WILSON ELSER 1 MICHAEL P. LOWRY, ESQ. Nevada Bar No. 10666 E-mail: Michael.Lowry@wilsonelser.com Electronically Filed 3 Mar 15 2021 01:05 p.m. 6689 Las Vegas Blvd. South, Suite 200 Elizabeth A. Brown Las Vegas, NV 89119 4 Clerk of Supreme Court Tel: 702.727.1400/Fax: 702.727.1401 Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC 5 6 IN THE SUPREME COURT OF THE STATE OF NEVADA 7 Edgardo P. Yusi; Keolis Transit Services, Supreme Ct. No.: LLC, 8 Dist. Ct. Case No.: A-18-781000-C Petitioner, 9 Appendix Volume 1 to Edgardo Yusi VS. & Keolis Transit Services, LLC's 10 The Eighth Judicial District Court of the **Petition for Writ of Mandamus or** State of Nevada and the Honorable **Prohibition** 11 Nancy Allf, Judge, 12 Respondents. 13 and 14 Heather Felsner, 15 Real Party in Interest. 16 17 18 19 20

Table of Contents Objection to Discovery Commissioner's Report & Recommendations 237-244 Reply re Objection to Discovery Commissioner's Report & Recommendations Response to Objection re Discovery Commissioner's Report & Recommendations..

Certificate of Service 1 Per NRAP 21(a) and 25(c), I certify that I am an employee of Wilson Elser 2 3 Moskowitz Edelman & Dicker LLP, and that on March 15, 2021, Appendix Volume 1 to Edgardo Yusi & Keolis Transit Services, LLC's Petition for 4 Writ of Mandamus or Prohibition was served via electronic means by operation 5 of the Court's electronic filing system to: 6 7 John B. Shook, Esq. Shook & Stone, Esq. 8 710 South Fourth Street Las Vegas, NV 89101 9 Attorneys for Heather Felsner 10 BY: /s/ Michael P. Lowry An Employee of 11 WILSON ELSER WILLSON ELSER LLP 12

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Electronically Filed 10/16/2020 11:00 AM Steven D. Grierson CLERK OF THE COURT

1 WILSON ELSER MICHAEL P. LOWRY, ESQ. Nevada Bar No. 10666 3 E-mail: Michael.Lowry@wilsonelser.com ROBERT L. THOMPSON, ESQ. 4 Nevada Bar No. 9920 E-mail: Robert.Thompson@wilsonelser.com 5 6689 Las Vegas Blvd. South, Suite 200 Las Vegas, NV 89119 6 Tel: 702.727.1400/Fax: 702.727.1401 Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC 7 8 **DISTRICT COURT** 9 **CLARK COUNTY, NEVADA** 10 HEATHER FELSNER and ROGER FELSNER, Case No.: A-18-781000-C Dept. No.: 27 11 Plaintiffs. 12 VS. 13 KEOLIS TRANSIT SERVICES, LLC, Foreign Hearing Requested with Discovery Limited-Liability Corporation and EDGARDO Commissioner 14 PAGUIO YUSI; ALEXANDER DENNIS, INC., a Foreign Corporation; DOES II through 15 X, inclusive; and ROE BUSINESS ENTITIES I through X, inclusive, 16 Defendants. 17 18 Mrs. Felsner claims she has an ongoing brain injury as a result of a fall that occurred in 19 Las Vegas. Consequently, Mr. Yusi and Keolis request a Rule 35 examination with a 20 psychologist located less than 45 minutes from her home. 21 DATED this 16th day of October, 2020. 22 23 <u>/s/ Michael P. Lowry</u> MICHAEL P. LOWRY, ESQ. 24 ROBERT L. THOMPSON, ESQ. 6689 Las Vegas Blvd. South, Suite 200 25 Las Vegas, Nevada 89119 Attorneys for Edgardo P. Yusi; Keolis Transit 26 Services, LLC 27 28

Edgardo Yusi & Keolis Transit Services, LLC's Motion for Rule 35 Examination **WILSON ELSER**

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Declaration of Michael Lowry

- 1. On September 28, 2020 I emailed Plaintiffs' counsel and proposed a Rule 35 examination with Dr. Axelrod for December 19, 2020.
- 2. I received no response, so I followed up on October 2, 2020.
- 3. I still received no response, so I followed up on October 8, 2020. That day I received a response objecting solely because of the drive from Mrs. Felsner's home to Dr. Axelrod's office.¹
- 4. I then spoke on the phone with John Shook on October 12, 2020. He reiterated the travel objection. He also indicated some of the testing was duplicative of prior testing, but provided no further detail.
- 5. I declare under penalty of perjury that the foregoing is true and correct.

/s/ Michael P. Lowry

¹ Exhibit A.

Memorandum of Points & Authorities

A Rule 35 examination of Mrs. Felsner is merited.

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This personal injury case concerns an event that occurred on February 21, 2017. The complaint was filed on September 12, 2018. Mrs. Felsner alleges she suffered a brain injury as a result of a fall. Initial expert disclosures are currently due December 22, 2020. Mr. Yusi and Keolis request a Rule 35 psychological examination.

Rule 35(a)(1) permits the court to order "a party whose mental or physical condition ... is in controversy to submit to a physical or mental examination by a suitably licensed or certified examiner." Mrs. Felsner has put her mental and physical condition at issue in this case. Mr. Yusi and Keolis have proposed Bradley Axelrod, Ph.D. as the examiner. His CV indicates he is a licensed, practicing psychologist in Michigan where Mrs. Felsner lives.² He has both a private practice and a practice with the Department of Veteran Affairs.

Rule 35(a)(2)(A) notes a motion for examination requires good cause. This cause is present as Mrs. Felsner asserts she has ongoing deficits causally related to her fall.³ Defendants propose that the examination of Mrs. Felsner occur December 19, 2020 at 8:00 a.m.

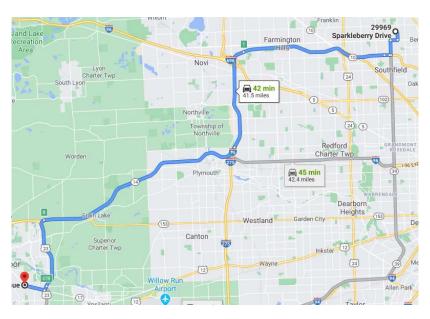
a. Getting to Dr. Axelrod's office is not a burden.

Rule 35(a)(2)(B) states the "examination must take place ... in the judicial district in which the action is pending, unless otherwise agreed by the parties or ordered by the court." Mr. Yusi would be well within their rights to require Mrs. Felsner to come to Las Vegas for her examination. However, they chose to locate an appropriately licensed and qualified examiner closer to Mrs. Felsner's residence.

During the EDCR 2.34 conference, Plaintiffs refused to stipulate to the examination because the from Mrs. Felsner's home to Dr. Axelrod's office is unreasonable. The drive is shown below on Google Maps. It is 41.5 miles that Google Maps estimates will take 42 minutes to drive. For comparison, that is only 0.1 mile further than the drive from Centennial Hills Hospital to the Albertson's in Boulder City.

² Exhibit B.

³ Exhibit C at response to interrogatory 9.



b. Defendants are not required to rely upon stale test data.

During the EDCR 2.34 conference Plaintiff's other objection was that this examination would be duplicative of testing already done. They could not specify which test had already been done and when. If Plaintiffs can provide further specificity, Mr. Yusi and Keolis can evaluate this objection.

c. A slight extension of discovery is necessary.

Dr. Axelrod's soonest availability is December 19, 2020. Initial expert disclosures are due December 22, discovery closes on March 22, 2021 and the case is assigned to a June 28, 2021 trial group. Mr. Yusi and Keolis propose that the initial expert disclosures be moved to January 8, 2021. This would allow the examination to proceed as scheduled but avoid resetting a trial date. The new schedule would be as below.

