy - Hand.  
Visiting Professor, University of South Alabama, mobile, AL, March 24-27, 1993. (1) Clubfoot - A Forty Year Surgical Experience Without Subtalar Arthrotomy; (2) Reflex Autonomic Dystrophy of the Upper Extremity - Prediction, Prevention, Treatment - Fundamentals and Current Concepts; (3) Elbow Fractures and Vascular Injuries - Prevention of Ischemia and Compartment SyndromeB; (4) Attitude and Altruism - Who Benefits?  
Visiting Professor, University of Texas-El Paso, El Paso, TX, April 13-15, 1993. Brachial Plexus Injuries and Nerve Injuries.  
visiting Professor, Skyland Orthopaedic, Asheville, NC, April 27-28, 1993. General orthopaedic consultation clinic and Health Care Patterns for the Future.  
Lecturer, Piedmont Orthopedic Society, Sea Island, GA, May 11-16, 1993. Physicians Liability.  
Visiting Professor, University of North Carolina, Chapel Hill, NC, May 22, 1993. Clubfeet.  
Curriculum Vitae (contid) -42- J. Leonard Goldner, M.D.  
XXXIV: Visiting Professor, Nashville Orthopaedic Society, (cont'd) Nashville, TN, June 23-24, 1993. (1) complications



of Adult Foot Surgery; (2) Physicians  
Liability;  
(3) Standard of Care for Orthopaedists.  
Visiting Professor, Guest of Dr. Charles  
Silberstein,  
Baltimore, Maryland, September 15, 1993.  
Cerebral  
Palsy - Upper Extremity.  
Lecturer, Guest of Dr. Tad Vail, Pinehurst, NC,  
September 18, 1993. Evolution of Hip and Knee  
Arthroplasty at Duke.  
Lecturer, Sunderland Society, Seattle, WA,  
September  
20-24, 1993.  
Lecturer, Interurban Society, London, Ontario,  
October  
6-8, 1993.  
Visiting Professor, Guest of Dr. Wayne Kotcamp,  
Louisville, KY, October 21-23, 1993.  
Lecturer, Orthopaedics for Lawyers, Omni Hotel,  
Durham, NC, November 17, 1993.  
Lecturer, CORE Class, Duke University Medical  
Center,  
January 25, 1994. The Spine.  
Lecturer, AAOS Annual Meeting, New Orleans, LA,  
February 23-March 1, 1994.  
Lecturer, Duke Hand Club, Vail, Co, March 6-10,  
1994.  
Lecturer, CORE Class, Duke University Medical  
Center,  
March 30, 1994. The Spine.  
Lecturer, First Year Residents at Dr. Dan  
Blazer's  
House, April 19, 1994.  
Lecturer, Piedmont Orthopedic Society Annual  
Meeting,  
May 3-8, 1994. Adolescent Hallux Valgus  
Treated  
by Metatarsal and Phalangeal osteotomy - An  
Outcome  
Study.  
Verner S. Johnson Visiting Professor, Worcester, MA,  
May 13-14, 1994. Everything That Tingles in  
the  
Upper Extremity Isn't Carpal Tunnel.  
Lecturer, Fourth Annual Current Concepts in  
Orthopaedics, Southern Orthopaedic Association  
and  
Southern Medical Association, May 20-21, 1994.  
Vascular and Neural Injuries Associated with  
Type III  
Supracondylar Elbow Fractures.  
Lecturer, 107th Annual Meeting of the American  
orthopaedic Association meeting, Sun Valley, ID,  
June  
5-9, 1994. Supramalleolar Tibial Osteotomy for  
Correction of Persistent Toe-in Gait after  
Four  
Quadrant Surgery of Clubfoot.  
Lecturer, OB\GYN Grand Rounds, Duke University  
Medical  
Center, Durham, NC, July 6, 1994. Back Pain.  
Lecturer, American Society for Surgery of the  
Hand

course, Durham, North Carolina, October 8, 1994.

Meet the Professors Panel, American Society for Surgery of the Hand, Cincinnati, Ohio, October 27, 1994.

Curriculum Vitae (cont'd) -43- J. Leonard Goldner, M.D.

