

1 Julie Sommers  
2 Plaintiff in Pro Per

3  
4  
5 IN THE SUPERIOR COUR OF THE STATE OF ARIZONA

6 IN AND FOR MARICOPA COUNTY

7  
8 JULIE SOMMERS,

Case No.: CV2020-012164

9 Plaintiff,

FIRST AMENDED COMPLAINT

10 vs.

11 JONATHAN S. HOTT, M.D. AND TRACEY  
12 R. HOTT, HUSBAND AND WIFE; **XYX**  
13 **MEDICAL PRACTICE ENTITY,**  
14 SCOTTSDALE HEALTHCARE HOSPITALS,  
15 INC, D/B/A/ JOHN C. LINCOLN NORTH  
16 MOUNTAIN HOSPITAL, AN ARIZONA  
17 CORPORATION, JOHN DOES I-X, JANE  
DOES I-X, ABC CORPORATION I-X AND  
XYZ PARTNERSHIPS I-X, AND EACH OF  
THEM,

18 Defendants.

19 Plaintiff, Julie Sommers, ("Plaintiff") hereby files the following complaint and requests  
20 that this case be assigned in the **downtown courthouse, 201 W. Jefferson Street, Phoenix,**  
21 **Arizona 85003:**

22 **JURISDICTION AND VENUE**

23  
24 1. This Court has jurisdiction to hear and determine this action and to grant the relief  
25 requested pursuant to A.R.S. §12-562, plaintiff seeks compensatory relief.

26 2. Venue is in this Court pursuant to A.R.S. §12-401.

27 **PARTIES**

1 3. Plaintiff is an individual adult residing in Maricopa County, State of Arizona.

2 4. All acts giving rise to this lawsuit occurred in Maricopa County, State of Arizona.

3  
4 5. Plaintiff is informed and believes and upon such information and belief allege that  
5 defendant Jonathan S. Hott, M.D. (hereinafter "Dr. Hott") and his wife, Tracey R. Hott are, and  
6 at all times, material hereto, were and are residents of Maricopa County, in the State of Arizona.

7 Jonathan S. Hott is a licensed healthcare provider in the State of Arizona, and negligently  
8 provided medical treatment to Julie Sommers, out of which this cause of action arises.

9  
10 6. Plaintiff is informed and believes and upon such information and belief alleges that at all  
11 times material hereto, Dr. Hott was acting for and in furtherance of the interest of his marital  
12 community.

13 7. At all times material hereto, Dr. Hott was a duly licensed physician practicing in the State  
14 of Arizona and held himself out to the public and to the plaintiff as being skilled, careful and  
15 diligent in the practice of medicine, and specifically in the practice of neurosurgery.

16  
17 8. At all times material hereto, defendant Scottsdale Healthcare Hospitals, Inc. d/b/a/ John  
18 C. Lincoln North Mountain Hospital, hereinafter "JCLNM," was and is an Arizona business  
19 entity doing business in Maricopa County, Arizona and was a duly licensed health care facility  
20 employing staff members who held themselves out to the public and to plaintiff as being skilled,  
21 careful and diligent in the practice of medicine.

22  
23 9. Defendant Scottsdale Healthcare Hospitals, Inc., d/b/a John C. Lincoln Medical Center  
24 ("JCLNM") is a medical facility with its principal place of business at 250 E. Dunlap Avenue,  
25 Phoenix, Arizona, 85020, provides medical services to patients on a non-urgent and urgent  
26 basis.

27  
28 10. On information and belief, Dr. Hott was acting as an agent and/or an employee and/or

1 ostensible contractor of JCLNM and all at times material hereto, Dr. Hott was acting in the  
2 scope of his employment and/or agency when he provided services to the plaintiff and are  
3 therefore, liable for the actions of defendant. Accordingly, JCLNM is vicariously liable for Dr.  
4 Hott's negligent acts and omissions for granting Dr. Hott privileges to use JCLNM hospital.  
5

6 11. Defendants John Does I-X, Jane Does I-X, ABC Corporations I-X and XYZ Partnerships  
7 I-X, whose true identities are not yet known by plaintiff at this time, are sued fictitiously until  
8 discovery reveals their true identity. The extent of these defendants' liability to plaintiff for  
9 causing and contributing to plaintiff's injuries is not fully known at this time, but may include  
10 causes of action for negligence and malpractice at a later date.  
11

12 12. On information and belief, the named defendants and fictitious defendants were working  
13 for other defendants within the scope of their authority and employment when committing the  
14 negligent acts and omissions that directly and proximately caused injuries and damages to  
15 plaintiff, making some defendants also liable for the acts and omissions of other defendants on  
16 the basis of respondent superior and agency law.  
17

18 13. Any acts or omissions done by a married defendant were done on behalf of the respective  
19 marital communities, rendering the marital community and its individual members jointly and  
20 severally liable.  
21

### 22 GENERAL ALLEGATIONS

23 14. On October 2, 2018, Plaintiff underwent an unnecessary L4 / L5 laminectomy, right L4 /  
24 L5 transforminal lumbar interbody fusion L4 / L5 pedicle screw performed at JCLNM by  
25 defendant, Dr. Jonathan Hott, who said this procedure would resolve plaintiff's chronic, right  
26 hip pain. Dr. Jonathan Hott's decision making and his examination were below the standard of  
27 care that would be expected of a neurosurgeon. The reasons for this include failure to perform  
28

1 an examination of plaintiff's back, failure to perform an examination of her hip, failure to  
2 document symptoms and/or signs of neurogenic claudication, failure to obtain preoperative  
3 flexion extension films and obtain provocative signs of radiculopathy. The symptoms that are  
4 commonly associated with degenerative spondylolisthesis are a combination of back pain and  
5 either unilateral or bilateral leg pain that follows a pattern of neurogenic claudication. This pain  
6 is relieved by sitting, lying down and bending forward, and aggravated by walking and  
7 standing. There is absolutely no documentation in Dr. Hott's pre-operative notes that support  
8 Plaintiff having symptoms of neurogenic claudication. Additionally, plaintiff was not  
9 complaining of any back pain either in Dr. Hott's notes or in her history. If the spondylolisthesis  
10 was symptomatic, it would produce a significant amount of back pain along with the referred  
11 pain toward the right buttock and hip area. Plaintiff's complaints as documented in Dr. Hott's  
12 notes, did not include back pain. Therefore, Plaintiff's pain complaints were only coming from  
13 the hip joint region. Dr. Jonathan Hott's limited evaluation and failure to specifically examine  
14 plaintiff's hip joint fell below the standard of care. Degenerative spondylolisthesis is not  
15 uncommon to see on imaging studies and can be an incidental finding and asymptomatic. These  
16 patients do not require surgery and these patients are not operated on unless they are having  
17 symptomatic neurogenic claudication and/or back pain. These symptoms were not evident in  
18 plaintiff's situation. Plaintiff's primary pain was and is in her right, hip joint. Also, it is normal  
19 to perform extension films of the lumbar spine to check for instability before recommending a  
20 surgical intervention, which Dr. Hott did not order. These facts are indisputable and do not fall  
21 into the category requiring an expert opinion. Dr. Hott's care fell below the standard of care  
22 compared to what a normal, competent doctor would have done.