- January 8, 2021: Initial Expert Disclosures
- February 8, 2021: Rebuttal Expert Disclosures
- March 30, 2021: Discovery Closes
- April 30, 2021: Dispositive Motion Deadline
- June 28, 2021: First Day of Trial Stack (unchanged)

The examination is appropriate and should be granted. 1 II. 2 Mrs. Felsner claims an ongoing brain injury as a result of her fall. She has placed her 3 condition in question, thus meriting a Rule 35 examination. Mr. Yusi and Keolis have proposed 4 an appropriately licensed and qualified examiner far closer to Mrs. Felsner's home than Las 5 Vegas is. The examination is appropriate and should be permitted. DATED this 16th day of October, 2020. 6 **WILSON ELSER** 7 8 /s/ Michael P. Lowry MICHAEL P. LOWRY, ESO. 9 ROBERT L. THOMPSON, ESQ. 6689 Las Vegas Blvd. South, Suite 200 10 Las Vegas, Nevada 89119 Attorneys for Edgardo P. Yusi; Keolis Transit 11 Services, LLC 12 13 **Certificate of Service** 14 Pursuant to NRCP 5, I certify that I am an employee of Wilson Elser Moskowitz Edelman 15 & Dicker LLP, and that on October 16, 2020, I served Edgardo Yusi & Keolis Transit Services, 16 LLC's Opposition to Motion for Leave to Amend as follows: 17 18 by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada; 19 \boxtimes via electronic means by operation of the Court's electronic filing system, upon 20 each party in this case who is registered as an electronic case filing user with the Clerk; 21 22 John B. Shook, Esq. Leonard T. Fink, Esq. Shook & Stone, Esq. Chad Fuss, Esq. 23 710 South Fourth Street SPRINGEL & FINK Las Vegas, NV 89101 9075 W. Diablo Dr., Suite 302 24 Las Vegas, Nevada 89148 25 BY: /s/ Agnes R. Wong 26 An Employee of 27 **WILSON ELSER**

28

EXHIBIT A

EXHIBIT A

Lowry, Michael

From: John Shook <johnshook@shookandstone.com>

Sent:Thursday, October 8, 2020 2:07 PMTo:Robert English; Lowry, MichaelCc:Kiana A. O'Day; Thompson, Robert L.

Subject: RE: Felsner: Neuropsychological Evaluation on 12/20?

[EXTERNAL EMAIL]

Michael,

You should go ahead and file your motion.

John Shook *Shook & Stone, Chtd.* 710 S. 4th Street Las Vegas, NV 89101 (702) 570-0000 johnshook@shookandstone.com

www.shookandstone.com





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Certified Specialist, Personal Injury Law State Bar of Nevada

From: Robert English < REnglish@shookandstone.com>

Sent: Thursday, October 8, 2020 11:59 AM

To: 'Lowry, Michael' < Michael. Lowry@wilsonelser.com>

Cc: John Shook <johnshook@shookandstone.com>; Kiana A. O'Day <KO'Day@shookandstone.com>; Thompson, Robert

L. <Robert.Thompson@wilsonelser.com>

Subject: RE: Felsner: Neuropsychological Evaluation on 12/20?

Michael:

I am in and out of the office on various matters and in Salt Lake from Friday through Sunday. John is included on your email, so I will by way of this email ask him to respond to your request.

I might also be a little concerned that you want her to travel 45 min – 1 hour, in Michigan, in mid-December. Not to offend anyone who may have lived in Michigan, but I have been able to avoid that state my entire life, and especially during the winter. Although, I was a B-52- tail-gunner in the Air Force, and for two years I stationed at Grand Forks. Boy did that suck; 10 months of winter and one month of spring and one month of summer each year.

Thanks.

Robert English

Shook & Stone, Chtd.

710 S. 4th Street

Las Vegas, NV 89101

(702) 570-0000

renglish@shookandstone.com
www.shookandstone.com





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From: Lowry, Michael [mailto:Michael.Lowry@wilsonelser.com]

Sent: Thursday, October 8, 2020 11:41 AM

To: Robert English < REnglish@shookandstone.com >

Cc: John Shook <johnshook@shookandstone.com>; Kiana A. O'Day <KO'Day@shookandstone.com>; Thompson, Robert

L. < <u>Robert.Thompson@wi</u>lsonelser.com>

Subject: RE: Felsner: Neuropsychological Evaluation on 12/20?

Importance: High

Robert, please advise. I'd prefer to avoid a motion if possible.

From: Lowry, Michael

Sent: Friday, October 2, 2020 16:03

To: 'Robert English' <REnglish@shookandstone.com>

Cc: 'John Shook' <johnshook@shookandstone.com>; 'Kiana A. O'Day' <KO'Day@shookandstone.com>; Thompson,

Robert L. < Robert L. < Robert L. < Robert.Thompson@wilsonelser.com>

Subject: RE: Felsner: Neuropsychological Evaluation on 12/20?

Hello Robert, I'm following up on this proposal. Please advise.

From: Lowry, Michael

Sent: Monday, September 28, 2020 12:50

To: Robert English < REnglish@shookandstone.com >

Cc: John Shook < <u>iohnshook@shookandstone.com</u>>; 'Kiana A. O'Day' < KO'Day@shookandstone.com>; Thompson, Robert

L. < Robert. Thompson@wilsonelser.com >

Subject: Felsner: Neuropsychological Evaluation on 12/20?

Hello Robert,

I'm writing to propose a neuropsychological examination of Mrs. Felsner on December 19, 2020 at 8:00 a.m. The exam would be with Bradley Axelrod, Ph.D. in Ann Arbor. His CV is attached. Below is a list of the standardized measures he typically uses to evaluate abilities at the time of assessment. This proposed examination date would require use to slightly extend the current expert disclosure deadlines.

I would like to book this examination and revise the disclosure deadlines as soon as practical so we can keep the damages case on track while you work with Alexander-Dennis on its liability discovery. Please contact me about this proposal soon.

Wechsler Adult Intelligence Scale-IV (WAIS-IV)
Tests of Premorbid Functioning (TOPF)
Wide Range Achievement Test-V (WRAT-V)
Wechsler Memory Scale-IV (WMS-IV)
California Verbal Learning Test-II (CVLT-II)
Rey Complex Figure Test (CFT)
Trail Making Test
Controlled Oral Word Association Test
Semantic Fluency
Wisconsin Card Sorting Test (WCST)
Finger Tapping Test
Test of Memory Malingering (TOMM)
Medical Symptom Validity Test (MSVT)
Warrington Recognition Memory Test (RMT)
Post-Concussive Symptom Questionnaire (PCSQ)

Michael Lowry
Attorney at Law
Wilson Elser Moskowitz Edelman & Dicker LLP
6689 Las Vegas Blvd. South, Suite 200
Las Vegas, NV 89119
702.727.1267 (Direct)
702.727.1400 (Main)
702.727.1401 (Fax)
michael.lowry@wilsonelser.com

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For further information about Wilson, Elser, Moskowitz, Edelman & Dicker LLP, please see our website at $\underline{www.wilsonelser.com}$ or refer to any of our offices. Thank you.

EXHIBIT B

EXHIBIT B

Curriculum Vita

BRADLEY N. AXELROD, Ph.D.

2350 Washtenaw Avenue · Suite 7F · Ann Arbor, Michigan 48104 · (734) 913-0627

PROFESSIONAL EXPERIENCE

Department of Veterans Affairs, Allen Park/Detroit

Detroit, Michigan August 1990-present. Staff Psychologist, Neuropsychology

Independent Practice

Ann Arbor, Michigan April 1992-present Psychological and neuropsychological evaluations

LICENSURE

State of Michigan (Full License #6301007688; active since February 1990) State of Colorado (Full License PSY-3119; July 2009-August 2019)

EDUCATION

Wayne State University, Detroit, Michigan.

Doctor of Philosophy, 1989.

Major: Clinical Psychology; Minor: Cognitive Psychology Dissertation Title: Frontal lobe functioning in normal aging.

Wayne State University, Detroit, Michigan.

Master of Arts, 1988.

