

EXHIBIT L

1 IN THE COURT OF COMMON PLEAS

2 SUMMIT COUNTY, OHIO

3 MEMBER WILLIAMS, et al.,

4 Plaintiffs,

5 -vs-

CASE NO. CV-2016-09-3928

6 KISLING, NESTICO
7 & REDICK, LLC, et al.,

8 Defendants.

9 - - - -

Videotaped deposition of SAM N. GHOUBRIAL, MD,

10 taken as if upon examination before Brian A.

11 Kuebler, Chana Margareten, Notary Publics within

12 and for the State of Ohio, at the Hilton

13 Akron-Fairlawn Hotel and Suites, 3180 W. Market

14 Street, Fairlawn, Ohio, at 10:39 a.m. on Tuesday,

15 April 9, 2019, pursuant to notice and/or

16 stipulations of counsel, on behalf of the

17 Plaintiffs.

18 - - - -

19 JK COURT REPORTING

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<p style="text-align: right;">65</p> <p>1 MR. BARMEN: Objection. If you</p> <p>2 can.</p> <p>3 A. Sure. The most important thing is it's</p> <p>4 individualized. Every single patient is</p> <p>5 different. I take a subjective history. I do a</p> <p>6 past medical history to include a surgical</p> <p>7 history, medication history, history of their</p> <p>8 medical problems, history of their allergies.</p> <p>9 And then I get a list of their medications. And</p> <p>10 then I perform a objective exam. And then I come</p> <p>11 up with an assessment and a plan.</p> <p>12 But each and every patient is completely</p> <p>13 different. They come in different ages,</p> <p>14 different problems, different medications,</p> <p>15 different contraindications, and I have to sort</p> <p>16 out what the best treatment modality is for these</p> <p>17 patients given their age, given their</p> <p>18 medications, given the contraindications to their</p> <p>19 medications, given the potential interactions</p> <p>20 between any medications that I give them and</p> <p>21 medications they're on. Whether or not I feel</p> <p>22 they'll respond to that or whether they need to</p> <p>23 use adjunctive therapy or whether they need to be</p> <p>24 referred out.</p> <p>25 Q. Do you take a social history?</p>	<p style="text-align: right;">67</p> <p>1 Q. Typically they're not. Why not?</p> <p>2 MR. BARMEN: Objection.</p> <p>3 A. Patient comes in, they don't have the records</p> <p>4 with them and they need help.</p> <p>5 Q. The chiropractor doesn't sent them with records?</p> <p>6 MR. BARMEN: Objection.</p> <p>7 A. No.</p> <p>8 Q. So you typically don't review prior records or</p> <p>9 imaging or any testing related to patients that</p> <p>10 come see you in the personal injury clinic?</p> <p>11 MR. BARMEN: Objection.</p> <p>12 A. That's correct.</p> <p>13 Q. What are the diagnoses that you most commonly</p> <p>14 treat in your personal injury practice?</p> <p>15 MR. BARMEN: Objection.</p> <p>16 A. There's a whole litany of diagnoses, but more</p> <p>17 importantly it's the approach to each one of</p> <p>18 those that's different. I'll see patients with</p> <p>19 rotator cuff injury, ligament injuries to the</p> <p>20 knee, cervical strain, thoracic strain, lumbar</p> <p>21 strain, knee injury, ankle sprain, foot sprain,</p> <p>22 post-concussion syndrome, insomnia, cephalgia,</p> <p>23 visual defects. Anything that can result from a</p> <p>24 motor vehicle accident, but more important than</p> <p>25 that is the individual nature of the treatment.</p>