23  
24  
25  
26  
27 15. Dr. Hott's substandard of care severely harmed plaintiff's spine and body. When Dr. Hott  
28

1 performed this unnecessary back surgery, his lack of surgical skill and technique caused  
2 irreparable damage to plaintiff's spine when he smashed her spine causing the L4 / L5 vertebrae  
3 to completely collapse. The mechanical disc device got logged in the back part of her spine  
4 causing her constant, agonizing pain. Dr. Hott fractured the anterior (front) aspect of the  
5 superior endplate of L5 and contributed to plaintiff's post-operative infection. These findings  
6 are documented in plaintiff's medical records by the physicians who examined plaintiff shortly  
7 after Dr. Hott mutilated her spine. The images showing the damage to plaintiff's spine, at the  
8 hands of Dr. Hott, are compelling and evident to any lay person. No expert is needed. These  
9 medical facts are irrefutable and documented by other physicians during their care of plaintiff  
10 after Dr. Hott's surgery. Dr. Hott's lack of surgical skill, technique, and ability caused  
11 irreparable damage to plaintiff's spine and her life as she knew it.

14 16. Dr. Hott fell below the standard of care for failing to explain most of the risks associated  
15 with this procedure.

17 17. Plaintiff was forced to undergo another spinal surgery just months after Dr. Hott's  
18 surgery in order to fix Dr. Hott's destruction to her spine. Plaintiff spent months on her back  
19 trying to recover from two spinal surgeries within four (4) months of each other, while still  
20 suffering from her original complaint--right, hip pain, which was still present. Dr. Hott's  
21 misdiagnosis of plaintiff's hip pain and the destruction of her spine caused a serious delay in  
22 plaintiff's ability to find out the real cause of her right, hip pain. As a result, an orthopedic  
23 surgeon recently informed plaintiff that this delay in the correct diagnosis of her hip pain is  
24 directly responsible for plaintiff now the cause of plaintiff now needing two (2) hip replacement  
25 surgeries. The misdiagnosis and botched surgery which directly led to another spinal surgery to  
26 fix Dr. Hott's surgical destruction, caused a delay in diagnosing plaintiff's labral tears, which  
27  
28

1 caused the breakdown of plaintiff's joints to the point of now requiring an additional two (2)  
2 surgeries.

3  
4 18. In defendant's examinations, evaluations, assessments, diagnoses, care management,  
5 recommendations and treatment rendered to plaintiff, defendant failed to exercise that degree of  
6 care, skill and learning expected of a reasonable and prudent health care provider in the  
7 profession or class to which he belonged within this state, acting in the same or similar  
8 circumstances.

9  
10 19. As a result of her loss, plaintiff has suffered significant physical impairments, chronic  
11 pain, extreme emotional distress, loss of employment, and loss of quality of life, which are  
12 permanent.

13 20. **On information and belief, XYX Medical Practice Entity employed Jonathan Hott**  
14 **at times relevant hereto;**

15 21. **On information and belief XYZ Medical Practice Entity is responsible under**  
16 **respondeat superior for Jonathan Hott's negligence as alleged herein;**

17  
18 22. **XYZ Medical Practice Entity itself was negligent for failing to train Jonathan Hott**  
19 **and have in place proper controls and guidelines to regulate Hott's provision of medical**  
20 **services and conduct in general.**

21  
22 **FIRST CLAIM FOR RELIEF**  
**(MEDICAL MALPRACTICE AGAINST DEFENDANT JONATHAN HOTT, M.D.)**

23 23. Plaintiff realleges and incorporates herein by this reference each and every allegation  
24 contained in paragraphs 1 through 19 above as though fully set forth herein.

25  
26 24. Plaintiff was a patient at JCLNM from October 2, 2018 to October 5, 2018, and was  
27 under the care of Dr. Jonathan Hott from September 19, 2018, to November 29, 2018.

28 25. At the time plaintiff was under defendant's care, Dr. Hott was negligent and fell below

1 the applicable standard of care regarding the supervision, diagnosis, treatment, management,  
2 examination, care, handling and reporting of the conditions and health problems of plaintiff,  
3 including, but not limited to, failing to properly perform an L4 / L5 spinal fusion and  
4 laminectomy and that that surgical procedure was unnecessary given plaintiff's complaints  
5 presented to defendant. Dr. Hott's surgery caused so much damage that plaintiff had to undergo  
6 another surgery within just four (4) months to try and rebuild her spine and try and repair the  
7 damage Dr. Hott's surgery caused. Plaintiff's A.R.S. §12-2602(A) Certification is attached as  
8 Exhibit A regarding the standard of care. Plaintiff's A.R.S. §12-2602(B) preliminary expert  
9 opinion Affidavit signed by Dr. Greg Nazar, is attached as Exhibit B if the Court deems an  
10 expert opinion is needed, along with Dr. Nazar's curriculum Vitae. Dr. Hott did not properly  
11 diagnose, test, and administer plaintiff's medical problems.  
12

13  
14 26. Dr. Hott was negligent in failing to properly interpret and respond to plaintiff's signs and  
15 symptoms during Dr. Hott's care of plaintiff.  
16

17 27. Dr. Hott's negligence regarding the treatment and handling of the health care problems of  
18 plaintiff was the direct and proximate cause of severe and permanent injuries suffered by  
19 plaintiff.  
20

21 28. As a direct and proximate result of defendants' negligence, plaintiff has incurred certain  
22 hospital and medical expenses for the care and treatment of her injuries and will continue to  
23 incur such expenses for an indeterminate period of time in the future.  
24

25 29. As a direct and proximate result of defendants' negligence, plaintiff has suffered pain,  
26 annoyance, inconvenience, emotional distress, humiliation, anxiety, loss of enjoyment of life,  
27 loss of physical activity, and a diminished quality of life and will continue to experience these  
28 damages for an indeterminate period of time in the future.

1 30. Dr. Hott had a duty to exercise reasonable care in evaluating, assessing and treating  
2 plaintiff. Dr. Hott breached that duty and fell below the standard of care in appropriately  
3 evaluating, assessing and treating plaintiff's spinal injuries at vertebral levels L-4 and L5. Dr.  
4 Hott's negligence includes, but is not limited to, (1) misdiagnosing plaintiff's right hip pain and  
5 performing an unnecessary spinal surgery, (2) smashing plaintiff's spine during the procedure,  
6 (3) failing to maintain antisepsis technique at the surgical site causing an infection (4) fracturing  
7 plaintiff's anterior aspect of the superior endplate of L5 (5) causing new onset, intractable back  
8 pain (6) abandoning plaintiff immediately after her surgery by failing to be available within 24  
9 hours after her surgery and failed to have any other neurosurgeon covering his obligation to  
10 remain available to his patient and to the caregivers at the hospital. The nurses caring for patient  
11 charted that they received no response from Dr. Hott after he was paged. Dr. Hott's answering  
12 service refused to page him and told plaintiff to go to the emergency room, even though she was  
13 still in the hospital less than 24 hours status post L4/L5 posterior laminectomy and fusion (7)  
14 failure to manage her post-op pain both immediately after her surgery and up to eight (8) weeks  
15 later, at which time, plaintiff fired Dr. Hott upon learning that her spine was smashed. Dr. David  
16 Guttman, Scottsdale emergency room physician, advised plaintiff to file a complaint against Dr.  
17 Hott with the Arizona Medical Board, which is now pending in **Case No. MD-19-1207A**.