Major: Clinical Psychology

Thesis Title: Assessment of verbal and visual-spatial deficits in

unilateral brain-injured patients.

University of Illinois, Champaign, Illinois.

Bachelor of Science, Summa Cum Laude, 1984.

Major: Psychology

CLINICAL TRAINING

Department of Veterans Affairs, Ann Arbor

Ann Arbor, Michigan, September 1989-August 1990. Psychology Intern

Harper Hospital

Detroit, Michigan, September 1988-August 1989. Psychology Intern

Wayne State University Psychology Clinic

Detroit, Michigan, March 1986-January 1988. Psychology Practicum Student

Detroit Receiving Hospital and University Health Center

Detroit, Michigan, September 1987-August 1988. Psychology Intern

Rehabilitation Institute of Detroit / Rehabilitation Institute of Michigan

Detroit, Michigan, September 1986-August 1987. Psychology Intern

Henry Ford Hospital

Detroit, Michigan, September 1985-August 1986. Psychology Practicum Student

ACADEMIC APPOINTMENTS

University of Windsor, Windsor, Ontario

Promotion, Tenure and Renewal Committee Member Academic Administrative Unit Department of Psychology 2004-2005

Wayne State University College of Science, Detroit, Michigan.

Adjunct Associate Professor Department of Psychology August 2002-present.

Wayne State University School of Medicine, Detroit, Michigan.

Adjunct Associate Professor Department of Neurology August 2001-2018.

Utah State University College of Education, Logan, Utah.

Adjunct Research Professor Department of Psychology September 1998-2006.

Wayne State University College of Science, Detroit, Michigan.

Adjunct Assistant Professor Department of Psychology March 1994-August 2002.

University of Detroit Mercy, Detroit, Michigan.

Adjunct Professor

Department of Psychology

December 1991-present.

Wayne State University School of Medicine, Detroit, Michigan.

Adjunct Assistant Professor

Department of Neurology

August 1991-August 2001.

Wayne State University, Detroit, Michigan.

Instructor

May-July 1985; May-July 1986; January 1987-April 1989; September-December 1991.

Wayne State University, Detroit, Michigan.

Teaching Assistant

September 1984-August 1985.

RESEARCH EXPERIENCE

Section Editor (Clinical Psychology and Neuropsychology):

Central European Journal of Medicine (2006-2012)

Editorial Board Member:

Archives of Assessment Psychology (2009-present)

Assessment (2000-2003)

Assessment (2009-present)

The Clinical Neuropsychologist (2003-present)

Journal of Clinical and Experimental Neuropsychology (2001-present)

Psychology Injury and Law (2012-present)

Reviewer:

Aging and Cognition

Aging, Neuropsychology and Cognition

Applied Neuropsychology

Applied Neuropsychology - Adult

Archives of Clinical Neuropsychology

Archives of General Psychiatry

Archives of Medical Science

Archives of Physical Medicine and Rehabilitation

Assessment

Child Neuropsychology

Cor et Vasa (Journal of the Czech Society of Cardiology)

Dementia and Geriatric Cognitive Disorders

International Journal of Developmental Neuroscience

Reviewer (continued):

International Journal of Geriatric Psychiatry

International Journal of Developmental Neuroscience

International Journal of Neuroscience

Irish Journal of Psychological Medicine

JAMA: The Journal of the American Medical Association

Journal of Applied Gerontology

Journal of Articles in Support of the Null Hypothesis

Journal of Clinical and Experimental Neuropsychology

Journal of Clinical Psychology

Journal of General Psychology

Journal of Geriatric Psychiatry and Neurology

Journal of the Neurological Sciences

Journal of Neuropsychiatry and Clinical Neurosciences

Journal of Psychiatric Research

Journal of the International Neuropsychological Society

Journal of Rehabilitation Research and Development

Journal of Traumatic Stress

Learning and Individual Differences

Military Medicine

Military Psychology

Nature—Scientific Reports

Neurocase

Neuropsychologia

Neuropsychology: A Journal of the American Psychological Association

Neuropsychology Review

Perceptual and Motor Skills

Psychiatry Research

Psychological Assessment

Psychology and Neuroscience

Psychology Injury and Law

Psychoneuroendocrinology

Schizophrenia Research

The Lancet

The Clinical Neuropsychologist

Content Editor: Introduction to Neuropsychology for Behavioral Health Professionals,

Western Publisher, 2009

Advisor: Handbook of Psychiatric Measures, American Psychiatric Association, 2000

Rambam Medical Center, Haifa, Israel.

Clinical Research Sabbatical

September 1996-November 1996

University of Illinois, Champaign, Illinois.

Research Assistant September 1981-December 1983

PROFESSIONAL ORGANIZATION MEMBERSHIPS

American Academy of Assessment Psychology

Fellow since 1998

American Academy of Clinical Neuropsychology

Affiliate (non-voting) Member since 2011

American Board of Assessment Psychology

Diplomate since 1998

American Board of Professional Neuropsychology

Diplomate since 2009

American College of Professional Neuropsychology

Fellow since 2009

American Psychological Association

Member since 1990

Division 40 (Society for Clinical Neuropsychology)

Fellow since 2002

Division 12 (Clinical Psychology), Section IX (Assessment)

Association for Internship Training in Clinical Neuropsychology

Member since 1999

Association for Scientific Advancement in Psychology Injury and Law

Member since 2008

Association of Veterans Affairs Psychologist Leaders

Member since 2007

International Neuropsychological Society

Member since 1990

Michigan Psychological Association

Fellow since 2014

National Academy of Neuropsychology

Member 1992-1997

Fellow since 1997

PROFESSIONAL GOVERNANCE

American Academy of Sleep Medicine

American Alliance for Health Sleep, Director, 2017-2020

American Alliance for Health Sleep, Secretary/Treasurer, 2019-2020

American Psychological Association

Integrative Healthcare for an Aging Population,

Member of the Technical Advisory Panel, 2007-2008

Continuing Education Committee Member, 2004-2006

Continuing Education Committee Research subcommittee Member, 2005-2006

Continuing Education Committee SAS Appeal subcommittee Member, 2009-2018

American Psychological Association, Division 40 (Society for Clinical

Neuropsychology)

Membership Committee Chair, 2000-2003, 2003-2006

Fellows Committee Member, 2004-2006

Member-At-Large, Executive Committee, 2011-2013

Association for Internship Training in Clinical Neuropsychology

Member at Large, 2003-2006

Member at Large, 2010-2013

National Academy of Neuropsychology

Awards Committee Chair, 2019-2021

Awards Committee, 2013-2016

Membership Committee, 2010-2013

Policy and Planning Committee, 1998-2004

University of Illinois, Department of Psychology

Alumni Advisory Board Mentoring Chair, 2015-present

Alumni Advisory Board Member, 2012-2015

Panel Discussant 2012, 2014

SCIENTIFIC POSITIONS

American Academy of Clinical Neuropsychology

Foundation Outcome Studies Grant Program Review Committee 2012

Foundation Outcome Studies Grant Program Review Committee 2013

Foundation Outcome Studies Grant Program Review Committee 2014

Foundation Outcome Studies Grant Program Review Committee 2015

Foundation Outcome Studies Grant Program Review Committee 2016

Foundation Outcome Studies Grant Program Review Committee 2017

Foundation Outcome Studies Grant Program Review Committee 2018

Foundation Outcome Studies Grant Program Review Committee 2019

American Psychological Association

Division 40 (Society for Clinical Neuropsychology), Program Committee, 1994-1997

Department of Veterans Affairs Medical Center, Allen Park/Detroit Michigan

Research and Development Committee, 1993

Clinical Investigation Committee, 1993-2015

VISN 11 Complementary and Alternative Medicine Committee, 2006-2009

VISN 11 Polytrauma Team, 2007-2018

SOTA Research to Improve the Lives of Veterans: Approaches to Traumatic Brain Injury Treatment, Management and Rehabilitation, 2008

VISN 11 Traumatic Brain Injury Advisory Council, 2008-2018

International Neuropsychological Society

Program Committee, 1997

Program Committee, 2005

Program Committee, 2008

National Academy of Neuropsychology

Scientific Program Committee, 1993

Scientific Program Committee, 1997

Scientific Program Committee, 2000

Scientific Program Committee, 2001

National Institutes of Health, Center for Scientific Review

Special Emphasis Panel, 1999

Southeastern Michigan Traumatic Brain Injury System Advisory Board

Advisory Board Member, 2009-2014

Advisory Board Member, 2018-2021

Wayne State University

Human Investigation Committee, Behavioral 03 Institutional Review Board Member, 2000-2003

Vice-Chair, 2003-2006

GRANT AWARDS

Van Dyke, S., Axelrod, B. N., & Schutte, C. E. (2009-2010). <u>Utility of the Traumatic Brain Injury Screening Instrument in Predicting Cognitive and Affective Functioning in OEF/OIF Veterans</u>. Department of Veterans Affairs Predoctoral Associated Health Rehabilitation Research Fellowship Program.