<p style="text-align: right;">66</p> <p>1 A. Yes.</p> <p>2 Q. Do you take a family history?</p> <p>3 A. Yes. Occasionally.</p> <p>4 Q. And you, of course, perform a physical exam,</p> <p>5 correct?</p> <p>6 A. Yes.</p> <p>7 Q. What all do you check on your exam?</p> <p>8 A. I check head, neck, listen to their heart, lungs,</p> <p>9 abdomen. Do a complete musculoskeletal exam. I</p> <p>10 check their gait, their tone. I do a --</p> <p>11 Q. Muscle tone?</p> <p>12 A. Yes. Neurologic exam. I do an exam of the</p> <p>13 spine. I examine their extremities.</p> <p>14 Q. How do you perform a neurologic exam? What type</p> <p>15 of neurologic exam?</p> <p>16 A. I perform a neurological exam the same way. I</p> <p>17 check for tone, strength and range of motion and</p> <p>18 any sensory deficits or radicular findings.</p> <p>19 Q. Is there anything else you do as part of your</p> <p>20 workup?</p> <p>21 MR. BARMEN: Objection. Go ahead.</p> <p>22 A. It varies from patient to patient.</p> <p>23 Q. Maybe another key step, you review prior records,</p> <p>24 correct?</p> <p>25 A. If they're available. Typically they're not.</p>	<p style="text-align: right;">68</p> <p>1 While two patients or three patients or eight</p> <p>2 patients may come in with a diagnosis of thoracic</p> <p>3 strain, all eight of them will probably receive</p> <p>4 some sort of different modality. Some may</p> <p>5 receive nothing other than some</p> <p>6 antiinflammatories. Some may receive trigger</p> <p>7 point injections. Some may be referred to a</p> <p>8 massage therapist. Some may be referred to an</p> <p>9 orthopedic. Some may need an MRI. Some may get</p> <p>10 trigger point injections. Some may get a TENS</p> <p>11 unit. Some may get a TENS unit and a brace. It</p> <p>12 varies. No patients are alike. While they may</p> <p>13 carry the same diagnosis, the treatment approach</p> <p>14 is very seldom the same.</p> <p>15 Q. But you would agree that most of the patients</p> <p>16 that you see in your personal injury practice are</p> <p>17 diagnosed with some type of strain or sprain,</p> <p>18 correct?</p> <p>19 MR. BARMEN: Objection. Go ahead.</p> <p>20 A. For the most part, yes.</p> <p>21 Q. The great majority of patients in the personal</p> <p>22 injury practice have that diagnosis, correct?</p> <p>23 MR. BARMEN: Objection. Go ahead.</p> <p>24 A. Yes, sir.</p> <p>25 Q. And the majority of patients who treat with your</p>