XXXIV: Moderator, How Will Health Care Reform Affect You?, (cont'd) Durham-Orange County Medical Society, November 16, 1994.

lecturer, Malpractice and Asset Protection, Raleigh, North Carolina, December 10, 1994.

Lecturer, Duke Orthopaedic Anatomy and Pathology, Clubfoot, Durham, North Carolina, January 12, 1995

Lecturer, CORE students, Physician Liability, Duke University Medical Center, Durham, North Carolina, January 13, 1995.

Discussor, American orthopaedic foot and Ankle Society, Annual Meeting, Orlando, Florida, discussed three papers, February, 1995.

Visiting Professor, Hong Kong Society for Surgery of the Hand, Hong Kong, April, 1995, Clubfoot: Changing Concepts of Pathology-Diagnosis and Treatment; Supramalleolar Tibial Osteotomy for Correction of Persistent Toe-in Gait after Four Quadrant Surgery of Clubfoot; All Tingling of the Upper Extremity is Not Carpal Tunnel Syndrome; Past Experiences and Current Concepts-Reflex Autonomic Dystrophy; Endoscopic Carpal Tunnel; Cerebral Palsy-Upper Extremity.

Lecturer, Piedmont Orthopedic Society, Sea Island, Georgia, May, 1995. Reflex Autonomic Dystrophy

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Current Thoughts.

Guest Lecturer, Southern Orthopaedic Association/Southern Medical Association, Baltimore, Maryland, May, 1995. Reflex Autonomic Dystrophy (RAD)

-

Causalgia - Current Concepts.

Guest Lecturer, N.C. Spine Society, Chapel Hill, North Carolina, June, 1995. Evolution of Nonoperative Back Care.

Loecturer, American orthopaedic Association, Greenbrier,

West Virginia, June, 1995. Debate - The Orthopaedic Surgeon - Is/Is Not a Primary Care Physician? Guest Lecturer, Sunderland Society, Zurich, June, 1995.

Median Nerve Compression - Personal Experience. Guest Lecturer, Association of Hand Care Professionals, San Francisco, California, September, 1995.

The History of the American Society for Surgery of the Hand. Lecturer, Duke University Medical Center, Durham, North Carolina, September, 1995. Tendon Transfers About the Shoulder. Guest Lecturer, North Carolina orthopaedic Association, Winston-Salem, North Carolina, September, 1995.

The History of Orthopaedics at Duke. Lecturer, Grand Rounds, Duke University Medical Center, Durham, North Carolina, October, 1995.

Orthopaedic Malpractice. Curriculum Vitae (contid) -44- J. Leonard Goldner, N.D. XXXIV: Lecturer, Duke University Medical Center, Durham, (cont'd) North Carolina, October, 1995. Cerebral Palsy - Upper Extremity Surgery. Curriculum Vitae (cont'd.) -1- J. Leonard Goldner, M.D.

PUBLICATIONS:

1. An Experience t,ith Atabrin on a Troop Transport, -Navy Medical Journal, 1946.
2. Paralytic Equinovarus Deformities of the Foot with Special Emphasis on the Function of the Posterior Tibial, Southern Medical Journal, 1949. (with C. E. Irwin)
3. Paralytic Deformities of the Feet Instructional Course Lectures, American Academy of Orthopaedic Surgeons, 1948, Vol. 5, pp. 190-212. (with C. E. Irwin)
4. Paralytic Deformities of the Thumb, Journal of Bone and Joint Surgery, July, 1950. (with C. E. Irwin)
5. Aureomycin in the Treatment of Chronic Osteomyelitis, North Carolina Medical Journal, September, 1951. (with H. Gailey)
6. Suprascapular Nerve Block for the Painful Shoulder, Southern Medical Journal, 1952.
7. Deformities of the Hand Incidental to Pathology of the Extensor and Intrinsic Muscle Mechanism, Journal of Bone and Joint Surgery, January, 1953.
8. Roentgen Findings and Congenital Deformities of the Hip Joints and Lower Extremities, North Carolina Medical Journal, November, 1953.
9. Fibrous Lesions of Bone, Southern Medical Journal, November, 1952. (with John P. Adams)
10. Function of the Hand Following Peripheral Nerve Injuries, American