Sharp, M. & Axelrod, B. N. (2009). <u>Readjustment Education Material for Veterans Returning from Deployment</u>. Public Health Strategic Health Care Group, Veterans Health Administration.

PROFESSIONAL HONORS AND AWARDS

Phi Beta Kappa, 1984

Bronze Tablet (Upper 2% of graduating class), University of Illinois, 1984

Graduate Professional Scholar at Wayne State University, 1985-1986, 1986-1987, 1987-1988, 1988-1989

Blue Ribbon Award, American Psychological Association, Division 40 (Society for Clinical Neuropsychology), 1993

Outstanding Rating Certificate, Department of Veterans Affairs Medical Center, 1992, 1993, 1994, 1995, 1996

Early Career Contributions to Clinical Neuropsychology Finalist, National Academy of Neuropsychology, 1995, 1996

Outstanding Student Research Award, American Psychosomatic Society, 2000

Davidson Fellow faculty advisor, Davidson Institute for Talent Development, 2003

Blue Ribbon Award, American Psychological Association, Division 40 (Society for Clinical Neuropsychology), 2007

Nelson Butters Award for Research Contributions to Clinical Neuropsychology, National Academy of Neuropsychology, 2008

TCN/AACN Student Project Competition Runner Up, American Academy of Clinical Neuropsychology, 2017.

CONTINUING EDUCATION PRESENTATIONS

- Rationale for and Application of Short Forms for Commonly Used Neuropsychological Measures (November 2001). National Academy of Neuropsychology 21st Annual Conference, San Francisco, California.
- <u>Practical Issues in Clinical Neuropsychological Assessment</u> (June 2004). American Academy of Clinical Neuropsychology 2004 Annual Conference, Minneapolis, Minnesota.
- <u>Challenges in Clinical Practice: Short Forms, False Positive Errors, Demographics, and Practice Effects</u> (November 2004). National Academy of Neuropsychology 24th Annual Conference, Seattle, Washington.
- <u>Using Standardized Assessment Techniques with Unstandardized Patients</u> (November 2004). National Association of Psychometrists Annual Meeting, Seattle, Washington.
- <u>Issues Around Somatoform Conditions, Effort, Symptom Exaggeration, and Compensation:</u>

 <u>Remember Your Role as a VA Healthcare Provider</u> (June 2008). Department of Veterans Affairs National Polytrauma System of Care Conference: Effective Practice for Improved Outcomes, San Diego, California.
- <u>Specificity of Neuropsychological Assessment Measures</u> (November 2009). Connecticut Neuropsychological Society, Hartford, Connecticut.
- <u>Assessment of Effort and Validity in Neuropsychological Testing</u> (August 2011). Fifth Annual Defense and Veterans Traumatic Brain Injury Summit, Washington DC.
- <u>Evaluating Bias and Effort in Neuropsychology</u> (April 2013). Annual Meeting of the Midwest Neuropsychology Group, The University of Michigan, Ann Arbor, Michigan.
- You are testing my patients: Systematic Methods for Evaluating Performance Validity (May 2018). Annual Meeting of the Midwest Neuropsychology Group, Eastern Michigan University, Ypsilanti, Michigan.
- Establishing Rationale and Methods for Inclusion of Performance Validity in Neuropsychological Evaluations (August 2018). Washtenaw Psychological Society, Ann Arbor, Michigan.
- <u>Vital Neuropsychology Issues in 2019: Test Interpretation, Practice Effects, and Performance Validity</u> (February, 2019). University of Michigan Department of Rehabilitation Medicine and Rehabilitation, Ann Arbor, Michigan.

PUBLICATIONS

<u>Book</u>

- Axelrod, B. N. & Windell, J. (2012). <u>Dissertation Solutions: A concise guide to planning, implementing, and surviving the dissertation process</u>. Lanham, Maryland: Rowman & Littlefield Publishers.
- Labuda, J., Axelrod, B. N., & Windell, J. (2018). <u>Cognitive behavioral protocols for medical settings</u>. New York: Routledge Press.

Book Chapters

- Goldman, R. S., Axelrod, B. N., & Taylor, S. (1996). Neuropsychological aspects of schizophrenia. In I. Grant and K. M. Adams (Eds.) <u>Neuropsychological assessment of neuropsychiatric disorders</u> (2nd Ed). New York: Oxford University Press, pp. 504-525.
- Axelrod, B. N. (1999). The writing of a neuropsychological report. In R. D. Vanderploeg (Ed.) <u>Clinician's guide to neuropsychological assessment</u> (2nd Ed). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publishers, pp. 245-274.
- Axelrod, B. N. (2005). Worker's compensation and traumatic brain injury. In R. L. Heilbronner (Ed.) <u>A forensic neuropsychology casebook</u>. New York: Guilford Publications, Inc., pp. 19-40.
- Woodard, J. L. & Axelrod, B. N. (2005). Neuropsychological batteries for older adults. In S. S. Bush and T. A. Martin (Eds.) <u>Geriatric neuropsychology: Practice essentials</u>. Lisse, The Netherlands: Swets & Zeitlinger, pp. 41-84.
- Axelrod, B. N. & Lamberty, G. J. (2006). The Oral Trail Making Test. In A. M. Poreh (Ed.) <u>Neuropsychological Assessment: A quantified process approach</u>. Lisse, The Netherlands: Swets & Zeitlinger, pp. 45-52.
- Lamberty, G. J. & Axelrod, B. N. (2006). Derived adult Trail Making Test indices. In A. M. Poreh (Ed.) <u>Neuropsychological Assessment: A quantified process approach</u>. Lisse, The Netherlands: Swets & Zeitlinger, pp. 161-172.
- Woodard, J. L. & Axelrod, B. N. (2008). Dementia Rating Scale. In S. T. Gontkovsky and C. Golden (Eds.) <u>Neuropsychology within the inpatient rehabilitation environment</u>. Hauppauge, NY: Nova Science Publishers, Inc, pp. 337-364.
- Axelrod, B. N. (2009). Fabrication of psychiatric symptoms: Somatoform and Psychotic Disorders. In J. E. Morgan and J. Sweet (Eds.) <u>Neuropsychology of malingering casebook</u>. New York: Taylor & Francis, pp. 180-194.