<p style="text-align: right;">69</p> <p>1 personal injury practice receive trigger point</p> <p>2 injections, correct?</p> <p>3 MR. BARMEN: Objection.</p> <p>4 A. No.</p> <p>5 Q. "No"?</p> <p>6 A. No.</p> <p>7 Q. Are you sure of that?</p> <p>8 A. Yes.</p> <p>9 Q. How are you sure of that?</p> <p>10 A. I can tell you that not all patients need trigger</p> <p>11 point injections. Some patients need them, some</p> <p>12 don't. I can't tell you that the great majority</p> <p>13 of the patients need them. Because, No. 1, I</p> <p>14 don't know and, No. 2, to the best of my</p> <p>15 recollection they don't. They just simply aren't</p> <p>16 beneficial for everyone. Remember what I was</p> <p>17 telling you earlier about each patient being</p> <p>18 individual.</p> <p>19 Q. Can you describe what a trigger point injection</p> <p>20 is?</p> <p>21 A. Yes. You introduce a needle filled with a</p> <p>22 mixture of Marcaine, which is a local anesthetic,</p> <p>23 and Kenalog, which is a steroid, directly into</p> <p>24 the focal area of pain, spasm or discomfort.</p> <p>25 Q. But you wouldn't just inject any area of pain,</p>	<p style="text-align: right;">71</p> <p>1 MR. PATTAKOS: No, I don't think</p> <p>2 he did.</p> <p>3 Q. You described what a trigger point is, not the</p> <p>4 injection. What is a trigger point?</p> <p>5 MR. BARMEN: Go ahead.</p> <p>6 A. I described it earlier, but I'll repeat it. What</p> <p>7 it is is it's an area of myofascial pain,</p> <p>8 guarding, tenderness or spasm that elicits</p> <p>9 objective discomfort on the patient.</p> <p>10 Q. There are other defining qualities of a trigger</p> <p>11 point that you're leaving out of this definition;</p> <p>12 are you not, Doctor?</p> <p>13 MR. BARMEN: Objection.</p> <p>14 A. Those are the ones that I use.</p> <p>15 Q. Let's take a look at a couple of exhibits. Let</p> <p>16 me ask you first: Do you agree that a</p> <p>17 fundamental characteristic of a trigger point is</p> <p>18 that it produces referred pain?</p> <p>19 MR. BARMEN: Objection.</p> <p>20 A. Not necessarily. It can be referred, it can be</p> <p>21 focal, it can be asymmetrical, it can be</p> <p>22 bilateral, it can be unilateral.</p> <p>23 Q. So you disagree with that?</p> <p>24 A. Yeah.</p> <p>25 - - - -</p>
