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STATE OF MICHIGAN

COURT OF APPEALS

WADE R. RAGSDALE and JULIE A. RAGSDALE, Plaintiffs-Appellants, v DAVID ANTONIO MACHADO-ARANDA, M.D., NEIL BLOK, M.D., and AMY ELIZABETH FELSTED, M.D., Defendants-Appellees.	UNPUBLISHED November 19, 2026 9:20 AM No. 376057 Washtenaw Circuit Court LC No. 23-000960-NH

Before: CAMERON, P.J., and MALDONADO and WALLACE, JJ.

PER CURIAM.

Plaintiffs, Wade and Julie Ragsdale, appeal as of right from the trial court's grant of summary disposition to defendants pursuant to MCR 2.116(C)(10) in this medical malpractice case based upon there purportedly being no expert testimony establishing an issue of material fact that Wade Ragsdale's fall from an operating table was a proximate cause of injuries and resultant damages. We reverse.

I. FACTUAL AND PROCEDURAL BACKGROUND

Wade Ragsdale, a man in his mid-40s, presented to the University of Michigan Hospital emergency room on August 21, 2021 complaining of abdominal pain after eating. A surgical consultation suggested a possible small bowel obstruction and a diagnostic laparoscopy was scheduled to take place on the morning of August 23, 2021. Defendant, David Machado-Aranda, M.D., was the attending general surgeon in charge of this procedure. He, in turn, supervised a fifth-year general surgery resident, defendant, Amy Felsted, M.D.; as well as a third-year general surgery resident, defendant, Neil Blok, M.D.

The operating table employed for the procedure can be electronically raised and lowered, as well as tilted forwards, backwards, and laterally left and right up to 30 degrees, which for purposes of the exploratory procedure, allows gravity to shift the patient's organs and thereby adjust one's visualization through the laparoscope. Wade Ragsdale, who was approximately 5'11" and weighed approximately 250 pounds at the time of the procedure, was secured to this operating

table by way a strap across his upper thighs and a footboard was placed that would prevent him from sliding down the table if his upper-body side of the table were elevated.[1] While a strap across Wade's upper body as well as other means could have been utilized to similarly secure it in anticipation of tilting the operating table "head down"[2] or from side-to-side, no such strap or other means was utilized.[3]

During the course of the procedure the surface of operating table was set low, at a level of between two and two-and-a-half feet at the point of Wade Ragsdale's waist relative to the floor. He was repositioned from a reverse Trendelenburg (feet down) position with a left lateral tilt (to the patient's left side) into a Trendelenburg (head down) position with a left lateral tilt. The operative note authored by Dr. Machado-Aranda states that, at this time, "the patient slid off the [operating room] table through bed restraints, having the left shoulder contact the OR floor, having his head and neck unsupported for a few moments" and "the patient partially slid off the table, hitting his shoulder to the ground from a level of approximately one foot from the edge of the bed." Dr. Felsted estimated that the operating table was tilted to five- and ten-degrees Trendelenburg, with about five degrees left lateral tilt at the time of the fall, which would indicate he fell off the left side of the operating table from potentially double the height suggested by Dr. Machado-Aranda. Upon this occurring, the procedure was paused and Dr. Felsted testified that, in response to defendants' inquiries, certified registered nurse anesthetist (CRNA) Wang informed them that "she had control of his head and his neck and that they had not hit the ground and that his airway was intact, he was ventilating, his vital signs were all stable."

Felsted testified that CRNA Wang said she did not believe that she could safely try to replace Wade onto the operating table from his current position, so they likewise lowered his lower extremities to the floor, used a HoverJack to raise him up and replace him onto the operating table, and a cervical collar was placed. They then conducted an assessment of Wade including his airway, lung function, blood pressure, neurological status (limited due to his being under anesthesia), and a "head to toe examination to evaluate for any lacerations, penetrations[,] . . . contusions, bruising, etcetera."