18 31. Defendants' negligence has caused and continues to cause plaintiff to suffer vocational  
19 losses and it is probable plaintiff will incur additional vocation losses in the future. Plaintiff has  
20 no quality of life or quiet enjoyment. Plaintiff's employment opportunities as a Registered  
21 Nurse are forever limited given her physical limitations resulting from defendant's negligence.

22 32. Defendants' negligence has caused plaintiff to suffer pain, anxiety, stress, extreme  
23 emotional distress and loss of any meaningful enjoyment of life and loss of physical activity.  
24  
25  
26  
27  
28

1 Defendants' negligence caused plaintiff's loss of intimacy and those losses will probably  
2 continue on a permanent basis.

3  
4 **SECOND CLAIM FOR RELIEF**  
5 **(DEFENDANT DR. HOTT ILLEGALLY OBTAINED, DISTRIBUTED AND**  
6 **PUBLISHED A NUDE PICTURE OF HIS FORMER PATIENT, IN VIOLATION OF**  
7 **ARIZONA'S REVENGE PORN LAW)**

8 33. Defendant illegally obtained, distributed, and published a nude photo of plaintiff taken  
9 approximately 18 years ago by plaintiff in the privacy of her bedroom with a remote activated  
10 camera. Plaintiff owns the copyright and had a reasonable expectation that her nude photo  
11 would remain private and not be made public and shared with the entire world. Plaintiff's nude  
12 photo has nothing to do with Dr. Jonathan Hott, who illegally obtained, distributed and  
13 published her nude photo with the intent to cause serious emotional harm, distress, and  
14 embarrassment. Dr. Hott has printed and distributed her nude photo to multiple parties and  
15 published in a document which is now available to the entire world. Plaintiff has no idea where  
16 Dr. Hott obtained a copy of her nude photo. Dr. Hott refuses to reveal where, how and why he  
17 would obtain and publish a nude photo of plaintiff, since it has no legal relevance or purpose in  
18 any matter between Dr. Hott and plaintiff. This is in direct violation of ARS §13-1425, unlawful  
19 disclosure of images depicting states of nudity, also known as the "Revenge Porn," law.  
20

21 **THIRD CLAIM FOR RELIEF**  
22 **(INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS)**

23 34. Dr. Hott sent a threatening email to plaintiff's personal email account directly from his  
24 personal email account, thehotts5@gmail.com. Dr. Hott laid out how he planned to harm her  
25 stating that he was going to ...take her down now...that she has gotten away with this for too  
26 long...Dr. Hott was going to conspire with his attorney, Mel McDonald, to get her to commit a  
27  
28

1 crime...and get the nursing board to take away her license. Plaintiff interpreted Dr. Hott's plans  
2 to further destroy her life as direct threats against her livelihood, her freedom and her life.

3 35. Defendant revealed plaintiff's legally sealed name change to plaintiff's ex-boyfriends  
4 from over 14 to 22 years ago, and to a woman who was arrested for assaulting plaintiff. Plaintiff  
5 had her name legally changed in Maricopa County in 2010, which was then immediately sealed  
6 for her protection due to ongoing stalking concerns. Defendant intentionally and with malice  
7 revealed plaintiff's sealed name change to past, abusive ex-boyfriends, who had spent years  
8 lying about and tormenting plaintiff and to a woman who assaulted plaintiff. Defendant violated  
9 plaintiff's sealed name change and then revealed that name change to the very people from  
10 whom plaintiff had spent years trying to protect herself from and keep out of her life. Defendant  
11 violated Maricopa County's sealed court order and revealed plaintiff's protected information to  
12 vindictive and hateful people for no legitimate legal purpose. Dr. Hott recruited these hateful  
13 individuals from plaintiff's past solely for the purpose to inflict more pain and suffering.  
14 Plaintiff's abusive ex-boyfriends serve only help Dr. Hott further harm his former patient.  
15 Plaintiff's ex-boyfriends and other parties from plaintiff's past have nothing to do with Dr.  
16 Hott's surgical assault on her body. Dr. Hott sought out these people for no other reason, but to  
17 cause plaintiff extreme emotional distress in an attempt to not only ruin her body, but to further  
18 ruin her emotional well-being and right to quiet enjoyment.

19 36. Defendant hired private investigators both here in Arizona and in Florida to dig up dirt on  
20 his former patient in retaliation for her complaints. Private investigators, John D. Waugh and  
21 Richard Loveridge sought out and interviewed hateful and abusive ex-boyfriends from plaintiff  
22 past some 14 to 22 years ago. Plaintiff took every precaution to keep these horrible men and  
23 women out of her life. Plaintiff even went to the extreme extent of legally changing her name,  
24  
25  
26  
27  
28

1 which was then sealed for her protection. Defendant's evil and vengeful tactics against plaintiff  
2 were done solely with evil intent and purpose of causing the most amount of malicious harm  
3 and severe emotional distress.

4  
5 37. As a result of Dr. Hott's vengeful acts, plaintiff has suffered not just extreme emotional  
6 distress, but has also suffered additional physical distress. On top of plaintiff's chronic back and  
7 hip pain, plaintiff has missed work and has had to leave work on multiple occasions because of  
8 Dr. Hott's emotional and physical abuse. Plaintiff was in a "leave without pay" for an extended  
9 period and was out of work for time. Plaintiff also had to get on food stamps to try and stay  
10 afloat. Plaintiff suffered additional physical illnesses such as stress, gut aches, and insomnia.

11  
12 38. Defendant spent almost the entire year of 2020, intentionally causing plaintiff serious  
13 emotional distress by hiring an unethical and vicious attorney, Mel McDonald, to attack  
14 plaintiff after she filed a complaint against Dr. Hott and after she challenged the lies Dr. Hott  
15 put in her medical records. Mel McDonald attempted to bury plaintiff in legal filings which  
16 were irrelevant and filled with perjurious statements in an attempt to harass, intimidate, and  
17 threaten. Mel McDonald and Dr. Hott are guilty of abuse of process. Defendant obtained an  
18 injunction against harassment (IAH) which had no legal basis of fact and contained perjurious  
19 statements by Dr. Hott. Dr. Hott repeatedly requested Commissioner Popham, in that matter, to  
20 have plaintiff arrested and put in jail for the "words," she used in her motions, claiming that her  
21 First Amendment Right to Free Speech was somehow now restricted and no longer protected  
22 under the First Amendment to the Constitution of The United States. Defendant claimed that an  
23 IAH somehow permanently restricts plaintiff's federally guaranteed rights and she is no longer  
24 allowed to complain about the harm Dr. Hott caused to her body and her life. This is an abuse of  
25  
26  
27 process.  
28

1 This IAH matter is in the Arizona Appellate Court, Division One, who are considering  
2 arguments to overturn Dr. Hott's illegally obtained IAH.