<p style="text-align: right;">70</p> <p>1 spasm or discomfort, correct?</p> <p>2 A. Only if it's indicated.</p> <p>3 Q. Only if there's a trigger point, correct?</p> <p>4 A. Correct.</p> <p>5 Q. And only if it is an active trigger point that's</p> <p>6 causing pain, correct?</p> <p>7 A. Correct.</p> <p>8 Q. You won't inject a latent trigger point, correct?</p> <p>9 A. It depends. If there's an area that's been</p> <p>10 treated conservatively and the patient will come</p> <p>11 in and say, doctor, I still have quite a bit of</p> <p>12 discomfort despite the use of the TENS, despite</p> <p>13 the therapy, despite the massage. And I say,</p> <p>14 well, we can try a little bit of Kenalog and</p> <p>15 Marcaine, would you be interested in that? And</p> <p>16 more often than not, it's quite successful.</p> <p>17 Q. Okay. So you'll only treat a latent -- I'm</p> <p>18 sorry. Strike that.</p> <p>19 You will only inject a latent trigger point</p> <p>20 after more conservative therapy has failed?</p> <p>21 A. Patient-by-patient case.</p> <p>22 Q. Can you describe what a trigger point is?</p> <p>23 MR. BARMEN: Objection.</p> <p>24 A. I just did.</p> <p>25 MR. BARMEN: He just did.</p>	<p style="text-align: right;">72</p> <p>1 (Thereupon, Plaintiff's Exhibits 2, 3 were</p> <p>2 marked for purposes of identification.)</p> <p>3 - - - -</p> <p>4 Q. Here's Exhibit 2 -- oh, sorry. We'll call this</p> <p>5 the Alvarez study. It's by Dr. David Alvarez and</p> <p>6 Dr. Pamela Rockwell of the University of Michigan</p> <p>7 Med School. This was published in the Journal of</p> <p>8 the American Family Physician.</p> <p>9 Do you agree that's a credible journal, sir?</p> <p>10 MR. BARMEN: Objection.</p> <p>11 MR. BEST: 17 years ago? Make</p> <p>12 sure I have this right.</p> <p>13 MR. BARMEN: It appears to be 17</p> <p>14 years ago.</p> <p>15 MR. BEST: Oh, interesting. Very</p> <p>16 up to date.</p> <p>17 A. I don't know, I haven't read it, so I don't know.</p> <p>18 Q. Well, do you agree that the American Family</p> <p>19 Physician is a credible journal?</p> <p>20 MR. BARMEN: Objection.</p> <p>21 A. I don't read it, so I don't know.</p> <p>22 Q. Do you agree that the ProQuest Medical Library is</p> <p>23 a credible source for medical research?</p> <p>24 MR. BARMEN: Objection.</p> <p>25 A. I have no idea.</p>