Dr. Machado-Aranda then "scrubbed in to the case," personally took over the operating role and converted the procedure from laparoscopic to an open laparotomy procedure, which included a ten-centimeter midline abdominal incision.[4] According to Dr. Machado-Aranda's

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[1] Commonly referred to in medical terminology as the "reverse Trendelenburg position."

[2] Commonly referred to in medical terminology as the "Trendelenburg position."

[3] Dr. Felsted testified that she opted not to make use of an upper body strap because it obviously could not transverse the sterile field (which, for an abdominal surgery "would extend from the nipple line down to at least the pubic bone") and placing it superior to the surgical field presented a risk that it would slide upward and compress Wade's airway or constrict his ventilation. Plaintiffs contend that the use of an endotracheal tube for ventilation foreclosed such risks.

[4] Four small port incisions were employed in the laparoscopy, one of which was incorporated into the midline incision.

operative notes, "[w]e inspected the intra-abdominal organs, evaluating for any internal injuries associated with the slide off. None were found."

The progress notes Dr. Machado-Aranda authored regarding his follow-up with Wade the day after the procedure states:

> Patient was seen and examined this afternoon in the Neuro-intervention overflow unit. He has been complaining of jaw pain and swelling since this morning. Also swelling along his left shoulder. A jaw X-ray demonstrated a ramus fracture of the left jaw.
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> * * *
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> On inspection of the left neck, left shoulder appears mildly swollen. No evidence of bruising. Mildly tender to palpation.
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> * * *
>
> Mr. Ragsdale is a 46 y.o. [Post-Operative Day #1] from a diagnostic laparoscopy converted to open laparotomy, complicated by intra-operative slide off table and impact of shoulder and most probable head/neck area.
>
> * * *
>
> - Continue monitoring for other trauma-related symptoms, neuro-related symptoms; especially from head/neck area.

A subsequent CT scan clarified that there was no ramus fracture, but a photo taken by Julie Ragsdale that appears to have been taken on August 25, 2021, two days following the procedure, shows that the left side of Wade's face and ear is bright red and inflamed. Further, Wade has had continuing temporomandibular joint pain since that time.

Wade Ragsdale then began to experience episodes of vertigo, with the first being documented in an August 26, 2021 physician assistant progress note, and continuing to occur multiple times daily thereafter. These frequent vertigo episodes, shoulder, neck and back pain, as well as daily headaches, began in the immediate aftermath of his fall from the operating table and, as a result, Wade contends he has been unable to return to his employment as an industrial electrician and has been unemployable for more than four years.

Plaintiffs' expert physical medicine/rehabilitation specialist, B. Abraham, M.D., conducted a detailed physical examination of Wade and likewise ordered specialized imaging, a flexion-extension MRI of Wade's cervical, thoracic and lumber spine conducted while he was standing. The cervical MRI included a special Alar Protocol necessary to determine if Alar and transverse ligaments were torn or sprained due to trauma and the May 2, 2022 testing revealed that, in fact, Wade's Alar neck ligament was torn and his associated transverse ligament was sprained. These MRIs also disclosed disc herniations at C3-C4 and C5-C6, a disc herniation of the thoracic spine and two herniations of the lumbar spine.

Dr. Abraham's report prepared at the conclusion of his examination and record review made the following conclusions with regard to the "Etiology/Causality" of the injuries he has been suffering from since the August 23, 2021 fall: "Mr. Wade Ragsdale was involved in a traumatic fall from the operating table that occurred on 8/23/21 causing a number of traumatic injuries as listed below. He acquired a large number of injuries that can be categorized into two broad areas: Musculoskeletal and Neurological." The report then proceeds to itemize those specific injuries, including those mentioned above, in significant detail, before concluding: "It is without reservation, that I state once again that the abundance of scientific evidence points to the fall from the operating table as the most plausible cause more likely than not, for all his injuries listed above with a degree of confidence exceeding 95%."