3 39. Defendant used the legal system to inflict extreme emotion and physical harm by abuse  
4 of process. Dr. Hott misused the judicial proceedings for improper purposes since these people  
5 and their allegations have nothing to do with that matter and the documents Dr. Hott submitted  
6 to the court from these people served no legitimate purpose—including plaintiff's nude photo.  
7

8 **FOURTH CLAIM FOR RELIEF**  
9 **(DEFAMATION)**

10 40. Defendant defamed plaintiff by falsely claiming that she told defendant that she was  
11 drinking hard liquor and using marijuana as part of her recovery. Plaintiff never said any such  
12 things to defendant and presented both a negative hair, drug test and the audio recording of the  
13 conversation in question wherein you can clearly hear that plaintiff made no such statements to  
14 defendant. After plaintiff learned about Dr. Hott's libel, she sent a letter challenging his  
15 defamatory statements, which is her and every patient's federally guaranteed right.  
16

17 **FIFTH CLAIM FOR RELIEF**  
18 **(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
19 **VIOLATIONS AKA HIPAA / NEGLIGENCE)**

20 41. Defendant, Dr. Hott, violated the Health Insurance Portability and Accountability Act of  
21 1996 ("HIPAA") and was **NEGLIGENT** when defendant illegally disclosed and published  
22 plaintiff's protected health information ("PHI") in violation of federal and state laws.  
23 Commissioner Gary Popham sealed the document containing plaintiff's protected health  
24 information, but defendant disobeyed Commission Popham's court order and published  
25 plaintiff's PHI twice after that. Disclosing and publishing a patient's protected medical records  
26 violate both federal and state laws. The publication of plaintiff's PHI was done solely for  
27 malicious purposes.  
28

1 42. Defendant illegally entered plaintiff's medical records multiple times after he was fired  
2 and after he acknowledged in plaintiff's own medical records that he had been fired. Dr. Hott  
3 entered plaintiff's PHI after he was fired to add additional, revisionist charting to plaintiff's  
4 medical records which contained almost four (4) pages of notes. Defendant went back and  
5 added documentation which was not previously charted in an attempt to paint plaintiff in a poor  
6 light to further harm and defame her. Federal law prohibits anyone from entering a patient's  
7 chart who is not their patient and for whom they are not now providing direct patient care.  
8 Plaintiff is a Registered Nurse whose career has been greatly damaged by such lies which have  
9 unjustly prejudiced any and all of plaintiff's existing and future co-workers, employers, as well  
10 as, plaintiff's current and future caregivers.  
11

12  
13 **SIXTH CLAIM FOR RELIEF**  
14 **(FALSIFYING MEDICAL RECORDS)**

15 43. The day after defendant performed his unnecessary L4 /L5 spinal surgery on plaintiff, he  
16 fraudulently charted on October 3, 2018, that plaintiff told him that her right, hip pain had  
17 completely resolved. Plaintiff never stated to Dr. Hott that her hip pain was completely  
18 resolved. In fact, her hip and new and new, onset back pain was so bad, she was forced to leave  
19 the hospital against medical advice because the nursing staff could not reach Dr. Hott and  
20 refused to adequately treat her pain. Dr. Hott has a history of charting lies in his patient's  
21 medical records, not only in this matter, but in Dr. Hott's current medical malpractice lawsuit,  
22 *Karamouzis v. Hott*, CV2016-051193. In this matter, Dr. Hott is accused of causing Mr.  
23 Karamouzis's saddle anesthesia. Mr. Karamouzis states he can no longer defecate, urinate or get  
24 an erection because of Dr. Hott. Dr. Hott also lied in plaintiff's chart about the conversations he  
25 had with other physicians and their conclusions regarding plaintiff's condition, imaging and test  
26 results. Dr. Hott added approximately four (4) pages of additional notes with conclusions and  
27  
28

1 statements.

2 44. Dr. Hott also tried to further taint any and all other healthcare providers, after plaintiff  
3 fired him, by attempting to convince Dr. David Guttman, the Scottsdale ER physician treating  
4 plaintiff, to direct all future medical doctors involved in plaintiff's care to call him first. Even  
5 though Dr. Hott was discharged as her physician and documented that he understood he was  
6 fired, he continued trying to cause plaintiff more harm in an attempt to further slander her new  
7 physicians and caregivers.  
8

9  
10 **SEVENTH CLAIM FOR RELIEF**  
11 **(ABANDONMENT)**

12 45. Defendant has a history of abandoning his patients after he mutilates their body during  
13 his surgeries. Defendant abandoned his former patient, James Karamouzis, and also abandoned  
14 plaintiff while she was in the hospital not 24 hours after her surgery. Defendant failed to  
15 respond to multiple pages from JCLNM's nursing staff and to plaintiff's own pages to Dr.  
16 Hott's answering service. Dr. Hott's answering service told plaintiff that they were instructed  
17 not to disturb Dr. Hott and Dr. Hott left no other neurosurgeon available to cover during his  
18 absence. Dr. Hott's answering service told plaintiff to go the Emergency Room in the hospital.  
19

20 46. Plaintiff also reached out to defendant multiple times for ongoing debilitating post-  
21 operative pain. Defendant, and his office staff, continually directed plaintiff to see a pain doctor  
22 stating that he (Dr. Hott) does not manage post-operative pain complaints. Even though Dr. Hott  
23 was directly responsible for plaintiff's new, onset agonizing back pain, Dr. Hott refused to  
24 manage back pain along with her existing, persistent right hip pain.  
25

26 **EIGHTH CLAIM FOR RELIEF**  
27 **(MEDICAL MALPRACTICE AND HIPAA VIOLATIONS / NEGLIGENCE AGAINST**  
28 **DEFENDANT SCOTTSDALE HEALTHCARE HOSPITALS D/B/A JOHN C. LINCOLN**  
**NORTH MOUNTAIN HOSPITAL)**

1 47. Plaintiff realleges and incorporates herein by this reference each and every allegation  
2 contained in paragraphs 1 through 43, above as though fully set forth herein.

3 48. Plaintiff was an admitted patient at JCLNM from October 2, 2018 to October 5, 2018.

4 49. JCLNM had a duty to exercise reasonable care in evaluating, assessing and treating  
5 plaintiff. JCLNM breached that duty and fell below the standard of care in appropriately  
6 evaluating, assessing, and treating plaintiff. JCLNM's negligence includes, but it's not limited  
7 to, (1) failing to supervise plaintiff, Dr. Hott, to ensure he did not perform an unnecessary spinal  
8 surgery (2) failing to supervise Dr. Hott to ensure that he completed plaintiff's surgery in a safe  
9 manner wherein her spine ended up smashed (3) failing to maintain an aseptic surgical site  
10 leading to an infection. (4) failing to supervise Dr. Hott to ensure he was available to the  
11 JCLNM nursing staff and his patient's post-operative care, so he advise, address and treat her  
12 new onset, severe back pain complaints (5) failing to supervise Dr. Hott to ensure he did not  
13 smash plaintiff's spine when he prepared her spine which included a surgical cage (6) failing to  
14 supervise Dr. Hott to ensure he was not performing an unnecessary surgery (7) failing to  
15 discipline Dr. Hott for continuing medical malpractice claims against him and allowing  
16 defendant to harm his unsuspecting patients (8) failing to supervise Dr. Hott and ensure he  
17 didn't abandon another patient (9) failing to revoke Dr. Hott's privileges at JCLNM hospital  
18 even after they became aware of multiple complaints and lawsuits against him, which started  
19 when he was sued while working at Barrow's Neurological Institute back in 2002.