<p style="text-align: right;">117</p> <p>1 Q. Actually I want to ask you about the background</p> <p>2 section.</p> <p>3 A. Okay. What would you like to ask?</p> <p>4 Q. It says not all trigger points require injection</p> <p>5 or needling. Many active trigger points will</p> <p>6 respond to physical therapy especially in the</p> <p>7 earlier stages of trigger point formation.</p> <p>8 However for chronic trigger points, trigger point</p> <p>9 injection and needling is an effective treatment.</p> <p>10 Do you agree with that?</p> <p>11 A. No.</p> <p>12 Q. And your reason for disagreeing with that is what</p> <p>13 you just described?</p> <p>14 A. Correct.</p> <p>15 Q. And you have nothing to add to that response?</p> <p>16 A. Correct.</p> <p>17 Q. When you treat a trigger point, it's true that</p> <p>18 you're treating something other than a muscle</p> <p>19 strain or a sprain, correct?</p> <p>20 A. No. I'm treating a combination of a strain,</p> <p>21 sprain, spasm, and pain both subjectively and</p> <p>22 objectively.</p> <p>23 Q. So you -- it's your testimony that you treat</p> <p>24 muscle strains and sprains with trigger point</p> <p>25 injections?</p>	<p style="text-align: right;">119</p> <p>1 you treat a non-trigger point with a</p> <p>2 trigger point injection, it wouldn't be a</p> <p>3 trigger point injection.</p> <p>4 MR. PATTAKOS: David, stop</p> <p>5 testifying for the witness. If the witness</p> <p>6 doesn't understand my question --</p> <p>7 MR. BEST: Your questions are</p> <p>8 nonsensical that not even a first-year</p> <p>9 lawyer would ask these silly questions.</p> <p>10 Ask an appropriate question. Do you mean</p> <p>11 --</p> <p>12 MR. PATTAKOS: David, If I --</p> <p>13 MR. BEST: -- the same medication</p> <p>14 that's used in a trigger point?</p> <p>15 MR. PATTAKOS: David, I'm going to</p> <p>16 ask you to stop making speaking objections.</p> <p>17 I'm going to note on the record that this</p> <p>18 is inappropriate and you're testifying for</p> <p>19 the witness and you're suggesting testimony</p> <p>20 to the witness. I know you'll keep doing</p> <p>21 it, I just want to make my objection now.</p> <p>22 Thank you.</p> <p>23 MR. MANNION: Hey, I just found an</p> <p>24 article saying yoga is not effective. I</p> <p>25 just want to let you know, Peter, in case</p>
<p style="text-align: right;">118</p> <p>1 A. They have to have all the features. There has to</p> <p>2 be a subjective complaint, there has to be</p> <p>3 objective findings of discomfort. There has to</p> <p>4 be objective findings in difficulty in range of</p> <p>5 motion. There has to be focal area of guarding,</p> <p>6 spasm, palpable cord.</p> <p>7 All those things or any number of those</p> <p>8 things or any three or four of those things,</p> <p>9 depending on the context, each patient is</p> <p>10 individual may or may not mandate the use of a</p> <p>11 trigger point.</p> <p>12 Q. I understand that. What I'm asking is just if</p> <p>13 someone has a sprain and no trigger points and no</p> <p>14 active trigger points that are causing pain,</p> <p>15 you're not going to inject a sprain with a</p> <p>16 trigger point injection, correct?</p> <p>17 MR. BARMEN: Objection. Go ahead.</p> <p>18 A. Unlikely, but possible.</p> <p>19 Q. Possible. Under what circumstances would you</p> <p>20 inject a sprain with a trigger point injection in</p> <p>21 the absence of any active trigger points?</p> <p>22 MR. BEST: Do you mean the</p> <p>23 medication of the trigger point injection?</p> <p>24 What are you talking about? By your</p> <p>25 definition of your question, you say would</p>	<p style="text-align: right;">120</p> <p>1 you want to stop giving lessons.</p> <p>2 MR. PATTAKOS: You can e-mail that</p> <p>3 to me, Tom. Thank you.</p> <p>4 MR. MANNION: I'll send it right</p> <p>5 over.</p> <p>6 MR. PATTAKOS: Thank you.</p> <p>7 MR. BARMEN: Tom, as a yogi myself</p> <p>8 I would disagree with the findings in that</p> <p>9 article but I guess we can have different</p> <p>10 opinions.</p> <p>11 MR. MANNION: Apparently there's</p> <p>12 disagreement in the field.</p> <p>13 BY MR. PATTAKOS:</p> <p>14 A. Can you ask me the question again, please.</p> <p>15 Q. I want to know under what circumstances would you</p> <p>16 use a trigger point injection on a muscle strain</p> <p>17 or a sprain in the absence of an active trigger</p> <p>18 point that's causing pain?</p> <p>19 MR. BARMEN: Objection. Go ahead.</p> <p>20 A. When I make the diagnosis of lumbar strain or</p> <p>21 thoracic strain or cervical strain, I always --</p> <p>22 if I give a trigger point, they usually have the</p> <p>23 -- both the subjective and objective findings.</p> <p>24 On rare occasion if they haven't gotten better,</p> <p>25 they may get an injection or if it's an acute</p>