- Academy of Orthopaedic Surgeons, Instructional Course Lecture, Vol. X, 1953.
11. Lesions of the Low Back and Lower Extremities Simulating Rupture of the Intervertebral Disc, North Carolina Medical Journal, Vol. XVII, No. 6, June, 1956.
  12. An Experimental Study of the Effect of Cortisone on the Healing Process and Tensile Strength of Tendons, Journal of Bone and Joint Surgery, June, 1954. (with Drs. R. Wrenn and J. Markee)
  13. Reconstructive Surgery of the Hand in Cerebral Palsy and Spastic Paralysis, Journal of Bone and Joint Surgery, December, 1955.
- Curriculum Vitae (cont'd.) -2- J. Leonard Goldner, M.D.
14. Results of Triple Arthrodesis for Rigid (SPaStic) Flat Feet, Southern Medical Journal. Vol. 49, No. 1, January, 1956, pp.32-39.
  15. Compression Neuropathy of the Median Nerve, Southern medical Journal, Vol. XLIX, No. 9, September, 1956. (With . E. Bell.)
  16. Radial Nerve Injuries, Sou Journal, July, 1958. (with J. M. Kelley)
  17. Excision of the Greater Multangular Bone as an Adjunct to Mobilization of the Thumb, Journal of Bone and Joint Surgery, 1959. (with F. W. Clippinger)
  18. Reconstructive Surgery of the Hand Following Thermal Injuries, Clinical Orthopaedics, Vol. XIII, 1959.
  19. Giant Cell Tumor of Bone, Southern Medical Journal, Vol. LIV, February, 1961. (with J. ...)
  20. Posterior Dislocation of the Knee, North Carolina Medical Journal, 1959. (with G. F. Ford)
  21. Thumb and Finger Infections, American Surgeon, Vol. XXVIII, No. 1, January, 1962.
  22. Thromboembolic Complications of Orthopaedics and the Surgery of Trauma, North Carolina Medical Journal, Vol. XXVIII, February, 1962. (with W. Anly and F. Clippinger)
  23. Surgical Treatment of the Upper Extremity in Cerebral Palsy and Similar Conditions, Instructional Course Publication, American Academy of Orthopaedic Surgery, 1962.
  24. Fractures Involving the Distal Femoral Epiphysis, Southern Medical Journal, 1962. (with Frank Bassett, M.D.)
  25. The Circulatory Dynamics of Polyostotic Fibrous Dysplasia, American Journal of Medicine, Vol. XXXII, March, 1962. (with H. M. Intosh)
  26. Use of Electromyography in Determining Treatment and Prognosis of Peripheral Nerve Injuries, Journal of Bone and Joint Surgery 1962. (with F. Clippinger and J. Roberts)
  27. Trauma to the Extensor Mechanism at its Attachment to the Distal Phalanx of the Digits. C. V. Mosby Company, Current Practice in Orthopaedic Surgery, St. Louis, 1964, pp. 143-152.
- Curriculum Vitae (cont'd.) -3- J. Leonard Goldner, M.D.
28. Observations and Findings Concerning Upper Extremity Prosthesis Wearers, Inter-Clinic Information Bulletin, Vol. III, No. 8, June, 1961.
  29. Arthrodesis of the Ankle Joint in Myelodysplasia During Phase of Active Epiphyseal Growth. Proceedings of the Piedmont Orthopedic Society, March, pp. 1-8, 1964.
  30. Rheumatoid Disease of the Hand, Proceedings of the American

Society  
for Surgery of the Hand, Journal of Bone and Joint Surgery,  
Vol.  
45A-4, June, pp. 881-882, 1963.

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the Upper Extremity in Cerebral Palsy, Clinical  
Orthopaedics  
and Related Surgery, J. B. Lippincott and Company,  
Philadelphia,  
1966.

32. Reconstructive Surgery of the Upper Extremity Affected by  
Cerebral Palsy or Brain or Spinal Cord Trauma, Current  
Practice  
in Orthopaedic Surgery, C. V. Mosby Co., St. Louis, J. P.  
Lippincott,  
Editor, Volume 6, pp. 125-138, 1966.