Wade's treating neurosurgeon Joel Franck, M.D., a specialist on C1-C2 vertebral injuries, examined medical records for him that included Dr. Machado-Aranda's examination the day following the surgery (August 24, 2021) and the just-discussed specialized imaging ordered by Dr. Abraham, had Wade obtain a cervical spine digital motion x-ray and an upright positional cervical MRI scan, and conducted a physical examination of him on September 13, 2023. As disclosed in Dr. Franck's report and deposition, this review confirmed ligament injury at the upper cervical spine at C1-C2, grossly abnormal pathologic lateral overhang of C1 at C2, and severe spinal cord compression at C3-C4 and C5-C6, which he correlated with instability and trauma consistent with the incident, testifying that these major injuries are consistent with and "presumably" the result of his fall from operating room table.

Aside from the trauma resulting from the torquing, twisting and axial loading to his body as a result of his fall from the operating room table (in addition to his impact with the floor) on August 23, 2021, there is no evidence in the record of any other trauma in the six years preceding or the nine months following this fall to account for these foregoing injuries. Dr. Franck testified that, prior to the fall from the operating table, Wade did not have any of his current symptomology but now is completely disabled from work. Further, he had never experienced vertigo events in his life until days after his fall from the operating room table. Regarding defendant's claim that Wade's C1-C2 injury and ongoing instability was the result natural degeneration, rather than the trauma of his fall, Dr. Franck testified that "other than relatively unusual situations like extreme rheumatoid arthritis in the elderly, degenerative disc disease has nothing to do with C1-C2."

Dr. Abraham referred Wade to neuropsychologist Richard L. Weiss, Ph.D., who prepared a July 5, 2022 report following a June 2022 neuropsychological interview and testing. Dr. Weiss's report summarized that Wade "experienced changes in his physical and mental status as a result of an incident that occurred on August 23, 2021, when he was dropped from a table during surgery"; itemized six diagnostic impressions of his neuropsychological injuries; and attributed each of these conditions being "in consequence of the August 2021 incident."

Plaintiffs eventually filed this medical malpractice lawsuit, with Wade Ragsdale's wife Julie alleging that she "has shared in the economic and non-economic losses of her husband."

Defendants brought a motion for summary disposition pursuant to MCR 2.116(C)(10) contending that plaintiff could not demonstrate an issue of material fact that the alleged medical negligence of the defendants was a proximate cause of any injuries or damages to plaintiffs. Defendants included 21 supporting exhibits with their motion. Plaintiff filed a response attaching

20 supporting exhibits opposing that relief on the basis of there is an issue of material fact as to such causation.

At the hearing on the summary disposition motion, the trial court ruled:

> I was hoping for something more in response to the motion, but I agree with [defense counsel], that there is nothing articulated that meets the requirements of the statute or the court rule that the plaintiff established that it was the defendant's negligence that caused the injury, whether Mr. Ragsdale has less than perfect function now is only material if there is expert opinion to link it to something that happened to him at the hands of the University of Michigan, and that is not demonstrated.
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> So I will grant the motion for summary disposition for those reasons and those stated in the defendant's motion.

The trial court subsequently entered an order memorializing this ruling. Plaintiffs filed a timely motion for reconsideration of this decision, which the trial court denied, after which plaintiffs brought the present appeal of right.

II. STANDARD OF REVIEW

A trial court's decision on a motion for summary disposition is reviewed de novo. *El-Khalil v Oakwood Healthcare Inc*, 504 Mich 152, 160; 934 NW2d 665 (2019). A motion under MCR 2.116(C)(10) examines the factual sufficiency of a claim. *Id*.