<p style="text-align: right;">121</p> <p>1 event.</p> <p>2 Q. Explain that last part, "or if it's an acute</p> <p>3 event".</p> <p>4 A. If it's an acute event and the patient -- again,</p> <p>5 like I said, it's patient specific. If they have</p> <p>6 contraindications. If they have numerous</p> <p>7 allergies. If they can't tolerate narcotics. If</p> <p>8 they're, for example, on methadone. If they</p> <p>9 can't take NSAIDs and our treatment options are</p> <p>10 limited. So the safest route is to try a mixture</p> <p>11 of Marcaine and Kenalog and to do it that way.</p> <p>12 So like I said, each patient is different</p> <p>13 depending on their history, their medications,</p> <p>14 the adverse outcomes, their social history, their</p> <p>15 history of narcotic use in the past. So it</p> <p>16 varies patient to patient. If you're looking for</p> <p>17 a catchall answer, I can't give it to you.</p> <p>18 Q. I just -- as long as I'm understanding that you</p> <p>19 will use a trigger point injection on a muscle</p> <p>20 sprain or strain even when there's no active</p> <p>21 trigger point found?</p> <p>22 MR. BARMEN: Objection.</p> <p>23 A. Like I said, on occasion, depends on the patient.</p> <p>24 Q. Okay. So when you treat a car accident victim</p> <p>25 with trigger -- with a trigger point injection --</p>	<p style="text-align: right;">123</p> <p>1 A. Any sort of thoracic, lumbar, cervical injury,</p> <p>2 that meets the criteria for trigger points will</p> <p>3 be treated. Whether it's a lumbar strain with</p> <p>4 spasm, guarding and tenderness, those features</p> <p>5 together, they get a trigger point. If it's just</p> <p>6 a tender spot, may or may not.</p> <p>7 Q. That meets the criteria for trigger points?</p> <p>8 A. Correct.</p> <p>9 Q. What criteria?</p> <p>10 A. I went over that.</p> <p>11 MR. BARMEN: Objection.</p> <p>12 MR. BEST: Objection. Asked and</p> <p>13 answered.</p> <p>14 Q. What are they?</p> <p>15 MR. BARMEN: How many times,</p> <p>16 Peter, do we have to go down the same road?</p> <p>17 Q. Doctor, what are the criteria for trigger points</p> <p>18 that you're referring to here?</p> <p>19 MR. BARMEN: Objection. Asked and</p> <p>20 answered multiple times. Tell him once</p> <p>21 more.</p> <p>22 A. It's a combination of subjective and objective</p> <p>23 findings and individualized based on every single</p> <p>24 patient. There isn't one uniform way to say this</p> <p>25 patient is going to get a trigger point 100</p>
<p style="text-align: right;">122</p> <p>1 let me ask this a different way. Strike that.</p> <p>2 What are the diagnoses that you would treat</p> <p>3 with a trigger point injection?</p> <p>4 MR. BEST: Objection. He's</p> <p>5 already discussed this.</p> <p>6 MR. BARMEN: Objection. Go ahead.</p> <p>7 A. It's based on a multitude of factors. I take</p> <p>8 into consideration their subjective complaints,</p> <p>9 the medications they're on, their objective</p> <p>10 findings. Whether their objective findings are</p> <p>11 consistent with their subjective findings.</p> <p>12 Whether they have a contraindication to any other</p> <p>13 alternative modality. Whether they meet the</p> <p>14 criteria for trigger point injection. And if</p> <p>15 they do, are they suited for it. So it varies</p> <p>16 from patient to patient.</p> <p>17 Q. Dr. Ghoubril, I'm not asking what the factors</p> <p>18 are that determine your decision, I asked very</p> <p>19 specifically, what are the diagnoses that you</p> <p>20 would treat with a trigger point injection?</p> <p>21 MR. BARMEN: Objection. He</p> <p>22 answered your question.</p> <p>23 A. There's numerous diagnoses.</p> <p>24 Q. What are they?</p> <p>25 MR. BARMEN: Objection.</p>	<p style="text-align: right;">124</p> <p>1 percent of the time because they have a cervical</p> <p>2 injury. That's not the case. Each patient is</p> <p>3 different. So they have to fall into the</p> <p>4 criteria and the criteria includes not just the</p> <p>5 objective findings, but the presence of any</p> <p>6 contraindications, any adverse reactions, any</p> <p>7 allergies, any phobias, any multiple myriad of</p> <p>8 things. That's the best way I can answer it,</p> <p>9 Peter.</p> <p>10 Q. Okay. When you are injecting car accident</p> <p>11 victims with trigger point injections, you are</p> <p>12 not typically treating them for myofascial pain</p> <p>13 syndrome, are you?</p> <p>14 MR. BARMEN: Objection.</p> <p>15 A. I'm treating them for acute events. We discussed</p> <p>16 this already.</p> <p>17 Q. And that is not myofascial pain syndrome,</p> <p>18 correct?</p> <p>19 MR. BARMEN: Objection.</p> <p>20 A. Well, if you're referring to fibromyalgia, no, it</p> <p>21 isn't.</p> <p>22 Q. Myofascial pain syndrome is a chronic condition,</p> <p>23 correct?</p> <p>24 A. Correct.</p> <p>25 Q. So when -- so myofascial pain syndrome does not</p>