20 50. Defendants violated their own Patient Bill of Rights and Responsibilities by failing to do  
21 the following:

22 a. Providing reasonable safety;

23 b. To be free from all forms of abuse, assault, harassment, manipulation, coercion,

1 neglect or exploitation of a sexual nature or otherwise.

2 c. To be free from retaliation for submitting a complaint to the Department or  
3 another entity.

4 d. To the maintenance of confidentiality of plaintiff's clinical record.

5  
6 51. Defendants' negligence has caused plaintiff to have vocational losses and it is probable  
7 plaintiff will incur additional vocation losses in the future.

8 52. Defendants' negligence has caused plaintiff to suffer pain, anxiety, emotional distress and  
9 loss of enjoyment and a diminished quality of life.

10 53. Defendants' negligence has caused Plaintiff's loss of consortium and those losses will  
11 probably continue on a permanent basis.

12 54. Defendants failed to protect plaintiff's protected health information, (PHI) for which they  
13 are the keepers even after they were notified that Dr. Hott had illegally revealed, published and  
14 distributed plaintiff's PHI. JCLNM repeatedly failed to safeguard plaintiff's protected health  
15 information and restrict access to plaintiff's PHI.

16 55. Defendants failed to secure plaintiff's medical records from publication and distribution.  
17 Even after plaintiff notified JCLNM's attorney, Elizabeth Farhart, that Dr. Hott had illegally  
18 published plaintiff's PHI regarding the surgery he performed at JCLNM's hospital, JCLNM did  
19 nothing to ensure plaintiff that any further HIPAA violations / **Negligence** would not occur.  
20 JCLNM failed to take any steps against Dr. Hott to prevent any further HIPAA violations and  
21 they took no safeguards to ensure that Dr. Hott would no longer illegally enter plaintiff's  
22 medical records for which they are the keeper and for which they are responsible. JCLNM  
23 hospital acknowledged the HIPAA violations, yet took no steps to ensure plaintiff's private  
24 medical records were protected. JCLNM were notified again that Dr. Hott had republished her  
25  
26  
27  
28

1 medical information two more times even after Commissioner Popham ordered her PHI sealed,  
2 yet took no actions to prevent further abuse. JCLNM took no action to stop these continued  
3 breaches which violated both plaintiff's federal and state rights. JCLNM committed the  
4 following HIPAA violations and **negligence**:  
5

- 6 a. failure to remove access authorization to employees who no longer have a reason  
7 to access PHI.
- 8 b. Inadequate or lack of limitations as to whom may view PHI.
- 9 c. Poor training to ensure that employees understand the many HIPAA requirements  
10 and guidelines.
- 11 d. Lack of documentation of HIPAA compliance efforts  
12

13 JCLNM committed multiple HIPAA violations with willful neglect of HIPAA Rules and  
14 plaintiff's rights. Further, JCLNM made no effort to correct the original HIPAA violation or the  
15 repeated HIPAA violations.  
16

17 56. Elizabeth Farhart provided the dates and times defendant continued to violate Federal  
18 laws by illegally entering her medical records and looking at her images. JCLNM did nothing to  
19 stop defendant from continuing to violate plaintiff's right to privacy and protect her medical  
20 records by allowing Dr. Hott and other caregivers who were not treating plaintiff directly to  
21 enter her chart in further violation of the law.  
22

23 57. JCLNM has a reprehensible history of subjecting unsuspecting patients to caregivers they  
24 know have a history of harming unsuspecting patients. Scottsdale Healthcare Hospitals, Inc. has  
25 exhibited reckless disregard to their patients, in the past, by allowing incompetent doctors, like  
26 Dr. Hott, to retain privileges at their facilities knowing they have a history of harming their  
27 patients.  
28

1 Scottsdale Healthcare Hospitals, Inc. aka Honor Health, knowingly allowed some of the  
2 emergency room physicians of Scottsdale Emergency Associates, Inc.,  
3 www.thevalleyleader.com, to engage in allegedly illegal, disturbing and morally corrupt  
4 behavior. Scottsdale Emergency Associates openly engaged in swinger sex parties wherein they  
5 have sex with each other's wives, girlfriends and other Scottsdale Healthcare Hospital, Inc.'s  
6 employees. Allegedly, these emergency room physicians use illegal drugs at these sex swinger  
7 parties and have even shown up at work in the ER after having engaged in obvious physical  
8 altercations with each other. Scottsdale Healthcare Hospitals, Inc., condones this behavior and  
9 has done nothing to stop this debauchery. The only intervention plaintiff was aware of was  
10 Honor Health employees were told not to talk about the emergency room doctor's sex party on  
11 pain of possible discharge. These incidences show Scottsdale Healthcare Hospitals, Inc. aka  
12 Honor Health's pattern of demonstrating reckless disregard for patient safety.

13 WHEREFORE, plaintiff **prays for judgment and relief from all defendants** jointly and  
14 severally, as follows:

- 15 1. For any and all general damages in an amount to be determined by a jury for Plaintiff's  
16 pain, suffering, disability and loss of enjoyment of life, past and future;
- 17 2. For any and all of the medical expenses incurred and to be incurred in the future;
- 18 3. **For any and all damages for pain and suffering in the past, present and future;**
- 19 4. **For any and all consequential damages in the past and in the future;**
- 20 5. For any and all of plaintiff's lost earnings in the past and earnings to be lost in the future;
- 21 6. For any and all of plaintiff's costs of suit; and
- 22 7. For any and all such other amounts deemed just and proper under the circumstances.

Dated this 22nd day October, 2020.

By /s/ Julie Sommers

Julie Sommers

Plaintiff in Pro Per

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 ORIGINAL of the foregoing efiled this  
2 22nd day of October 2020, in

3 Maricopa County Superior Court  
4 601 W. Jackson Street  
5 Phoenix, Arizona 85003

6 Copies of the foregoing served by  
7 Acceptance of service by mail and U.S.  
8 Mail and process server  
9 to the following defendants:

10 Jonathan Hott, MD  
11 9225 N. 3<sup>rd</sup> Street  
12 Phoenix, Arizona 85020  
13 602-943-4509 / 623-229-0205

14 Tracey Hott  
15 9052 N. 46<sup>th</sup> Street  
16 Phoenix, Arizona 85028

17 Scottsdale Healthcare Hospitals, Inc.  
18 d/b/a Honor Health John C. Lincoln Hospital  
19 Statutory Agent is CT Corporation  
20 3800 N. Central Avenue, #460  
21 Phoenix, Arizona 85012