33. Congenital Absence of the Radius and Digital Deformities  
"Clubhand"  
(Paraxial Hemimelia Radialis), Inter-Clinic Information  
Bulletin, Sub-Committee on Child Prosthetics Problems,  
July,  
1965.

34. Amputation Pain, Inter-Clinic Information Bulletin,  
September,  
1966.

35. An Experience with Externally Powered Prostheses for  
Children,  
Inter-Clinic Information Bulletin, Vol. VII, No. 2,  
November,  
1967.

36. A Study of the Pathological Findings and Treatment in Soft-  
Tissue  
Injury of the Thumb Metacarpophalangeal Joint, The Journal  
of Bone  
and Joint Surgery, Vol. 50-A, No. 3, pp. 439-451, April,  
1968  
(with R. Coonrad)

37. Evaluation of the Effect of Methyl 2-Cyanoacrylate (Eastman 910  
Monomer) on Peripheral, Southern Medical Journal,  
Southern Medical Association, Vol. 58, No. 6, pp. 679-685,  
June, 1965.

38. Anterior Intervertebral Discectomy and Arthrodesis for  
Treatment  
of Low Back Pain with or without Radiculopathy, Clinical  
Neurosurgery (The Congress of Neurological Surgeons), R. G.  
Jensen, Editor, Vol. 15, Chapter XVI, pp. 352-383, 1968.  
Curriculum Vitae (cont'd.) -4- J. Leonard Goldner, M.D.

39. Causes and Treatment of Persistent Pisiform Pain, Journal of the  
American Medical Association, Vol. 205, No. 11, pp. 185,  
September 9, 1967.

40. Persistent Effusion of Knee Joint, Journal of the American  
Medical  
Association, Vol. 202, No. 11, pp. 148, December 1, 1967.

41. Chapter, Anterior Lumbar Interbody Fusion. Symposium on the  
Spine. C. V. Mosby Company, 1969.

42. Congenital Talipes Equinovarus-Fifteen Years of Surgical  
Treatment.  
Current Practice in Orthopaedic Surgery, Chapter 4, pp. 61-  
123,  
C. V. Mosby Company, St. Louis, 1969.

43. Etiology of Painless, Bilateral Knee Effusion, Journal of the  
American Medical Association, Vol. 210, No. 8, pp. 1598,

November 24, 1969.

44. Tendon Grafting of the Flexor Profundus in the Presence of a Completely or Partially Intact Flexor Sublimis. Journal of Bone and Joint Surgery, Vol. 51-A, No. 3, pp. 527-32, April, 1969.
45. Anterior Cervical Discectomy and Arthrodesis. Medial Atlas, Surgical Techniques. Gordon F. Madding, Ed., Paul A. Kennedy. Bancroft-Whitney Company, San Francisco, California, pp. 258-277, 1970.
46. Outline of Operative Procedures for Reconstruction of the Upper Extremity in Cerebral Palsy. Sidney Keats. Operative Orthopaedics in Cerebral Palsy, pp. 71-79, 1970.
47. American Society for Surgery of the Hand. Presidential Address, Proceedings of the American Society for Surgery of the Hand. The Journal of Bone and Joint Surgery, Vol. 52-A, No. 5, pp. 1061-1065, July, 1970.
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51. Curriculum Vitae (cont'd.) - J. Leonard Goldner, M.D.
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53. Presidential Address. Southern Medical Journal, March, 1971, pp. 257.
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55. General Care of Patient with Cerebral Palsy with Lower Extremity Problems. Instructional Course Lectures. Vol. XX, C. V. Mosby Company, St. Louis, Missouri, 1971.
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Orthopaedic Training Program. No. 4, June, 1971. (with William Ogden, M.D.)

60. Chronic Pain Problems, Orthopaedic Surgery Papers from Duke University and Affiliated Institutions Orthopaedic Training Program. No. 1, February, 1972.

61. Thermography: Its Uses in the Division of Orthopaedic Surgery, Duke University and Affiliated Institutions Orthopaedic Training Program Papers, No. 2, June, 1972. (with Wayne B. Venters, M.D., Frank W. Clippinger, M.D., Jack Goodrich, M.D., Neil Green, NI.D., and William S. Ogden, M.D.) Curriculum Vitae (cont'd.) -6- J. Leonard Goldner, M.D.

