THE OHIO STATE UNIVERSITY
UNIVERSITY MEDICAL CENTER

Department of Pediatrics

Children's Hospital
700 Children's Drive
Columbus, OH 43205

Phone: (614) 722-4554
FAX: (614) 722-4565

WRITER'S DIRECT
DIAL NUMBER (614) 722- 4700

psychology depr fax: 614-722-4718
e-mail: yeates.1@osu.edu

March 6, 2002

Mr. John R. Scott
Reminger & Reminger
113 Saint Clair Ave., YE
Cleveland, OH 44114-1273

Re: Forrest Greg Stone v Go, M.D., et al.

Dear Mr. Scott.

Thank you for inviting me to provide expert opinions regarding Forrest Greg Stone. You represent defendants in litigation alleging that Forrest sustained a neurological insult as a result of inadequate medical care around the time of his birth.

I have reviewed all of the materials that you provided to me. You have asked me specifically to comment on the reports of Dr. A. David Rothner, particularly with regard to Dr. Rothner's opinions as to the prognosis for Forrest's intellectual development and educational attainment.

In this letter, I wish to set forth the opinions that I have reached after reviewing the materials that were made available to me. I want to preface my remarks by stating that my opinions are all expressed to a reasonable degree of neuropsychological certainty.

Dr. Rothner stared his opinions regarding the prognosis for Forrest's intellectual development and educational attainment in letters to Mr. Joel Levine dated October 22, 2001 and, January 31, 2002. In the letter dated 10/22/01, Dr. Rothner noted that Forrest performed in the low-average range on the Bayley Scales of Infant Development, with a Mental Development Index of 84, at age 38 months. In the letter dated 1/31/02, however, Dr. Rothner characterizes this performance as "below average," and implies that he expects Forrest's "IQ" to remain "in the vicini? of 80." He also states that it would be "unusual" for Forrest to complete an academic high school program based on his MDI sccre, and implies that Forrest is likely tu require supervision throughout his life.

I would take issue with Dr. Rothner's conclusions. First, an MDI of 34 is not characterized as below average. It falls around the 15th percentile for the child's age, and is characterized as low-average, as Dr. Rothner's initial letter states. More importantly, estimates of cognitive ability obtained during infancy and early childhood are notoriously poor predictors of later intellectual functioning. Forrest's performance on the Bayley Scales of Infant Development at age 28 months is not likely to predict accurately his IQ

MAR 1 8 2002

at later ages. Scientific studies of IQ change from infancy to early adulthood consistently show large average amounts of change. From birth to school entry, a child's IQ can be expected to change on average some 20 points. From school entry to early adulthood, it may change on average another 20 points. The earlier the initial testing, and the longer the interval between testing, the more change in IQ is likely to occur. Because Forrest was tested at a young age, his MDI score is unlikely to be an accurate predictor of his IQ later in childhood, much less during adolescence or adulthood.

Because Forrest's performance on the Bayley Scales is not an accurate predictor of his iater IQ, it also is not likely to provide any useful prognostic information regarding his educational attainment or capacity for independent living. In fact, I do not believe that we can make predictions with reasonable certainty about whether Forrest will complete high school or be capable of living independently based on his MDI score at age 28 months. Even if his IQ were to remain in the low-average range, it would not preclude the completion of high school. Adolescents with IQ scores in the low-average range are often capable of graduating from high school or obtaining a GED. For that matter, individuals with IQ scores in the 80s do not routinely "require adult supervision for life," as Dr. Rothner contends.

In summary, Forrest's cognitive abilities were estimated to fall in the low-average range based on testing completed in August 2001. His performance at age 28 months is unlikely to be an accurate predictor of his subsequent intellectual functioning, however, because IQ scores often change substantially from early childhood to later childhood and adolescence. Performance on cognitive testing at age 28 months also does not provide a scientifically sound basis for making predictions about the likelihood of completing high school, much less the probability of independent living.

Thank you for referring me this interesting case. Please contact me if you have any questions or would like to discuss my opinions.

Sincerely yours,

Keith Owen Yeates, Ph.D., ABPP/CN
Director of Pediatric Neuropsychology
Associate Professor of Pediatrics and Psychology