22 /s/ Julie Sommers  
23  
24  
25  
26  
27  
28

1 Plaintiff, Julie Sommers, per se, hereby certifies in this written statement that expert  
2 opinion and/or testimony in this matter is not necessary because multiple doctors documented  
3 their findings as to plaintiff's medical condition shortly after Dr. Hott destroyed her spine on  
4 October 2, 2020. Plaintiff's smashed spine is clearly visible in her imaging and other physicians  
5 documenting the spinal fracture of the anterior aspect of the superior endplate of L5 with a  
6 probable infection. Additionally, plaintiff's healthcare providers documented that Dr. Hott's  
7 surgery "drove" her spine to collapse. The fact that plaintiff was forced to have another surgery  
8 within months just to fix Dr. Hott's surgery is proof enough of medical malpractice.  
9

10  
11 Defendant states in plaintiff's medical records regarding plaintiff's imaging taken on  
12 11/29/18, that they were all normal and that all the physicians, Dr. David Guttman, ER  
13 physician; Dr. Paul Gause, neurosurgeon; and radiologist, William Jones, MD, agreed there were  
14 not untoward findings. Yet, on November 29, 2018, Dr. David Guttman states, "I am concerned  
15 that the source of her [plaintiff] intractable low back and pelvic pain that radiates into the thighs  
16 is related to the MRI demonstrating significant subsidence of the disc spacer into the superior  
17 endplate of the L5 vertebral body with associated edema and NEW DEFORMITY and  
18 PROBABLE FRACTURE along the anterior aspect of the superior endplate of L5.  
19

20 Plaintiff's medical records clearly show that plaintiff's pain always was and still is  
21 coming from her hip. Unfortunately, due to Dr. Hott's negligence, plaintiff suffers from chronic  
22 back pain. This delay in the proper diagnosis has put plaintiff in a position where she now needs  
23 two (2) hip replacement surgeries as a direct result of Dr. Hott's damage to her spine. If she  
24 wasn't forced to undergo an unnecessary spinal surgery in the first place and then another spinal  
25 surgery to fix Dr. Hott's mess, then maybe the real cause of her right, hip pain would have been  
26  
27  
28

A

1 known and she would not still be in pain, and most likely, not facing two more surgeries to  
2 replace both of her hips at the age of 54 years old, along with facing a lifetime of back pain.  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Client: Julie Sommers

Date of Declaration: Re: *Sommers v. Hott*

I, Dr. Greg Nazar, MD, do hereby swear under penalty of perjury under the laws of the State of Arizona that the following assertions are true and correct to the best of my knowledge. All opinions herein are stated to a reasonable degree of medical probability.

I am a licensed physician, board-certified in neurosurgery. I am a licensed physician, board-certified in neurosurgery. I am currently practicing and Board Certified in Neurosurgery and have over 35 years.

I am familiar with the standard of care in this case by virtue of my training, education and experience. A copy of my CV is attached hereto as Exhibit A.

**Opinion:**

It is my professional opinion, based on the medical records and documentation provided, that Dr. Jonathan Hott deviated from the standard of care while caring for Miss Sommers and my conclusions are as follows:

With respect to the standard of care related to her diagnosis, I would feel in a general sense that Dr. Jonathan Hott's decision making and his examination were below the standard of care that would be expected of a neurosurgeon. The reasons for this include failure to perform an examination of her back, failure to perform an examination of her hip, failure to document symptoms and/or signs of neurogenic claudication, failure to obtain preoperative flexion extension films and obtain provocative signs of radiculopathy (pinched nerve). The symptoms that are commonly associated with degenerative spondylolisthesis are a combination of back pain and either unilateral or bilateral leg pain that follows a pattern of neurogenic claudication. In other words, it is alleviated by sitting, bending forward, and lying down and aggravated by walking and standing. There is absolutely no documentation in his pre-operative notes that support that Miss Sommers had symptoms of neurogenic claudication and according to her notes and the doctor's notes, was not having back pain either in her history. If the spondylolisthesis was symptomatic, it would produce a significant amount of back pain along with the referred pain toward the right buttock and hip area. However, in the absence of back pain, then the likelihood is that the pain is coming from the hip joint region. I would feel that Dr. Jonathan Hott's limited evaluation and, more specifically, not

3

examining Miss Sommer's hip joint, in this circumstance, was below the standard of care. It should be noted that degenerative spondylolisthesis is not uncommon to see on imaging studies and can be an incidental finding and asymptomatic. These patients do not require surgery and these patients are not operated on unless they are having symptomatic neurogenic claudication and/or back pain. These symptoms were not evident in Miss Sommers's situation. Her primary pain appeared to be in her right, hip joint. Also, it is normal to perform extension films of the lumbar spine to check for instability before recommending a surgical intervention. It does not appear that these were done, either. Further, Miss Sommers's history, provided in the "timeline," would suggest to me that her right hip was the underlying problem to begin with.

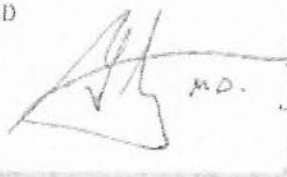
Overall, given her positive response to the hip injection and the location of her pain, my first thought would be that it was her hip that was responsible and not her spondylolisthesis.

Looking at Dr. Jonathan Hott's records, I would say that he made the wrong diagnosis and thus, decision to operate and that this was below the standard of care for a neurosurgeon. From reviewing the records, I feel likely that Dr. Jonathan Hott misdiagnosed Miss Sommers, which led to her back surgery.

Based upon a reasonable degree of medical certainty, it is my opinion that Dr. Jonathan Hott did not use such care as other reasonably prudent healthcare providers practicing in the same field would have provided under similar circumstances.

Respectfully,

Sincerely, Gregory B Nazar MD

A handwritten signature in black ink, appearing to read 'G. B. Nazar', followed by the letters 'M.D.' in a smaller, less distinct script. The signature is contained within a rectangular box.

**CURRICULUM VITAE  
GREGORY BOHDAN NAZAR, MD., FACS**

DATE OF BIRTH: April 29, 1954

PLACE OF BIRTH: Toronto, Ontario, Canada

MARITAL STATUS: Married to Marusha Nazar  
Two Children

EDUCATION: University of Ottawa  
Ottawa, Canada  
Degree Granted – M.D.  
1976-1980

INTERNSHIP: St. Michael's Hospital  
Toronto, Canada  
1980-1981

RESIDENCY: Department of Neurological Surgery  
University of Toronto  
Toronto, Canada  
July 1, 1981 – December 31, 1987

FELLOWSHIP: Department of Neurosurgery  
University of Virginia  
Charlottesville, Virginia  
January 1985 – December 1986

**GREGORY BOHDAN NAZAR, M.D.**  
**CURRICULUM VITAE**  
**PAGE 2**

CLINICAL FELLOW: Department of Neurosurgery  
St. Michael's Hospital  
Toronto, Canada  
January 1, 1988 – June 30, 1988

APPOINTMENTS: Lecturer  
Department of Surgery  
Division of Neurological Surgery  
University of Louisville

August 1988 – September 1988

Assistant Professor of Surgery  
Department of Surgery  
Division of Neurological Surgery  
University of Louisville  
October 1988 – 1993

Director of Pediatric Rehabilitative Services  
Kosair Children's Hospital  
1993

Chief of Neurosurgery  
Norton Audubon Hospital  
1994 – Present

BOARD CERTIFICATION:

NBME (National Board of Medical Examiners)

Part I 9/6/78

Part II 4/9/80

Part III 3/4/81

MCCQE (Medical Council of Canada Qualifying Exam)

Part I 1978

Part II 1980

Royal College of Physicians and Surgeons of Canada,  
Board Certified Neurosurgery 1987

American Board of Neurological Surgery Certification 1992

Fellow American College of Surgeons 1994

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 3**

LICENSURE:

Kentucky 26253

Indiana 01038382

1988

PROFESSIONAL EMPLOYMENT:

1988 - 1994	Assistant/Clinical Professor – University of Louisville
1988 - 1994	Neurosurgical Institute of Kentucky (formerly Grantham and Garrettson, PSC)
1994 - 1999	Jelsma, Jelsma, Lee and Nazar, PSC

1999 - 2000	Neurosurgical Associates, PSC
2010 - 2011	Norton Neurosurgical Specialists
2011 – 2012	Gregory B. Nazar, MD, PSC
2012- current	Norton Neurosurgical Specialists (Norton Health Care)

HOSPITAL PRIVILEGES (CURRENT):

Norton Healthcare system (2011-present)  
Audubon Hospital (1990-present)  
Suburban Hospital (1994-present)  
St. Mary and Elizabeth Hospital (1994-present)  
Baptist Hospital East ( 1994-present)  
Kosair Childrens Hospital (1988-2009)  
Norton Hospital (1988 to 2004, 2011- present)  
Old Brownsboro Hospital (2010- present)  
Clark Memorial Hospital (Indiana) (1999 - present)  
Floyd Memorial Hospital (Indiana) (1999 – present)  
Flaget Hospital (Bardstown, Ky) (1196-present)  
Frazier Rehab Center (1990-present)  
Jewish Hospital (1990-present)

MALPRACTICE INSURANCE:

Medical Protective (1988 to 1999)  
Doctor's Company (1999 to 2004)  
Pro Assurance (2004 to 2010)  
Norton Healthcare (7/2010 to 11/2011)  
Pro Assurance (12/2011 to 11/2012)  
Norton Health Care (11/2012 to current)

PROFESSIONAL ORGANIZATIONS:

American Medical Association  
Congress of Neurological Surgeons (1988 to present)  
American Association of Neurological Surgeons (Pediatric Section 1989 to 1996)  
Jefferson County Medical Society

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 4**

Kentucky Medical Association  
American association of Neurological Surgeons (1988 to present)  
American College of Surgery  
Alpha Omega Alpha (1973 to present)

COMMITTEE ASSIGNMENTS:

Kosair Children's Hospital Medical Staff Committees:

Cancer Committee 1990-1998  
Critical Care Committee 1989-1998  
Neonatal Intensive Care Ad Hoc Committee 1992-1997  
Surgical Case Review Committee 1989-1998  
Trauma Committee 1990-1998  
Infectious Control Committee 1999-19999

Norton and Methodist Evangelical Hospital Medical Staff Committees

Library Committee 1992-1998

School of Medicine University of Louisville Standing Committees

Faculty Forum 1990-1993

Frazier Rehab, Executive Committee, 1993

Frazier Rehab Task Force, 1993

Family & Children's Agency Medical Advisory Committee, 1993-1998

Home of the Innocents Medical Advisory Committee, 1993-1997

Spina Bifida Association Medical Advisory Committee, 1994

Medical Foundation Board of Trustees, Jefferson County Medical Society, 1997-Present

Baptist Hospital East Patient Care Committee, 1997-1999

Frazier Rehabilitation Department of Physical Medicine and Rehabilitation Quality Assessment and Improvement, 1997-Present

Norton Audubon Hospital Executive Committee, 1999-2001

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 5**

HONORS AND AWARDS:

Highest Standing, Neuroanatomy and Neurophysiology, Medical School, Second Year, 1977

Joseph Collins Foundation Scholarship, 1978

Highest Standing, Obstetrics and Gynecology, Medical School, Third Year, 1978

Elected Member Alpha Omega Alpha Society, 1978

Joseph Collins Foundation Scholarship, 1979

Medical Council of Canada Research Scholarship, 1985

Medical Council of Canada Research Scholarship, 1986

GRANT AWARDS:

WHAS Crusade for Children for the Nicolet Path Finder Monitoring Equipment  
\$65,000, 1989

Alliant Health Care Systems Community Trust Fund Grant, "Clinical investigation of  
cerebrospinal fluid shunt complications," \$10,000, 1990

Alliant Health Care Systems Community Trust Fund Grant ICP Monitoring System  
for Kosair Children's Hospital, \$14,475, 1990-1991

Kosair Charities, "Investigation of intrathecal Baclofen administered to treat spasticity in  
children," \$25,000, 1991

WHAS Crusade for Children, Production costs for educational literature aimed at the  
prevention and treatment of congenital neurological disorders, \$16,622, 1992.

Alliant Health System Community Trust Fund, Use of Gadolinium as contrast agent on  
CT scan to enhance images of abnormal lesions, \$21,958, 1992

Kosair Charities, Functional outcome of children who have undergone selective dorsal  
rhizotomies for treatment of spasticity, \$4,000, 1993.

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 6**

CLINICAL STUDIES:

UHSC 129-89 Investigation of Intrathecal Baclofen Administration to Treat Spasticity

USHC 72-90 Investigation of Intrathecal Baclofen to Treat Intractable Spasticity  
In Children

PUBLICATIONS:

1. Kassell NF, Sasaki T, Colohan ARM, Nazar GB: Cerebral Vasospasm Following Aneurysmal Subarachnoid Hemorrhage. Stroke
2. Nakagome T., Kassell NF, Sasaki T, Pujiwara S., Lehman RM, Johshita H, Nazar GB: Effect of Subarachnoid Hemorrhage on Endothelial – dependent Vasodilatation. J Neurosurg 66 (6): 915-923, 1987.
3. Nazar GB, Hoffman JN, Becker LE, Jenkin D. Humphreys RP, Hendrick EB: Infratentorial Ependymomas in Childhood: Prognostic Factors and Treatment. J Neurosurg. 72 (3) : 408-417, 1990.
4. Nazar G, Linden RD, Badenhausen W.: The Role of Functional Dorsal Rhizotomy for the Treatment of Children with Spastic Cerebral Palsy. J. Ky Med Assoc. 88 (9) : 482-487, 1990
5. Raque GH, Linden RD, Niznik G, Shields CB, Nazar GB, Johnson JR: Diaphragm Activation After Transcranial Magnetic Stimulation. Surg Forum 41:500 – 501, 1990.
6. Rosenberg EM, Nazar GB: Neonatal Vein of Galen aneurysms: Severe Coagulopathy Associated with Transtorcular Embolization. Crit Care Med 19 (3) : 441-443, 1991.
7. Zimmerman WD, Ganzel TM, Windmill JM, Nazar GB, Phillips M: Peripheral Hearing Loss Following Head Trauma in Children. Laryngoscope 103:87-91, 1993.
8. Engelhard HH, Nazar GB, Grieser GM: Evaluation of the Pelorous Stereotactic Surgical System for CT-Guided Stereotactic Brain Biopsy. South Med J, 86 (7) : 760-766. 1993.
9. Glassman SD, Nazar GB, Dimar JR, Puno RM, Johnson JR: Neurogenic Scoliosis in Children. Journal of the KY Med Assoc 92 (1): 19-24
10. Bloom K, Nazar GB: Functional Assessment Following Selective Posterior Rhizotomy in Spastic Cerebral Palsy. Children's Nervous System. 10 (2) : 84-86. March 1994.
11. Nazar GB, Casale AJ, Roberts JG, Linden RD, Occult Filum Terminale Syndrome. Journal of Pediatric Neurosurgery 23 (5), 228 – 235, 1995.