- Kulas, J. F., & Axelrod, B. N. (2010). Report writing for pediatric neuropsychologists. In A. S. Davis (Ed.) <u>Handbook of Pediatric Neuropsychology</u>. New York: Springer Publishing Company, pp. 479-494.
- Axelrod, B. N. (2011). Detecting deficits in high functioning patients. In J. E. Morgan, I. S. Baron, and J. H. Ricker (Eds.) <u>Casebook of Clinical Neuropsychology</u>. New York: Oxford University Press, pp. 427-432.
- Axelrod, B. N. & Schutte, C. (2011). [Various submissions]. In B. Caplan, J. DeLuca, J. Kreutzer, and M Franzen (Eds.). Encyclopedia of Clinical Neuropsychology. New York: Springer Publishing Company.
- Schutte, C. & Axelrod, B. N. (2011). [Various submissions]. In B. Caplan, J. DeLuca, J. Kreutzer, and M Franzen (Eds.). <u>Encyclopedia of Clinical Neuropsychology</u>. New York: Springer Publishing Company.
- Bush, S. S. & Axelrod, B. N. (2012). Neuropsychological Treatments for Veterans. In S. S. Bush (Ed.). <u>Neuropsychological Practice with Veterans</u>. New York: Springer Publishing Company, pp. 45-75.
- Schutte, C. & Axelrod, B. N. (2012). Use of Embedded Cognitive Symptom Validity Measures. In Mild Traumatic Brain Injury Cases In D. A. Carone and S. S. Bush (Eds.). Mild Traumatic Brain Injury: Symptom validity assessment and malingering. New York: Springer Publishing Company, pp. 159-181.
- Miller, J. B., Axelrod, B. N., Schutte, C., & Davis, J. J. (2017). Symptom and Performance Validity in Forensic Neuropsychology. In S. S Bush, G. J. Demakis, and M. L. Rohling (Eds). <u>APA Handbook of Forensic Neuropsychology</u>. Washington DC: APA Press, pp. 67-110.
- Rohling, M. L., Axelrod, B. N., & Langhinrichsen-Rohling, J. (2017). Fundamental Forensic Statistics: Statistics Every Forensic Neuropsychologist Must Know. In S. S Bush, G. J. Demakis, and M. L. Rohling (Eds). <u>APA Handbook of Forensic Neuropsychology</u>. Washington DC: APA Press, pp. 3-22.
- Rohling, M. L., Axelrod, B. N., & Langhinrichsen-Rohling, J. (2017). Mild Traumatic Brain Injury. In S. S. Bush, G. J. Demakis, and M. L. Rohling (Eds). <u>APA Handbook of Forensic Neuropsychology</u>. Washington DC: APA Press, pp. 147-200.
- Axelrod, B. N. & Schutte, C. (2018). [Various submissions]. In B. Caplan, J. DeLuca, J. Kreutzer, and M Franzen (Eds.). <u>Encyclopedia of Clinical Neuropsychology</u>, 2nd Edition. New York: Springer Publishing Company.
- Miller, J. B. & Axelrod, B. N. (2018). Validity assessment: Disentangling dementia from the disinterested and disingenuous. In S. S Bush and A. L. Heck (Eds). <u>Forensic Geropsychology: Practice Essentials</u>. Washington DC: APA Press, pp. 25-48.

- Schutte, C. & Axelrod, B. N. (2018). [Various submissions]. In B. Caplan, J. DeLuca, J. Kreutzer, and M Franzen (Eds.). <u>Encyclopedia of Clinical Neuropsychology</u>, 2nd Edition. New York: Springer Publishing Company.
- Axelrod, B. N., Miller, J., B., & LaBuda, J. (In press). Use of Standard Memory Tests as Performance Validity Tests. In K. B. Boone (Ed.) <u>Assessment of Feigned Cognitive</u> Impairment: A Neuropsychological Perspective, 2nd Edition. New York: Guilford Press.
- Shura, R. D., Denning, J. H., Armistead-Jehle, P., & Axelrod, B. N. (In press). Validity testing within veterans affairs and active duty settings. In R. W. Schroeder and P. K. Martin (Eds.). New York: Guilford Press.

Journal Articles

- Axelrod, B. N., Rosenbaum, G., & Adams, K. M. (1991). Cognitive and motor deficits in selected unilateral brain-injured patients. <u>Perceptual and Motor Skills</u>, <u>72</u>, 767-771.
- Goldman, R. S., Axelrod, B. N., Tandon, R., & Berent, S. (1991). Analysis of executive functioning in schizophrenics using the Wisconsin Card Sorting Test. <u>Journal of Nervous</u> and Mental Disease, 179, 506-507.
- Tompkins, L. M., Goldman, R. S., & Axelrod, B. N. (1991). Modifying Wisconsin Card Sorting Test performance in schizophrenics. <u>American Journal of Psychiatry</u>, 148, 1613.
- Axelrod, B. N., Goldman, R. S., & Henry, R. R. (1992). Sensitivity of the Mini-Mental State Examination to frontal lobe dysfunction in normal aging. <u>Journal of Clinical Psychology</u>, 48, 68-71.
- Axelrod, B. N., Goldman, R. S., & Woodard, J. L. (1992). Interrater reliability in scoring the Wisconsin Card Sorting Test. <u>The Clinical Neuropsychologist</u>, <u>6</u>, 143-155.
- Axelrod, B. N. & Henry, R. R. (1992). Age-related performance on the Wisconsin Card Sorting, Similarities, and Controlled Oral Word Association tests. <u>The Clinical Neuropsychologist</u>, <u>6</u>, 14-24.
- Axelrod, B. N., Henry, R. R., & Woodard, J. L. (1992). Analysis of an abbreviated form of the Wisconsin Card Sorting Test. <u>The Clinical Neuropsychologist</u>, <u>6</u>, 25-29.
- Goldman, R. S., Axelrod, B. N., Giordani, B., Foster, N., & Berent, S. (1992). Longitudinal sensitivity of the Fuld cholinergic profile in Alzheimer's Disease. <u>Journal of Clinical and Experimental Neuropsychology</u>, <u>14</u>, 566-574.

- Goldman, R. S., Axelrod, B. N., & Tompkins, L. M. (1992). Effect of instructional cues on schizophrenic patients' performance on the Wisconsin Card Sorting Test. <u>American Journal of Psychiatry</u>, 149, 1718-1722.
- Woodard, J. L., Axelrod, B. N., & Henry, R. R. (1992). Interrater reliability of Design Fluency scoring parameters. <u>Neuropsychology</u>, <u>6</u>, 173-178.
- Axelrod, B. N. & Alphs, L. D. (1993). Training novice raters on the Negative Symptoms Assessment. <u>Schizophrenia Research</u>, 9, 25-28.
- Axelrod, B. N., Goldman, R. S., & Alphs, L. D. (1993). Validation of the 16 item Negative Symptom Assessment. Journal of Psychiatric Research, 27, 253-258.
- Axelrod, B. N., Jiron, C. C., & Henry, R. R. (1993). Performance of adults ages 20 to 90 on the Abbreviated Wisconsin Card Sorting Test. The Clinical Neuropsychologist, 7, 205-209.
- Axelrod, B. N. & Woodard, J. L. (1993). Neuropsychological sequelae of heat stroke: Two case studies. <u>International Journal of Neuroscience</u>, 70, 223-232.
- Goldman, R. S., Axelrod, B. N., & Tandon, R. (1993). Spurious WAIS-R cholinergic profiles in schizophrenics. <u>The Clinical Neuropsychologist</u>, 7, 171-178.
- Goldman, R. S., Axelrod, B. N., & Tandon, R., Ribiero, S. C. M., & Craig, K. (1993). Neuropsychological prediction of treatment efficacy and one-year outcome in schizophrenia. Psychopathology, 26, 122-126.
- Axelrod, B. N., Goldman, R. S., Tompkins, L. M., & Jiron, C. C. (1994). Poor differential performance on the Wisconsin Card Sorting Test in schizophrenia, mood disorder, and traumatic brain injury. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 7, 20-24.
- Axelrod, B. N., Goldman, R. S., Woodard, J. L., & Alphs, L. D. (1994). Factor structure of the Negative Symptom Assessment. <u>Psychiatry Research</u>, <u>52</u>, 173-179.
- Axelrod, B. N., Greve, K. W., & Goldman, R. S. (1994). Comparison of Four Wisconsin Card Sorting Test scoring instructions. <u>Assessment</u>, <u>1</u>, 115-121.
- Axelrod, B. N. & Millis, S. R. (1994). Preliminary standardization of the Cognitive Estimation Test. <u>Assessment</u>, <u>1</u>, 269-274.
- Axelrod, B. N., Ricker, J. H., & Cherry, S. A. (1994). Concurrent validity of the MAE Visual Naming Test. <u>Archives of Clinical Neuropsychology</u>, 9, 317-322.
- Milner, I. B., Axelrod, B. N., Pasquantonio, J., Sillanpaa, M. C. (1994). Is there a Gulf War Syndrome? <u>Journal of the American Medical Association</u>, <u>271</u>, 661.