When reviewing a motion for summary disposition brought under MCR 2.116(C)(10), a court must examine the pleadings, affidavits, depositions, admissions, and any other documentary evidence submitted by the parties and, considering both direct and circumstantial evidence and drawing all reasonable inferences in the light most favorable to the nonmoving party, determine whether a genuine issue of material fact exists. MCR 2.116(G)(5); *Maiden v Rozwood*, 461 Mich 109, 120; 597 NW2d 817 (1999); *Libralter Plastics, Inc v Chubb Group of Ins Cos*, 199 Mich App 482, 485-486; 502 NW2d 742 (1993). A court evaluates the evidence submitted by a summary disposition movant to determine whether the requested relief is appropriate regardless of whether the motion is opposed. See *Bowen v Beaumont Hosp Farmington Hills*, ___ Mich App ___; ___ NW3d ___ (2026) (Docket No. 374271); slip op at 7-8. "[W]here, as here, the opposing party to a (C)(10) motion fails to present any evidence, the motion is properly granted because no genuine issue of material fact exists . . . *unless the moving party's motion fails to present a credible argument or itself presents evidence that creates a question of fact* . . . ." *Id*. at ___; slip op at 7 (quotation marks and brackets omitted), quoting *Cleveland v Hath*, 350 Mich App 320, 331; 32 NW3d 109 (2024).

> [I]f a party refers to and relies on an affidavit, pleading, deposition, admission, or other documentary evidence, and that evidence is "then filed in the action or submitted by the parties," the trial court must consider it.[6]

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[6] Although this rule does not require the trial court to examine the record for evidence, it also does not prevent the trial court from examining the record for evidence.

[*Barnard Mfg Co, Inc v Gates Performance Engineering, Inc*, 285 Mich App 362, 377; 775 NW2d 618 (2009) (citation omitted), quoting MCR 2.116(G)(5).]

From the foregoing, it of course follows that a non-movant may rely upon the evidence submitted by a summary disposition movant without having to resubmit such evidence themselves.

A (C)(10) motion for summary disposition may only be granted if there is no genuine issue of material fact. *El-Khalil*, 504 Mich at 159. A genuine issue of material fact is present if reasonable minds could differ as to the conclusions to be drawn from the evidence. *West v Gen'l Motors Corp*, 469 Mich 177, 183; 665 NW2d 468 (2003). The trial court is not permitted to assess credibility, to weigh the evidence, or to determine the facts, and if material evidence conflicts, MCR 2.116(C)(10) summary disposition is inappropriate. *Hines v Volkswagen of America, Inc*, 265 Mich App 432, 437; 695 NW2d 84 (2005). "Circumstantial evidence can be evaluated and utilized in regard to determining whether a genuine issue of material fact exists for purposes of summary disposition." *Bergen v Baker*, 264 Mich App 376, 387; 691 NW2d 770 (2004).

III. ANALYSIS

The plaintiff in a medical malpractice action "bears the burden of proving: (1) the applicable standard of care, (2) breach of that standard by defendant, (3) injury, and (4) proximate causation between the alleged breach and the injury." *Wischmeyer v Schanz*, 449 Mich 469, 484; 536 NW2d 760 (1995).

"Generally, proximate cause is a factual issue to be decided by the trier of fact." *Nichols v Dobler*, 253 Mich App 530, 532; 655 NW2d 787 (2002), citing *Dep't of Transp v Christensen*, 229 Mich App 417, 424; 581 NW2d 807 (1998). "However, if there is no issue of material fact, the trial court may decide the issue itself." *Reeves v Kmart Corp*, 229 Mich App 466, 480; 582 NW2d 841 (1998). "[I]t is well-established that the proper standard for proximate causation in a negligence action is that the negligence must be 'a proximate cause' not 'the proximate cause.' " *O'Neal v St John Hosp & Med Ctr*, 487 Mich 485, 497; 791 NW2d 853 (2010). "[T]here can be more than one proximate cause contributing to an injury." *Id.* at 496-497.

> "Proximate cause" is a legal term of art that incorporates both cause in fact and legal (or "proximate") cause. . . .
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> > The cause in fact element generally requires showing that "but for" the defendant's actions, the plaintiff's injury would not have occurred. On the other hand, legal cause or "proximate cause" normally involves examining the foreseeability of consequences, and whether a defendant should be held legally responsible for such consequences.
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> As a matter of logic, a court must find that the defendant's negligence was a cause in fact of the plaintiff's injuries before it can hold that the defendant's negligence

> was the [sic: a] proximate or legal cause of those injuries. [*Craig v Oakwood Hosp*, 471 Mich 67, 86-87; 684 NW2d 296 (2004) (citation omitted).]