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 7**

ABSTRACTS:

1. Nazar GB, Roberts JG, Casale AJ, Linden RD, Shields CB, Tight Filum Terminale Syndrome. Neurosurgery 30 (5) : 801, 1992.

BOOK CHAPTERS:

1. Sasaki T, Kassell NF, Colohan AR, Nazar G: Vasospasm Following Aneurysmal Subarachnoid Hemorrhage. In: McDowell FH, Caplan LR (eds) Cerebrovascular Survey Report (NIH), pp. 109 – 32, 1985.
2. Nazar G, Povlishock JT, Lee J, Hudson, S: Subarachnoid Hemorrhage Causes Adherence of White Blood Cells to the Cerebral Artery Lumen. In: Wilkins RH, Kassell NF (eds): Cerebral Vasospasm: A research Update. Williams and Wilkins, 1987.
3. Colohan AR, Quagliacello V, et al: Changes in Permeability in Major Cerebral Arteries in Experimental meningitis. In: Wilkins RH, Kassell NF (eds): Cerebral Vasospasm: A Research Update.
4. Lehman R, Nazar G, et al: Morphometric Methods in the Study of Vasospasm. In: Wilkins RH, Kassell NF (eds): Cerebral Vasospasm: A Research Update.
5. Kassell NF, Lehmann RM, et al: Vasospasm is Not a Thickening of the Arterial Wall. In: Wilkins RH, Kassell NF (eds): Cerebral Vasospasm: A Research Update. Williams and Wilkins.
6. Linden RD, Shields CB, Johnson JR, Niznik G, Nazar GB, Holt RT, Electrophysiological Monitoring of the Nervous System II. Intraoperative Monitoring. Proceeding of the Eighth Annual Veterinary Medical Forum. American College of Veterinary Internal Medicine 1990, 1000.

MAJOR MEETING PRESENTATIONS:

- 1986 Subarachnoid hemorrhage causes adherence of white blood cells to the arterial lumen. With Kassell NF, et al., American Association of Neurological Surgeons, Denver, Colorado, April 13-17, 1986.
- 1986 The sequence of endothelial barrier disruption after SAH. With Joshita H. Kassell NF, Nakagomi T. American Association of Neurological Surgeons, Denver, Colorado, April 13-17, 1986.
- 1986 Endothelial relaxing factor following experimental SAH. With Nakagomi T. Kassell NF, Joshita H. Lehann M. American Association of Neurological Surgeons, Denver Colorado, April 13-17, 1986
- 1986 Changes in permeability in major cerebral arteries in experimental meningitis. With Colohan AR, Zucurello M, et al. American Association of Neurological Surgeons, Denver, Colorado, April 13-17, 1986.

**GREGORY BODHAN NAZAR, M.D.**  
**CURRICULUM VITAE**  
**PAGE 8**

MAJOR MEETING PRESENTATIONS:

CONTINUATION:

- 1987 The role of vascular inflammation in the genesis of chronic cerebral vasospasm. With Kassell NF, Leeson M. et al. Congress of Neurological

- Surgeons, Baltimore, Maryland, October 1987.
1988. The role of iron in the genesis of vasospasm. With Kassell NF, Vollmer D. American Association of Neurological Surgeons, Toronto, Canada, April 1988.
- 1988 Panelist: Cerebral spinal fluid and shunts. American Association of Neurological Surgeons, Washington, D.C. April 1989.
- 1989 Experience with dorsal root section for spasticity. Nazar GB, Linden RD, Shields CB, Kentucky Neurosurgical Society Meeting, Louisville, Kentucky, September 20, 198
- 1989 Ethics and outcome of the infant with meningomyelocele. Twenty-Third Annual Newborn Symposium. Louisville, Kentucky November 1989.
- 1990 Monitoring during selective dorsal rhizotomy. Nazar GB, Linden RN, Niznik H. Sunderland Society Meeting, Louisville, Kentucky, September 1990.
- 1990 Monitoring during brachial plexus surgery. Niznik G, Linden RD, Nazar GB. Sunderland Society Meeting, Louisville, Kentucky, September 1990.
- 1991 Diaphragm activation after transcranial magnetic stimulation. Raque GH, Linden RD, Naznik GE, Shields CB, Nazar GB, Johnson JR. Seventy-Sixth Clinical Congress of the American College of Surgeons, San Francisco, California, October 1990.
- 1991 Niznik GE, Linden RD, Shields CB, Nazar G. Raque G, Johnson JR: Seventy-Sixth Clinical Congress of the American College of Surgeons, San Francisco, California, October 1990.
- 1991 CT-guided stereotactic biopsy using the pelorous system: A critical appraisal. Engelhard HH, Nazar GB. American Society for Stereotactic and Functional Neurosurgery. Pittsburgh, Pennsylvania, June 1991.
- 1991 The tight filum terminale syndrome. Nazar GB, Roberts G, Petruska DA, Linden RD, Naznik G. American Association of Neurological Surgeons, Pediatric Section. Boston, Massachusetts, December 6, 1991.
- 1992 Tight filum terminale syndrome. Nazar GB, Roberts JG, Casale AJ, Linden RD, Shields CB. Southern Neurosurgical Society, Washington, DC, April 3-5, 1992.
- 1993 Pediatric Head Injury, Nazar, GB. Kentucky Head Injury Association. Louisville, KY, October 24, 1992

**GREGORY BODHAN NAZAR, M.D.**

**CURRICULUM VITAE**

**PAGE 9**

- 1993 Occult tight filum syndrome: An uncommon cause of lumbar pain. Nazar GB. Kentucky Neurosurgical Meeting, Louisville, KY, September 1993.
- 1996 Delayed complications in Children with myelomeningocele. Pediatric Grand Rounds – Kosair Children’s Hospital, Louisville, KY, January 1996,
- 1996 Spasticity Management and children with cerebral palsy. Nazar GB, Kentucky Physical Therapy Association, Course Director, Louisville, Ky.
- 1997 Spina bifida Lecture, Nazar GB, Baptist Hospital East nursing staff, Louisville, KY, May 1997.

- 1997 Chiari Malformation, Nazar GB, Spina Bifida National Conference, Louisville, KY, June 1997
- 1997 Adult Spina Bifida, Nazar GB, Spina Bifida National Conference, Louisville, Ky, June 1997.
- 1997 Spasticity Management: Pediatric and Adult. New Developments and Future Trends, Nazar GB, Course Director, Baptist Hospital East, Louisville, KY, June 1997.