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ORTHOPEDIC EXAMINATION

Monday, October 21, 1996

Patient: George Alexander Lee

DOE: 10/22/51

SSM: 242-84-9631

Address: Route 5, Box 156-6

Roanoke Rapids, NC 27870

History: The information relative to the past history and

occupation have been reviewed by me in information that

was supplied previously. However, a summary is as follows.

Mr. Lee finished high school in 1970. Following that, he

worked at St. Vincent Hospital from 1970 to 1974 as a

short order cook. Following that, he worked for J. P.

Stevens in the fabricating mill for about three months.  
After that he applied to the Seaboard Coast Line and was accepted as a Trackman and he continued in that kind of work until he stopped working because of this incident.  
The current name of the railway is CSX Transportation, Inc.  
He began working in August 1974 and he continued working until his medical problem began.  
He had some minor medical problems that are recorded in his past medical history that I have reviewed, but none of them kept him out of work very long. He recalls that he had foot surgery in 1989 and he was out for approximately six months. This was done by Dr. Ayers.  
This was related to an on-the-job injury that he had previously.  
Patient now recalls as we are talking that he was involved in a heat exhaustion episode when he was on the job. During that time, he received intravenous fluids and proper treatment and he recovered from that without incident. That also is in his past record.  
The patient recalls that he was putting a metal post or a stanchion into the ground. He thinks the sign or board weighed about 20 pounds and he was attempting to drive it into the ground beside the track with his arms and hands.  
He recalls that this was probably a work board, i.e. Men At Work, this was an advance warning board. This is probably yellow background and orange stripe.  
Patient recalls that he had some aching and discomfort during that activity and he says that he reported this to the foreman who was with him but he "didn't think much of it. However, that evening and by the next day the discomfort had gotten worse and he reported it to the supervisor. The pattern of events seems to be the following:  
1. Putting the signpost in and noticing

some  
discomfort around the neck and the upper  
arm.

2. Reporting it to the local foreman but  
doing  
nothing about it that day.

3. Going home that evening and putting Ben-Gay  
on  
it.

The next morning, as is routine for possible injuries,  
he  
reported it to his supervisor and he then returned  
to  
work and he worked that full day. However, that night  
he  
noticed an increase in the problem and he went to  
the  
emergency room at the Halifax Memorial Hospital  
in  
Roanoke Rapids. Those notes are available in the  
record.

The doctor in the emergency room advised him to see  
his  
local doctor the next day but when Mr. Lee got home  
he  
called the supervisor who said that "we will send you  
to  
the company doctor tomorrow, come down to the railway  
and  
we will take care of that." That's what was done and  
he  
saw Dr. Doyle that day. Notes are in the record  
with  
reference to that visit.

Dr. Doyle recommended physical therapy in Rocky  
Mount  
three times a week. The patient went there for one  
day  
but because of distance he and the therapist agreed  
that  
he could get the treatment in Roanoke Rapids at  
Halifax  
Hospital and that arrangement was made. He received  
the  
treatments for several days and then he saw his  
own  
doctor, Dr. John Faulkner.

The initial set of x-rays were made on the second  
visit  
to see Dr. Doyle. These x-rays were made at Dr.  
Doyle's  
office in Rocky Mount. These x-rays were reviewed by  
Dr.  
Doyle and whomever read the x-rays and then the  
patient  
took the x-rays and went to see Dr. Faulkner.

The x-rays were then taken by the patient to Dr.  
Faulkner  
who in turn sent them with the patient to  
Halifax  
Memorial Hospital. They were read there, or at  
least  
reviewed.

