

**VIDEOTAPE DEPOSITION SUMMARY OF FREDERICK GEORGE, M.D**

<b>Examination by Ms. Grimes</b>	
P6 L 14-23	Dr. George, an Orthopedic surgeon attended Washington and Lee University for four years, Hahnemann Medical College, four years, One year rotating internship in Mercy Hospital in Pittsburg. Four years of orthopedic training at Hahnemann Hospital in UN Navy and the AI Dupont Institute in Wilmington. Licensed to practice in Pennsylvania and in New Jersey
P15, L19-25 P16, L 2-6	He examined the Plaintiff, extracted history, reviewed medical records, diagnostic tests, prepared on findings and opinion.
P17, L 11- 17, 18-23 P19, L 14-16. P20, L5-14, 16-25,	Prior injuries include injuries to her neck and back in a trip and fall accident in 1996 and an automobile accident in 1998. An MRI report on 04-04-96, South Jersey Radiology, indicated her mild bulging degenerated disc at the L5-S1 area. <b>Ms. Millerick Objects : On the counsel's leading questions, and mischaracterization of testimony of the physician</b>
P23, L1-14,	Mr.Grimes continues: Impression of the EMG study, 1996 reflected, left L5 radiculopathy, acute to chronic based upon acute membrane instability, increased <b>polyphasics</b> , at the left L5 <b>dermatome</b> . L5 radiculopathy means irritation of nerves in that area, and the L5 is in the same level as in the degeneration on the MRI.
P23, L16-24,	Ms. Rosado complained to Dr.George regarding her low back pain with radiation in her right lateral thigh area. No specific numbness or <b>paresthasias</b> in lower extremities.
P24, L1-9 P25, L2-4	On Dr. George's examination, he found a full range of motion in all planes of her neck. No tenderness or spasm found in the posterior neck, suprascapular, or scapular areas. Besides, he found that the handgrip strength was good.
P25, L21-25 P26. L2-12, L13-19	On Dr. George's examination, her lower back revealed minimal tenderness in the right sacroiliac area which is a junction where sacrum or the lower part of the spine below the lumbar vertebrae joins into the ilium, which is a pelvic bone. No spasm but able to flex until the fingertips. Extension of the spine was good. <b>Trendelenburg test</b> was negative. Raising the leg in sitting position was normal.
P27, L10-22, 23-25 P28, L2-3	X-Ray examination after 1996 accident on the cervical spine, dorsal spine, and lumbar spine after 1996 accident reveal, a mild thoracolumbar <b>scoliosis</b> of about 15 degrees, and some straightening of the normal <b>lordotic curve</b> .
P28, L2-11, 19-21,	MRI on lumbar spine, done on June 27, '05 revealed some <b>degenerative disc disease</b> at L5-S1 with <b>desiccation</b> of the interspaced, Mild posterior protrusion, wear and tear and an injury caused degeneration.
P30, L 4-13	According to the doctor, the patient had a lumbosacral strain and his prognosis was good.