- Paolo, A. M., Axelrod, B. N., Ryan, J. J., Goldman, R. S., & Garner, J. H. (1994).
 Administration accuracy of the Wisconsin Card Sorting Test. <u>The Clinical Neuropsychologist</u>, <u>8</u>, 112-116.
- Ricker, J. H. & Axelrod, B. N. (1994). Utility of an oral version of the Trail Making Test. Assessment, 1, 61-65.
- Axelrod, B. N., & Ricker, J. H. (1995). Clinical utility of a recognition paradigm of the Visual Form Discrimination Test. <u>Applied Neuropsychology</u>, 2, 150-154.
- Paolo, A. M., Tröster, A. I., Axelrod, B. N., & Koller, W. C. (1995). Construct validity of the WCST in normal elderly and persons with Parkinson's Disease. <u>Archives of Clinical Neuropsychology</u>, 10, 463-473.
- Ricker, J. H. & Axelrod, B. N. (1995). Hooper Visual Organization Test: Effects of object naming ability. The Clinical Neuropsychologist, 9, 57-62.
- Tompkins, L. M., Goldman, R. S., & Axelrod, B. N. (1995). Modifiability of cognitive dysfunction in schizophrenia. <u>Biological Psychiatry</u>, <u>38</u>, 105-111.
- Woodard, J. L., & Axelrod, B. N. (1995). Parsimonious prediction of the Wechsler Memory Scale-Revised memory indices. <u>Psychological Assessment</u>, <u>7</u>. 445-449.
- Abraham, E., Axelrod, B. N., & Ricker, J. H. (1996). Application of the Oral Trail Making Test to a mixed clinical sample. <u>Archives of Clinical Neuropsychology</u>, <u>11</u>, 697-701.
- Axelrod, B. N., Fox, D. D., Lees-Haley, P. R., Earnest, K., Dolezal-Wood, S., & Goldman, R. S. (1996). Latent structure of the postconcussion syndrome questionnaire. <u>Psychological</u> Assessment, 8, 422-427.
- Axelrod, B. N. & Goldman, R. S. (1996). Use of demographic corrections in neuropsychological interpretation: How standard are standard scores? <u>The Clinical Neuropsychologist</u>, <u>10</u>, 159-162.
- Axelrod, B. N., Goldman, R. S., Heaton, R. K., Curtiss, G., Thompson, L. L., Chelune, G. J., & Kay, G. G. (1996). Discriminablity of the WCST with the standardization sample. <u>Journal of Clinical and Experimental Neuropsychology</u>, 18, 338-342.
- Axelrod, B. N., Putnam, S., Woodard, J. L., & Adams, K. M. (1996). Cross-validation of predicted Wechsler Memory Scale-Revised scores. <u>Psychological Assessment</u>, <u>8</u>, 73-75.
- Axelrod, B. N., Woodard, J. L., Schretlen, D., & Benedict, R. H. B. (1996). Correction to WAIS-R short form reliability and standard error of measurement. Psychological Assessment, 8, 222-223.

- Goldman, R. S., Axelrod, B. N., Heaton, R. K., Chelune, G. J., Curtiss, G., Kay, G. G., & Thompson, L. L. (1996). Latent structure of the WCST with the standardization samples. Assessment, 3, 73-78.
- Milanovich, J., Axelrod, B. N., & Millis, S. R. (1996). Validation of the Simulation Index-Revised with a mixed clinical population. <u>Archives of Clinical Neuropsychology</u>, 11, 53-59.
- Paolo, A. M., Axelrod, B. N., & Tröster, A. I. (1996). Test-retest stability of the Wisconsin Card Sorting Test. <u>Assessment</u>, <u>3</u>, 137-145.
- Paolo, A. M., Axelrod, B. N., Tröster, A. I., Blackwell, K. T., & Koller, W. C. (1996). Utility of a Wisconsin Card Sorting Test short form in persons with Alzheimer's and Parkinson's Disease. <u>Journal of Clinical and Experimental Neuropsychology</u>, 18, 892-897.
- Ricker, J. H., Axelrod, B. N., & Houtler, B. D. (1996). Clinical validity of the Oral Trail Making Test. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 9, 50-53.
- Ryan, J. J., Abraham, E., Paolo, A. M., Axelrod, B. N. (1996). WAIS-R Verbal-Performance IQ discrepancies in persons with lateralized lesions: Utility of a seven subtest short form. <u>Archives of Clinical Neuropsychology</u>, 11, 207-214.
- Vanderploeg, R. D., Schinka, J. A., & Axelrod, B. N. (1996). Estimation of WAIS-R premorbid intelligence: Current ability and demographic data used in a best performance fashion. Psychological Assessment, 8, 404-411.
- Abraham, E., Axelrod, B. N., & Paolo, A. M. (1997). Comparison of WAIS-R selected subtest short forms in a mixed clinical population. <u>Assessment</u>, <u>4</u>, 409-417.
- Axelrod, B. N., Brines, B., & Rapport, L. J. (1997). Estimating Full Scale IQ while minimizing the effects of practice. <u>Assessment</u>, 4, 227-233.
- Axelrod, B. N. & Milner, I. B. (1997). Neuropsychological findings in a sample of Desert Storm Veterans. The Journal of Neuropsychiatry and Clinical Neurosciences, 9, 23-28.
- Axelrod, B. N., Paolo, A. M., & Abraham, E. (1997). Do normative data from the full Wisconsin Card Sorting Test extend to the abbreviated WCST? <u>Assessment</u>, <u>4</u>, 41-46.
- Rapport, L. J., Axelrod, B. N., Theisen, M. E., Brines, D. B., Kalechstein, A., & Ricker, J. D. (1997). The relationship of IQ to verbal learning and memory: Test and retest. <u>Journal of Clinical and Experimental Neuropsychology</u>, <u>19</u>, 655-666.
- Rapport, L. J., Brines, D. B., Axelrod, B. N., & Theisen, M. E. (1997). Full Scale IQ as a mediator of practice effects: The rich get richer. <u>The Clinical Neuropsychologist</u>, <u>11</u>, 375-380.

- Sillanpaa, M. C., Agar, L. M., Milner, I. B., Podany, E. C., Axelrod, B. N., & Brown, G. G. (1997). Gulf War Veterans: A neuropsychological examination. <u>Journal of Clinical and Experimental Neuropsychology</u>, 19, 211-219.
- Vanderploeg, R. D., Axelrod, B. N., Sherer, M., Scott, J. G., & Adams, R. L. (1997). The importance of demographic adjustments on neuropsychological test performance: A response to Reitan and Wolfson (1995). The Clinical Neuropsychologist, 11, 210-217.
- Axelrod, B. N., Fox, D. D., Lees-Haley, P. R., Earnest, K., & Dolezal-Wood, S. (1998). Application of the Postconcussive Syndrome Questionnaire with medical and psychiatric outpatients. <u>Archives of Clinical Neuropsychology</u>, 13, 543-548.
- Axelrod, B. N., & Naugle, R. I. (1998). Evaluation of Brief and Reliable Estimates of the WAIS-R: The K-BIT versus the WAIS-R Seven Subtest Short Form. <u>International Journal of Neuroscience</u>, 94, 85-91.
- Axelrod, B. N., & Paolo, A. M. (1998). Utility of the WAIS-R Seven Subtest Short Form as applied to the standardization sample. <u>Psychological Assessment</u>, <u>10</u>, 33-37.
- LoSasso, G. L., Rapport, L. J., Axelrod, B. N., & Reeder, K. P. (1998). Intermanual and alternate form equivalence on the Trail Making Tests. <u>Journal of Clinical and Experimental Neuropsychologist</u>, 20, 107-110.
- Mohan, K. K., Nahaas, A., Axelrod, B. N., Sander, A. M., & Kapen, S. (1998). Prediction of continuous positive airway pressure in patients with obstructive sleep apnea and its validations. <u>Journal of the American College of Neuropsychiatrists</u>, <u>13</u>, 25-28.
- Rapport, L. J., Farchione, T. J., Coleman, R., & Axelrod, B. N. (1998). Effects of coaching on malingered motor function profiles. <u>Journal of Clinical and Experimental Neuropsychology</u>, <u>20</u>, 89-97.
- Sander, A. M., Mohan, K. K., Axelrod, B. N., Koshorek, G., & Kapen, S. (1998). The Multiple Sleep Latency Test: Two naps too many. <u>Journal of the American College of Neuropsychiatrists</u>, <u>12</u>, 18-21.
- Theisen, M. E., Rapport, L. J., Axelrod, B. N., & Brines, D. B. (1998). Effects of practice in repeated administrations of the Wechsler Memory Scale-Revised in normal adults. <u>Assessment</u>, <u>5</u>, 85-92.
- Axelrod, B. N., & Rawlings, D. B. (1999). Clinical utility of incomplete effort WAIS-R formulas: A longitudinal examination of individuals with traumatic brain injuries. <u>Journal</u> of Forensic Neuropsychology, 1, 15-28.