The patient selected Dr. Haney at the advice of a

friend,  
and since Dr. Faulkner had recommended an  
orthopaedic  
doctor that seemed to the patient to be the  
proper  
approach. Dr. Haney was in Farmville, Virginia.  
2  
Patient describes some electrical reading that was  
done  
in Dr. Haney's office (nerve conduction velocity)  
and  
Haney then referred the patient to Richmond to see  
Dr.  
Matthews who also had someone else do an  
electrical  
study.  
Patient says that the majority of his pain was in  
the  
right side of the neck and the back of the neck  
and  
occasionally patient had radiating pain to the right  
arm.  
His definition of occasionally varies from once a  
month  
to more frequent or less frequent than that. It was  
not  
very specific.  
The patient's records show that Dr. Haney  
continued  
observing and managing his treatment and then  
eventually  
he was referred to Dr. Matthews in Richmond at the  
second  
visit.  
Patient recalls that Dr. Matthews indicated that  
since  
the complaints and the condition were not improving  
that  
the possibility of an operation should be  
seriously  
considered and Dr. Matthews discussed it with  
the  
patient. They discussed a bone graft, removal of  
the  
disc and the fusion, and after a proper  
explanation,  
patient decided to have a bone bank bone rather than  
a  
bone from his own ilium.  
The records indicate the dates of the procedure,  
the  
technique used and the followup.  
The patient recalls that during the next 12 months he  
was  
better than he had been prior to the operation.  
More  
than one time during this examination he said that  
the  
operation helped. However, in a general sort of way,  
he  
said that he has good days and bad days, but he did  
feel  
better.  
After about a year had passed the patient says that

Dr.

Matthews or Dr. Haney or he did not feel that he could return to his usual and customary work at that time.

Accordingly then he continued with treatment.

The whole program consisted of a commercial traction

apparatus that was secured for him that he has at home.

He uses this now twice a week. He hangs this over the

door, he puts the head holder on and uses the water

weights from 15 to 20 pounds, and he uses it for 10 or 15

minutes once a day.

when he first secured it in 1995 he used it twice a week.

He recalled that when he first started using the traction

he seemed to "loosen up" and when he didn't use it he

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felt that he was getting slightly stiffer in the neck so

he would resort to the traction to change this pattern.

As time passed, he was using it only once a week not

always twice a week.

Currently he says that if he has stiff neck in the early

morning he will put it on for 15 or 20 minutes and that

seems to increase the motion and he feels better.

The fact that he may only use it once a week means that

he has had a pretty good week. This means that he didn't

need it as much and he was getting along better without

it.

In addition to the traction, he has some feather pillows

that he uses. He has two pillows and he adjusts them for

position and he feels that is better than other kinds of

contour pillows that he has had. The pillows are

adjusted so that he is relatively comfortable and he

doesn't try to move a lot while he's in bed.

Patient also has a cervical collar. He secured a collar

after Dr. Matthews did the operation and he has had one

regularly since that time but he doesn't wear it.

He

thinks he uses the collar at night for a few hours twice

a month and he is not using it in the daytime at all.

Currently he is doing all of his exercise program.

He understands how he feels and he does what he has to do in order to eliminate any discomfort or to diminish the stiffness.

Medications;

Currently the patient has Darvocet and he has Flexeril and he takes those as needed. He estimates that he is using them about three to five times a month. He may take it for one or two days straight and otherwise he may not take it at all. So, the frequency of use of the medication is quite low.

Other

Activities:

Patient says that he does some yard work raking leaves and he has a motor lawn grass cutter that his nephew uses and he sort of supervises. otherwise, he just walks.

Patient has been driving his car after about two months had passed after the operation. Directly after the operation, he was not driving because of doctor's orders.

The doctor had also advised him not to do any rough

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riding, tractors, bumps, or things like that, during the year after the operation.

Patient's weight is 195 pounds, Height is 61311, and his general health is good.

Physical

Examination:

Gait: Patient walks with uniform gait. No hesitation, no limp, does not swing the arms in an unusual way or carry the trunk in an unusual way. He was able to tiptoe and maintain good balance and he can walk on his heels with good balance. He took approximately 20 to 25 steps without difficulty.