Expert testimony is required to establish causation in a medical malpractice action. *Kalaj v Khan*, 295 Mich App 420, 429; 820 NW2d 223 (2012). "While there must be facts in evidence to support the opinion testimony of an expert, circumstantial proof that enables reasonable inferences is sufficient." *Id.* (quotations marks and citations omitted).

Our Supreme Court has made the following distinction between a "reasonable inference" and "impermissible conjecture" in causal proofs

> As a theory of causation, a conjecture is simply an explanation consistent with known facts or conditions, but not deducible from them as a reasonable inference. There may be 2 or more plausible explanations as to how an event happened or what produced it; yet, if the evidence is without selective application to any 1 of them, they remain conjectures only. On the other hand, if there is evidence which points to any 1 theory of causation, indicating a logical sequence of cause and effect, then there is a juridical basis for such a determination, notwithstanding the existence of other plausible theories with or without support in the evidence. [*Skinner v Square D Co*, 445 Mich 153, 164; 516 NW2d 475 (1993), overruled in part on other grounds *Smith v Globe Life Ins Co*, 460 Mich 446, 455 n 2 (1999).]
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> While the plaintiff bears the burden of proof, the plaintiff is not required to produce evidence that positively eliminates every other potential cause. Rather, the plaintiff's evidence is sufficient if it "establishes a logical sequence of cause and effect, notwithstanding the existence of other plausible theories, although other plausible theories may also have evidentiary support." [*Skinner*, 445 Mich at 159-160, quoting *Mulholland v DEC Int'l*, 432 Mich 395, 415; 443 NW2d 340 (1989).]

The fact that "the physicians involved in this case are professional observers does not change the rule that their eyewitness testimony may be disbelieved by a jury." *Estate of Taylor v Univ Physician Group*, 329 Mich App 268, 285; 941 NW2d 672 (2019), distinguishing *Badalamenti v William Beaumont Hosp-Troy*, 237 Mich App 278; 602 NW2d 854 (1999).

> The credibility of a witness is an appropriate subject for the jury's consideration. Evidence that shows bias or prejudice on the part of a witness is always relevant. Accordingly, "[t]estimony . . . which touches the bias or interest of the witness[ ] is always admissible, and can be shown upon his cross-examination, and, if denied by him, can be proven on rebuttal; the proper foundation being laid for such proof." [*Powell v St John Hosp*, 241 Mich App 64, 72-73; 614 NW2d 666 (2000) (internal citations omitted), quoting *Swift Electric Light Co v Grant*, 90 Mich 469, 475; 51 NW 539 (1892).]

Although the substance or content of evidence offered to support or oppose a summary disposition motion must be admissible as evidence in order for the court to consider them, at the summary disposition phase, "that evidence does not have to be in admissible form." MCR 2.116(G)(6); *Latits v Phillips*, 298 Mich App 109, 113; 826 NW2d 190 (2012) (quotation marks

and citation omitted). "[A] party does 'not have to lay the foundation for the admission' for evidence submitted in support of or in opposition to a motion for summary disposition under MCR 2.116(C)(10) 'as long as there [is] a plausible basis for the admission' of the evidence." *Airgas Specialty Prods v Michigan Occupational Safety & Health Admin*, 338 Mich App 482, 516-517; 980 NW2d 530 (2021), quoting *Barnard*, 285 Mich App at 373.

Defendants did not argue in the trial court that the reports and testimony of treating physicians and medical professionals and expert witnesses, including Drs. Franck and Abraham, were not admissible pursuant to MRE 702[5] or MCL 600.2955[6] based upon them not being based

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[5] MRE 702 provides:

> A witness who is qualified as an expert by knowledge, skill, experience, training, or education may testify in the form of an opinion or otherwise if the proponent demonstrates to the court that it is more likely than not that:
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> (a) the expert's scientific, technical, or other specialized knowledge will help the trier of fact to understand the evidence or to determine a fact in issue;
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> (b) the testimony is based on sufficient facts or data;
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> (c) the testimony is the product of reliable principles and methods; and
>
> (d) the expert's opinion reflects a reliable application of the principles and methods to the facts of the case.