- Axelrod, B. N., Vanderploeg, R. D., & Rawlings, D. B. (1999). WAIS-R prediction equations in TBI patients. <u>Journal of Clinical and Experimental Neuropsychology</u>, 21, 368-374.
- Axelrod, B. N., Vanderploeg, R. D., & Schinka, J. A. (1999). Comparing methods for estimating premorbid intellectual functioning. <u>Archives of Clinical Neuropsychology</u>, 14, 341-346.
- Milner, I. B., & Axelrod, B. N. (1999). Illnesses in Gulf War veterans: Review and Update. <u>Public Health Reviews: An International Quarterly</u>, <u>27</u>, 263-277.
- Sillanpaa, M. C., Agar, L. M., & Axelrod, B. N. (1999). Minnesota Multiphasic Personality Inventory-2 Validity patterns: An elucidation of Gulf War Syndrome. Military Medicine, 164, 261-263.
- Woodard, J. L., & Axelrod, B. N. (1999). Interpretive guidelines for neuropsychiatric measures of dichotomously scored items: Implications for the Geriatric Depression Scale and similar measures. <u>International Journal of the Geriatric Psychiatry</u>, 14, 385-388.
- Axelrod, B. N., Aharon-Peretz, J., Tomer, R., & Fisher, T. (2000). Creating interpretation guidelines for the Hebrew Trail Making Test. <u>Applied Neuropsychology</u>, 7, 186-188.
- Axelrod, B. N., & Milner, I. B. (2000). Gulf War Illness research: Separating the wheat from the chaff. The Clinical Neuropsychologist, 14, 349-351.
- Axelrod, B. N., & Ryan, J. J. (2000). Prorating Wechsler Adult Intelligence Scale-III summary scores. <u>Journal of Clinical Psychology</u>, <u>56</u>, 807-811.
- Axelrod, B. N., Ryan, J. J., & Ward, L. C. (2000). Estimation of Wechsler Adult Intelligence Scale-III index scores with the 7-subtest short form in a clinical sample. <u>Assessment</u>, 7, 157-161.
- Axelrod, B. N., & Woodard, J. L. (2000). Parsimonious prediction of Wechsler Memory Scale-III memory indices. <u>Psychological Assessment</u>, 12, 431-435.
- Ward, L. C., Axelrod, B. N., & Ryan, J. J. (2000). Observations on the factor structure of the WAIS-R. Assessment, 7, 79-86.
- Ward, L. C., Ryan, J. J., & Axelrod, B. N. (2000). Confirmatory factor analysis of the WAIS-III standardization data. Psychological Assessment, 12, 341-345.
- Axelrod, B. N. (2001). Administration duration for the Wechsler Adult Intelligence Scale-III and Wechsler Memory Scale-III. Archives of Clinical Neuropsychology, 16, 293-301.
- Axelrod, B. N., Aharon-Peretz, J., Tomer, R., & Fisher, T. (2001). Preliminary analyses of Hebrew verbal fluency measures. Applied Neuropsychology, 8, 248-250.

- Axelrod, B. N., Fichtenberg, N. L., Liethen, P. C., Czarnota, M. A., & Stucky, K. (2001). Performance characteristics of postacute traumatic brain injury patients on the WAIS-III and WMS-III. The Clinical Neuropsychologist, 15, 516-520.
- Axelrod, B. N., Ryan, J. J., & Ward, L. C. (2001). Evaluation of seven-subtest short forms of the Wechsler Adult Intelligence Scale-III in a referred sample. <u>Archives of Clinical Neuropsychology</u>, 16, 1-8.
- Axelrod, B. N., Ryan, J. J., & Woodard, J. L. (2001). Cross-validation of prediction equations for Wechsler Memory Scale-III Index Scores. <u>Assessment</u>, <u>8</u>, 367-372.
- LoSasso, G. L., Rapport, L. J., Axelrod, B. N. (2001). Neuropsychological Symptoms Associated with Low-level Exposure to Solvents and (Meth)acrylates among Nail Technicians. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 14, 183-189.
- Axelrod, B. N. (2002). Are Normative Data From the 64 Card Version of the WCST Comparable to the Full WCST? The Clinical Neuropsychologist, 16, 7-11.
- Axelrod, B. N. (2002). Validity of the Wechsler Abbreviated Scale of Intelligence and other very short forms of estimating intellectual functioning. <u>Assessment</u>, <u>9</u>, 17-23.
- Axelrod, B. N., Fichtenberg, N. L., Liethen, P. C., Czarnota, M. A., & Stucky, K (2002). Index, summary, and subtest discrepancy scores on the WAIS-III in postacute traumatic brain injury patients. <u>International Journal of Neuroscience</u>, <u>112</u>, 1479-1487.
- Axelrod, B. N., & Lees-Haley, P. (2002). Construct validity of the Postconcussion Syndrome Questionnaire as related to the MMPI-2. <u>Archives of Clinical Neuropsychology</u>, <u>17</u>, 343-350.
- Basso, M. R., Carona, F. D., Lowery, N., & Axelrod, B. N. (2002). Practice Effects on the WAIS-III Across 3- and 6-Month Intervals. <u>The Clinical Neuropsychologist</u>, <u>16</u>, 57-63.
- Burton, D. B., Ryan, J. J., Axelrod, B. N., & Schellenberger, T. (2002). A structural equation analysis of the WAIS-III in a clinical sample. <u>Archives of Clinical Neuropsychology</u>, <u>17</u>, 371-388.
- Donders, J., & Axelrod, B. N. (2002). Two-Subtest estimations of WAIS-III factor Index Scores. <u>Psychological Assessment</u>, <u>14</u>, 360-364.
- Kulas, J. F., & Axelrod, B. N. (2002). Comparison of Seven-Subtest and Satz-Mogel short forms of the WAIS-3. Journal of Clinical Psychology, 58, 773-782.
- Lequerica, A., Rapport, L. J., Axelrod, B. N., Telmet, K., & Whitman, R. D. (2002). Subjective and Objective Assessment Methods of Mental Imagery Control: Construct Validation of Self-Report Measures. <u>Journal of Clinical and Experimental Neuropsychology</u>, 24, 1103-1116.

