Q. Now, you have the stethoscope on the temples. What were you doing?

A. What we were doing is looking for unusual -- we were limited in the amount of evaluations we can do with her. One of things I was looking for there was certain types of vascular injuries that can be heard through the scope. Now, to get them, get the eyes that would show you this. So I was doing back that test of a physical exam, getting around the risks involved in the testing. That would have been the only other alternative.

Now, I want to talk about neck injury again. You go to anybody who's normal and put your hand on back of their neck here. You pick them up. You don't pick up. Instead, they put their chin on their chest. Sort of drive their chin in the chest.

Q. Now, her chin does not go down?

A. Her chin does not go down. My hand is essentially on the back of the scull here, not on the neck area. She is rigid in the upper spine area, and that goes along with a neck injury. And that's important for several reasons. First one is that there is a change in the neurological exam. We had a person essentially here that has had brain injury and probably also a spinal cord injury.

Q. Spinal cord or vertebral injury?

A. Vertebral injury, but I also suspect, from other parts of my examination, spinal cord injury along with it.

In addition, when you have a neck injury, it causes irritation to the sympathetic nerves that control blood flow into the brain. Much of the blood flow to the brain goes in through that area. So when they're damaged, you narrow the blood flow. There is a restricted blood flow to the brain.

Our original brain injury treatment is successful because these patients have whiplashes. And in whiplash, itself, causes brain injury by altering the blood flow patterns to the brain.

Q. Now, Dr. Hammesfahr, did you have an estimate where her neck injury -- at what level her neck injury might be?

A. No. Her neck injury, her whole neck is very rigid, so that whole area would have to be very carefully evaluated with a lot of testing.

Q. What kind of testing?

A. Flexion/extension MRIs, standard MRIs. Semi-radiographs, which are motion studies of the spine. MRI of the spinal cord. Electronic tests of the spinal cord. Probably some sympathetic nerve blocks.

I'm picking her body up off the bed and she's not getting -- she's very alert, very aware of it. She's not having random eye movements like you have in coma patients. She is very alert and aware of it. I can move her all around when I do this.

Q. And that's a function of how rigid her neck is?

A. Yes, it is. There is about two and a half feet or so in the upper area and probably anywhere from about six inches in the shoulder area and eight inches in the neck area off the bed.

Q. Have you ever seen that before?

A. I have sign it before, yes.

Q. In patients with neck injuries?

A. Yes.

Q. Did you examine her back?

A. Yes, I did.

Now, watch this, she is voluntarily trying to keep her eyes closed by me yanking on her face.

Q. Would that be a reflex?

A. No, that is not a reflex.

Q. Would that be random?

A. No, that is not random. That is a voluntary action. That is part of the physical examination. That is part of the physical exam.

MR. FELOS: I have no other questions.

THE COURT: Thank you.

REDIRECT EXAMINATION

BY MS. ANDERSON:

Q. You said that you had never felt a neck like that except for one other patient, right?

A. Correct.

Q. What was the cause of injury in the other patient?

A. The person had an anoxic encephalous due to attempted strangulation.

Q. You made some comments about what happened at