Stooping: StooRina: Stooping was done without difficulty. He could place his left hand on the sideboard. He was able to go up and down slowly, full knee bend three times without any difficulty. I then had him rotate, reverse, and go up and down, full knee bends same way, without any

obvious difficulty, mild clonus or tremor.  
The patient was against the sideboard. when he attempts to bring his arms overhead, the right upper extremity can be abducted to about 100 degrees scapulothoracic and he says he has discomfort. Left will go to about 130 degrees. He can reach forward with both right and left arms with the arms at right angles to the trunk. The right arm can be brought up to about 120 degrees and the left almost to 180 degrees. Thus, there is limitation on the right when he attempts overhead forward flexion. other maneuvers show that the right arm can be taken to the middle of the back in internal rotation and to the buttocks in internal rotation. Left arm can be taken across the back to about four inches farther on the left side across the back than the right arm. Thus, there is limitation of internal rotation of about 10% on the right and limitation of about 10 degrees on the right, compared with the left.

Cervical Spine: The head rotates to the left through about 50 degrees voluntarily. To the right, the head rotates about 30 degrees. At the extreme of motion to the right he complains of limitation and pain. With gentle manipulation and maneuvering about 10 degrees more can be taken to the right. Thus, there is limitation of rotation to the right of about 15 to 20 degrees on the right compared with the left.

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on forward flexion he takes the chin within one-half inch of the chest wall and then complains of discomfort. Extension is possible through 20 degrees from neutral. when my hand is placed directly over his eyes about one foot he has to tilt his chin back to about 10 degrees toward extension. Left lateral bending is possible through 10 degrees. After multiple maneuvers in flexion/extension, the range



of motion was essentially the same as described but was done slightly faster and with a little more ease. When the occiput and the top of the head were percussed, he said he had discomfort on the right side. Shoulder motion was repeated and showed limitation of about 10 degrees on the right in abduction, internal rotation and external rotation. There is moderate tenderness over the acromioclavicular joint on the right and over the right trapezius. With hands against the wall and with patient pushing hard and elbows straight, he says that he has some difficulty pushing to the right as compared to the left. The right shoulder girdle muscles through the deltoids is 5/5, biceps is 5/5, triceps is 5/5, but as this is done he complains of discomfort in the supraclavicular region. The forearm muscles, wrist muscles and hand muscles each tested individually test 5/5. Fingertips to the palm show no limitation of range of motion. The small muscles of the thumb show no atrophy and no weakness. There is a strong palmaris longus. The flexor digitorum longus and the flexor pollicis longus are 5/5. The first dorsal interosseous muscle is 5/5 and the abductor digiti quinti is 5/5. The peripheral pulse on the right is readily palpable. The peripheral pulse shows a steady beat with the arm at the side. When the shoulders are hyperextended the pulse does not change. When the arm is placed overhead the pulse does not change. When the head is turned to the right and the patient takes a deep breath the pulse does not change. In a standing position rotation of the head through 25 degrees and a deep breath does not change the pulse. In standing, with rotation of the head to the left through 45 degrees, a deep breath does not interfere with the pulse.

Left URReR Extremity: Muscle testing of all the individual muscles of the hand, the forearm, the biceps, the triceps are 5/5. The left side was again compared with the right side and the muscle tone of the right triceps is about 10% less than that on the left. The arm takes full resistance. There are no positive percussion tests over the right median or right ulnar nerves or over the left median or ulnar nerves. The supraclavicular pressure is not tender on the left and a grade one of four on the right. Patient was asked to do an ordinary prone pushup. He did one and said that his neck bothered him when he attempted to do it. Patient was asked to do a pushup against the wall and he had some neck discomfort while doing this. on forward flexion, fingertips could be taken to about 12 inches from the floor. His hamstrings are tight. The major limitation is his hamstrings and not primarily the muscles about the shoulder girdle or the neck. Patient gets hands behind the head without difficulty but the right humerus lagged about 10 degrees compared with the left. Comparative grip pinch right and left in the neutral position and cross position shows essentially the same isolated muscle pinching. No numbness was present. On repeated examination, observing the patient at regular intervals, changing his attention from examination to conversation, he always showed limitation of rotation to the right and he always showed lateral bending limitation in the cervical spine area. In order to arrive at a more specific opinion with reference to this individuals neck, I would have to see x-rays in the lateral flexion/extension, in the oblique views and in the AP views. Without those x-rays I can give an opinion with reference to his subjective complaints, the objective findings, and the general condition of the patient as it relates to his cervical

spine problem.