[6] MCL 600.2955 provides:

> (1) In an action for the death of a person or for injury to a person or property, a scientific opinion rendered by an otherwise qualified expert is not admissible unless the court determines that the opinion is reliable and will assist the trier of fact. In making that determination, the court shall examine the opinion and the basis for the opinion, which basis includes the facts, technique, methodology, and reasoning relied on by the expert, and shall consider all of the following factors:
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> (a) Whether the opinion and its basis have been subjected to scientific testing and replication.
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> (b) Whether the opinion and its basis have been subjected to peer review publication.
>
> (c) The existence and maintenance of generally accepted standards governing the application and interpretation of a methodology or technique and whether the opinion and its basis are consistent with those standards.
>
> (d) The known or potential error rate of the opinion and its basis.

upon sufficient facts and data (or otherwise). Furthermore, MRE 703 provides that "[a]n expert may base an opinion on facts or data in the case that the expert has been made aware of or personally observed." Accordingly, the relative strength or weakness of the evidentiary foundation for such witness's testimony is a matter of weight and credibility and presents a question of fact for the jury's resolution.

> [W]hen determining whether a witness is qualified as an expert, the trial court should not weigh the proffered witness's credibility. Rather, a trial court's doubts pertaining to credibility, or an opposing party's disagreement with an expert's opinion or interpretation of facts, present issues regarding the weight to be given the testimony, and not its admissibility. " 'Gaps or weaknesses in the witness' expertise are a fit subject for cross-examination, and go to the weight of his testimony, not its admissibility.' " The extent of a witness's expertise is usually for the jury to decide. [*Ykimoff v Foote Mem Hosp*, 285 Mich App 80, 101; 776 NW2d 114 (2009), quoting *Surman v Surman*, 277 Mich App 287, 309-310; 745 NW2d 802 (2007).]

For purposes of defendants' motion for summary disposition based upon a purported lack of proximate causation, negligence was not contested (and is assumed for purposes of this motion), and the issue is whether such negligence was a proximate cause of plaintiffs' injuries and damages.

We find evidence reflecting a genuine issue of material fact as to defendants' negligence in this action being a proximate cause of plaintiff Wade Ragsdale's injuries and plaintiffs' resultant damages has been presented in this case. In plaintiffs' second amended complaint, they alleged that the fall from the table "required the laparoscopy to be converted to an open laparotomy to look for internal damage." As noted above, the operative report supports that assertion. Also, Dr. Felsted testified that "given this incident, wanting to get the procedure completed in a safe and

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> (e) The degree to which the opinion and its basis are generally accepted within the relevant expert community. As used in this subdivision, "relevant expert community" means individuals who are knowledgeable in the field of study and are gainfully employed applying that knowledge on the free market.
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> (f) Whether the basis for the opinion is reliable and whether experts in that field would rely on the same basis to reach the type of opinion being proffered.
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> (g) Whether the opinion or methodology is relied upon by experts outside of the context of litigation.
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> (2) A novel methodology or form of scientific evidence may be admitted into evidence only if its proponent establishes that it has achieved general scientific acceptance among impartial and disinterested experts in the field.
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> (3) In an action alleging medical malpractice, the provisions of this section are in addition to, and do not otherwise affect, the criteria for expert testimony provided in section 2169. [Citation omitted.]