<p style="text-align: right;">249</p> <p>1 25th, it says she is going to have extensive</p> <p>2 surgery on her right arm for the fracture to the</p> <p>3 shoulder. And on June 1st it says, she is going</p> <p>4 to have surgery of her shoulder, correct?</p> <p>5 A. Right. And it also says -- let's read the whole</p> <p>6 thing. The trigger points were very beneficial</p> <p>7 to her neck. And she needed narcotic analgesics,</p> <p>8 not only because of the neck, the back, and the</p> <p>9 fracture.</p> <p>10 Q. And she received four prescriptions for narcotics</p> <p>11 from you, correct?</p> <p>12 A. Correct.</p> <p>13 Q. And that was on April 27th, May 4th, May 10th,</p> <p>14 and June 1st, correct?</p> <p>15 A. That's correct.</p> <p>16 Q. And no muscle relaxers, no TENS Unit, and no back</p> <p>17 brace, correct?</p> <p>18 A. Correct.</p> <p>19 Q. And this was after her first date of treatment at</p> <p>20 Akron Square, being April 22nd, 2016. And you</p> <p>21 could see that from the first page; is that</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. Okay. Dr. Ghoubrial, of these 13 files that we</p> <p>25 just went over, 13 out of 13 were offered trigger</p>	<p style="text-align: right;">251</p> <p>1 who received a script, prescription, for</p> <p>2 narcotics is not representative?</p> <p>3 MR. BARMEN: Objection. Wait a</p> <p>4 minute. You mean, the 13 files you cherry</p> <p>5 picked out of thousands?</p> <p>6 MR. PATTAKOS: Let me be clear,</p> <p>7 these were the only 13 files that I have</p> <p>8 had access to. I wasn't able to cherry</p> <p>9 pick anything.</p> <p>10 MR. BARMEN: That is absolutely</p> <p>11 false, because there are files I produced</p> <p>12 to you just last week that aren't in here,</p> <p>13 because they are not Bates stamped.</p> <p>14 MR. PATTAKOS: What are those?</p> <p>15 What files are those?</p> <p>16 MR. BARMEN: Files that you sent</p> <p>17 me releases for, that I produced to you</p> <p>18 within the last week.</p> <p>19 And, actually, I have a few of</p> <p>20 them in my bag. And you know, you received</p> <p>21 them. They're Bates stamped, and you</p> <p>22 haven't used them here.</p> <p>23 MR. PATTAKOS: Who are they for?</p> <p>24 Let's --</p> <p>25 MR. BARMEN: Wait a minute --</p>
<p style="text-align: right;">250</p> <p>1 point injections, 11 out of the 13 received</p> <p>2 trigger point injections, 10 out of the 13</p> <p>3 received TENS units, 12 out of the 13 received a</p> <p>4 prescription for muscle relaxers, at least once,</p> <p>5 and 10 out of 13 received a prescription for</p> <p>6 narcotics.</p> <p>7 Is that unusual to you?</p> <p>8 MR. BEST: Objection.</p> <p>9 MR. BARMEN: Objection.</p> <p>10 MR. POPSON: Objection.</p> <p>11 A. It's patient specific. Sometimes they get</p> <p>12 narcotics, sometimes they don't. Sometimes they</p> <p>13 get muscle relaxers, sometimes they don't. That</p> <p>14 pool that you picked out of is a very small group</p> <p>15 of 13. More than half of the patients that we</p> <p>16 see in our practice receive no narcotics. And --</p> <p>17 MR. BARMEN: You answered the</p> <p>18 question.</p> <p>19 A. -- that's it.</p> <p>20 Q. More than half receive no narcotics?</p> <p>21 A. Correct.</p> <p>22 Q. So you're saying that this -- this distribution</p> <p>23 of who was offered trigger point injections, who</p> <p>24 received them, who received TENS units, who</p> <p>25 received prescriptions for muscle relaxer, and</p>	<p style="text-align: right;">252</p> <p>1 MR. PATTAKOS: If you have them in</p> <p>2 your bag, let's mark them as exhibits.</p> <p>3 MR. BARMEN: So for you --</p> <p>4 MR. BEST: No.</p> <p>5 MR. BARMEN: No, no, no. But for</p> <p>6 you to say that every file you have has</p> <p>7 been marked is unequivocally false, and you</p> <p>8 know it.</p> <p>9 MR. PATTAKOS: Who else did you</p> <p>10 provide -- you provided me a file for,</p> <p>11 what's her name? She's from Columbus.</p> <p>12 Anita Hudson.</p> <p>13 MR. BEST: I forgot. It slipped</p> <p>14 my mind.</p> <p>15 MR. BARMEN: So wait, so all --</p> <p>16 just that one, all of a sudden you --</p> <p>17 MR. PATTAKOS: Let's see Anita</p> <p>18 Hudson --</p> <p>19 MR. BARMEN: -- realize that what</p> <p>20 you just said is wrong.</p> <p>21 MR. PATTAKOS: Let's see Anita</p> <p>22 Hudson's chart.</p> <p>23 MR. BARMEN: Brittany Justice.</p> <p>24 MR. BEST: We're not giving him</p> <p>25 new records.</p>