1. Historically, the patient had evidence of intervertebral disc disease with spur formation involving the interspace that Dr. Matthews operated

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on and possibly the interspace below that prior to the alleged incident.

2. The incident as he described it mechanically would ordinarily not cause disc degeneration or unusual nerve pressure, nor would it cause the changes that were already pre-existing prior to the incident when the pain began.

3. The kind of work that he was doing and had been doing regularly might aggravate the stretch on the nerve roots on the right side and irritate the nerve that was affected by the spur formation.

Thus, the kind of work that he was doing would aggravate his pre-existing condition but would not, in any way, be the primary causative factor in the alterations that had occurred in his neck.

4. The stretch and traction of the shoulder moving downward and the irritation of the nerve would be aggravated by his work but all of the damage in the intervertebral space would not be caused by the work itself.

5. Since the intervertebral disc is worn and the spur has occurred and the nerves are irritated by spurs of bone, the nerve requires treatment by stabilization of the interspace or by elimination

of any kind of work that requires downward traction or upward pulling or traction on the shoulder.

The operation provided some of this but did not alter the changes that are occurring in the space below and did not remove the spurring or irritation of the nerves completely.

6. The patient has reached a point of

improvement  
that should remain relatively constant.  
it  
probably will not worsen, but may not become  
a  
great deal better. This is due to the fact that  
he  
has changes in the space below the one that  
was  
operated upon and he has some spur formation at  
the  
space that was operated on. He also has  
some  
irritation of the connective tissues around  
the  
nerves on the right side that remain tender  
because  
of limited activity.

7. The patient also has an acromial  
impingement  
or a mild adhesive capsule of the right  
shoulder,  
probably secondary to the changes in the  
cervical  
nerve roots and the intervertebral disc disease  
and  
his limited activity. This prevents him  
from  
raising the arm or head completely and prevents  
him

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from internally rotating the right arm at  
the  
shoulder region as compared with the left. This  
is  
generally referred to as a secondary  
shoulder  
change associated with neck problems and is  
not  
unusual in its occurrence. However, this  
condition  
of his shoulder will prevent him from  
doing  
overhead lifting and pushing and limit his  
ability  
to pull and to carry objects that require  
elevation  
and depression greater than 50 pounds.  
The fact that the patient could not do a  
pushup  
greater than one time without complaining of  
his  
neck, the fact that he could not push his  
arms  
against the wall and maintain his body weight  
with  
forceful pressure without complaining of his  
neck,  
and the fact that I could not rotate and  
lateral  
bend the neck to the right greater than  
the  
positions that I have described indicate that  
he

has a persistent problem with connective tissue and the spine. In my opinion, the patient had a preexisting intervertebral disc change at C4-5 and CS-6. The space that was operated upon has resulted in diminution of the severity of the pain by history but it has not eliminated changes that have occurred in the space below nor in the spurs around the nerves or in the discomfort that he has in the supraclavicular region. Thus, in my opinion he has an aggravation of a pre-existing condition and the mechanism of injury on the day that he describes may be 30% responsible for the overall occurrence of the problem but not 100%. It is unlikely, in my opinion, that this individual will be able to participate in the duties that have been listed in his job description on a regular basis. My concern is that he would continue to have pain as he did these strenuous duties and he would not be able to carry out the full required activity without complaints. Secondly, if he has to do shared work with other members of the team, he might not be able to be dependable for lifting, pushing and pulling his load. My recommendation is that he be retrained in duties that require lesser physical activity that are more sedentary, and that do not require him to lift heavy objects repeatedly. He could drive a truck, participate in certain check off activities, get on and off a train, a certain amount of small object lifting. He could do stacking in the yard, he could do work that requires lifting, bending and turning so long as he is doing it in an isolated way while others would not be dependent on his help while the activity was being completed.

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After I review new x-rays and see the old x-rays I will make any additions or corrections to this report that

are  
necessary.  
The patient was examined on Monday, October 21, 1996,  
at  
the Searle Center in Durham on the Duke  
University  
Campus. The examination began at 12:00 p.m. and  
the  
examination and the dictation relative to the report  
were  
completed at 2:00 p.m.  
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