expedited fashion, we felt the safest thing was to convert to an open procedure, which meant extending his periumbilical incision longitudinally towards the top of the abdomen towards the xiphoid process, entering the abdomen, doing a complete examination of both the trocars for intactness or deformity that might indicate some sort of impact with his body, as well as all the intraabdominal contents to make sure that there were no visible injuries that might have been sustained during the sliding portion." Thus, there is a genuine issue of material fact as to whether the conversion of the procedure from a laparoscopy to an open laparotomy was a "but for" and proximate result of the alleged negligence. Plaintiff's second amended complaint further alleged that the subject incident caused injuries to his shoulders, neck, and head. Dr. Machado-Aranda's testimony and hospital records authored by him indicate that Wade's left shoulder hit the floor when his upper body slipped off the operating table. Likewise, an August 24, 2021 progress note he authored indicates: Wade's complaints of jaw pain, impact of his left shoulder in falling from the operating table, that impact of his head and neck area was "most probable," that his left neck and shoulder appears mildly swollen and are "[m]ildly tender to palpation," and that "[c]ontinue[d] monitoring for other trauma-related symptoms, neuro-related symptoms; especially from head/neck area" was called for. Additionally, a photograph purportedly taken by Julie Ragsdale on August 25, 2021 shows that the left side of Wade's face and ear were bright red and inflamed. Although a subsequent CT scan of Wade's jaw revealed no evidence of a fracture (despite an earlier x-ray showing a ramus fracture), he has had continuing temporomandibular joint pain since that time.

The reports of Drs. Abraham, Franck, and Weiss, and Dr. Franck's testimony, already discussed herein, consistently and repeatedly provide evidence of an issue of material fact as to whether the August 23, 2021 fall from the operating table and its aftermath were a proximate cause of the injuries suffered. Their causation conclusions with regard to the neck, spine, and neuropsychological injuries are directly supported by the medical record evidence of a fall from the operating table that resulted in facial swelling and discoloration, tenderness, consistent complaints of neck and shoulder pain, documented instability and the temporal onset of persistent vertigo. Further, such symptomology is absent from the record for the six years preceding the August 23, 2021 trauma (and there is no indication that he ever previously experienced episodes of vertigo). While Dr. Franck testified that Wade's injuries were "presumably" the result of his fall from operating room table, this statement must be considered with the circumstantial evidence that there are no other traumatic explanations to account for the injuries causally in the record. Further, there is testimony that the C1-C2 injuries cannot be explained by degenerative change. Further, Dr. Abraham's "95% degree of confidence that these injuries were the result from the fall" resolves any issue arising out of Dr. Franck's testimony's failure to more clearly assert that the fall was more likely than not a proximate cause of Wade's injuries and likewise supports Dr. Weiss's causation opinion regarding Wade's neuropsychological injuries. Issues of witness credibility, including those based upon whether the experts had an adequate factual foundation to offer their opinions, are typically a matter for the jury's resolution and that is certainly the case here where defendants failed to argue in the trial court that the experts were not qualified to offer their opinion testimony under MRE 702 and MCL 600.2955. *Nichols*, 253 Mich App at 532. Evidence regarding how the mechanics and biomechanics of the various alleged injuries occurred as a result of Wade's upper body falling off the operating table while he was anesthetized and strapped to the table across his upper thighs can be reconstructed at trial and evaluated by the jury as a question of fact.

While there was additional causation evidence in the record, the foregoing was sufficient to establish an issue of material fact as to causation, so we need not proceed further.

While defendants argue there is evidence that Wade "experienced neck and cervical issues prior to this surgical event," this assertion does not foreclose a finding of an issue of material fact as to causation in light of the circumstantial evidence that these issues arose after the fall from the operating table, whereas the earlier neck and cervical issues had not generated any problems or treatment in the six years prior to the fall. Again, "circumstantial proof that enables reasonable inferences is sufficient." *Kalaj*, 295 Mich App at 429. Furthermore, defendants' argument fails to consider that Wade would potentially be entitled to recover damages for aggravation of any preexisting injury or condition. See M Civ JI 50.04 (Aggravation of Preexisting Ailment or Condition), M Civ JI 50.10 (Defendant Takes the Plaintiff As He/She Finds Him/Her), and M Civ JI 50.11 (Inability to Determine Extent of Aggravation of Injuries).

We reverse the trial court's May 7, 2025 order granting summary disposition in favor of defendants and remand for further proceedings consistent with this opinion. We do not retain jurisdiction.

/s/ Allie Greenleaf Maldonado
/s/ Randy J. Wallace