- LoSasso, G. L., Rapport, L. J., Axelrod, B. N., & Whitman, R. D. (2002). Neurocognitive sequelae of exposure to organic solvents and (meth)acrylates among nail studio technicians. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 15, 44-55.
- Burton, D. B., Ryan, J. J., Axelrod, B. N., Schellenberger, T., & Richards, H. M. (2003). A confirmatory factor analysis of the WMS-III in a clinical sample with crossvalidation in the standardization sample. Archives of Clinical Neuropsychology, 18, 629-642.
- Drane, D. L., Yuspeh, R. L., Huthwaite, J. S., Klingler, L. K., Foster, L. M., Mrazik, M., & Axelrod, B. N. (2003). Healthy older adult performance on a modified version of the Cognistat (NCSE): Normative and demographic issues. <u>Journal of Clinical and Experimental</u> Neuropsychology, 25, 133-144.
- Greiffenstein, M. F., Baker, W. J., Peck, E. A., Axelrod, B. N., & Gervais, R. (2004). The Fake Bad Scale and MMPI-2 F-Family in detection of implausible psychological trauma claims. The Clinical Neuropsychologist, 18, 573-590.
- Jaszewski, R., Levi, E., Sochacki, P., Frank. J., Kucuk, O., Axelrod, B. N., & Majumdar, A. P. N. (2004). Expression of epidermal growth factor–receptor related protein (ERRP) in human colorectal carcinogenesis. Cancer Letters, 213, 249-255.
- Jaszewski, R., Millar, B., Hatfield, J. S., Nogothu, K., Finkenauer, R., Rishi, A. K., Naumoff, J., Kucuk, O., Axelrod, B. N., & Majumdar, A. P. N. (2004). Folic acid reduces nuclear translocation of β-catenin in rectal mucosal crypts of patients with colorectal adenomas. Cancer Letters, 206, 27-33.
- Woodward, J. L., Axelrod, B. N., Mordecai, K., & Shannon, K. D. (2004). Value of Signal Detection Theory Indexes for Wechsler Memory Scale-III recognition measures. <u>Journal of Clinical and Experimental Neuropsychology</u>, 26, 577-586.
- Shapinsky, A. C., Rapport, L. J., Henderson, M., & Axelrod, B. N. (2005). Civilian PTSD scales: Relationships with train characteristics and everyday distress. <u>Assessment</u>, <u>12</u>, 220-230.
- Axelrod, B. N., (May 16, 2006). Interpreting symptoms in military personnel after combat. [Invited and reviewed Commentary] <u>The Lancet</u>, Early On-line Publication, The Lancet DOI:10.1016/S0140-6736(06)68663-7.
- Axelrod, B. N., (2006). Interpreting symptoms in military personnel after combat. [Invited and reviewed Commentary] <u>The Lancet</u>, <u>367</u>, 1709-1710.
- Axelrod, B. N., Fichtenberg, N. L., Millis, S. R., & Wertheimer, J. (2006). Detecting incomplete effort with Wechsler Adult Intelligence Scale-Third Edition Digit Span Subtest. <u>The Clinical Neuropsychologist</u>, 20, 513-523.

- Lequerica, A.H., Rapport, L.J., Whitman, R.D. Scott R. Millis, Vangel, Jr., S.J., Hanks, R.A., Axelrod, B.N., (2006). Psychometric properties of the Rehabilitation Therapy Engagement Scale When Used Among Individuals with Acquired Brain Injury. <u>Rehabilitation Psychology</u>, 51, 331-337.
- Axelrod, B. N. (2007). A Primer on Brief Tests of Intellectual Functioning. <u>Journal of Clinical and Experimental Neuropsychology</u>, 29, 785-787.
- Axelrod, B. N., Grabowski, J., & Trewhella, L. (2007). Evaluation of Traumatic Events as defined by the DSM-IV-TR Criteria. <u>International Journal of Psychiatry in Clinical Practice</u>, 11, 263-267.
- Lequerica, A. H., Rapport, L. J., Loeher, K., Axelrod, B. N., Vangel, S. J., & Hanks, R. A. (2007). Agitation in Acquired Brain Injury: Impact on Acute Rehabilitation Therapies. Journal of Head Trauma Rehabilitation, 22, 177-183.
- Randolph, C., Donnell, A., Pliskin, N., Holdnack, J., & Axelrod, B. N. (2007). Rapidly-Administered short forms of the Wechsler Adult Intelligence Scale-3rd Edition. <u>Archives of Clinical Neuropsychology</u>, 22, 917-924. **Nelson Butters Award for Research Contributions to Clinical Neuropsychology**, **National Academy of Neuropsychology**, 2008.
- Wall, J. R., & Axelrod, B. N. (2007). Expectancy of Impaired Neuropsychological Test Scores in a Non-Clinical Sample. <u>International Journal of Neuroscience</u>, 117, 1591-1602.
- Axelrod, B. N. (2008). One-stop shopping for detection of malingered test performance; assessment of malingered neuropsychological deficits: A review. <u>The Clinical Neuropsychologist</u>, 22, 946-949.
- Axelrod, B. N., Wall, J. R., & Estes, B. W. (2008). Use of the Binomial Distribution to predict impairment: Application in a non-clinical sample. <u>Applied Neuropsychology</u>, <u>15</u>, 170-175.
- Jaszewski, R., Misra, S., Tobi, M., Sabeena, M., Ullah, N., Neumoff, J., Kucuk, O., Levi, E., Axelrod, B. N., Patel, B. B., & Majumdar, A.P.N. (2008). Folic Acid Supplementation Inhibits Recurrence of Colorectal Adenomas: A Randomized Chemopreventive Trial. World Journal of Gastroenterology, 14, 4492-4498.
- Tsanadis, J., Montoya, E., Hanks, R. A., Millis, S. R., Fichtenberg, N. L., & Axelrod, B. N. (2008). Brain injury severity, litigation status, and self-report of postconcussive symptoms. <u>The Clinical Neuropsychologist</u>, <u>22</u>, 1080-1092.
- Abeare, C. A., Cohen, J. L., Axelrod, B. N., Leisen, J. C. C., Mosley-Williams, A.& Lumley, M. A. (2010). Pain, executive functioning, and affect in patients with rheumatoid arthritis. Clinical Journal of Pain, 26, 683-689.

- Axelrod, B. N., Barlow, A. S., & Paradee, C. (2010). Evaluation of the WMS-III Rarely Mixed Index in a naïve clinical sample. <u>The Clinical Neuropsychologist</u>, 24, 95-102.
- Axelrod, B. N., & Schutte, C. E. (2010). Analysis of the Dementia Profile on the Medical Symptom Validity Test. <u>The Clinical Neuropsychologist</u>, 24, 873-881.
- Girard, T. A., Axelrod, B. N., Wilkins, L. K. (2010). Comparison of WAIS-III short-forms for measuring index and full-scale scores. <u>Assessment</u>, <u>17</u>, 400-405.
- Van Dyke, S. A., Axelrod, B. N., & Schutte, C. (2010). Test-Retest Reliability of the Traumatic Brain Injury Screening Instrument. Military Medicine, 175, 947-949.
- Van Dyke, S. A., Axelrod, B. N., & Schutte, C. (2010). The utility of the Postconcussive Symptom Questionnaire. <u>Archives of Clinical Neuropsychology</u>, <u>25</u>, 634-639. http://acn.oxfordjournals.org/cgi/content/full/acq063.
- Axelrod, B. N. (2011). Unique application of neuropsychology to active duty service members and veterans: A review of Military Neuropsychology. <u>Journal of the International</u> Neuropsychological Society, 17, 203-205.
- Axelrod, B. N., & Schutte, C. E. (2011). Concurrent Validity of Three Forced Choice Measures of Symptom Validity. <u>Applied Neuropsychology</u>, <u>18</u>, 27-33.
- Davis, J. J., McHugh, T. S., Bagley, A. D., Axelrod, B. N., & Hanks, R. A. (2011). Cross-validation of Picture Completion effort indices in personal injury litigants and disability claimants. <u>Archives of Clinical Neuropsychology</u>, 26, 768-773.
- Kinkela, J., Haque, S., Axelrod, B. N., Seicarescu, C., & Judd, S., & (2011). Disoriented and Forgetful. Neuropsychiatric Symptoms in Fabry Disease: A case report and review of the literature. <u>Current Psychiatry</u>, <u>10</u>, 59-65.
- Meyers, J. E., Reinsch-Boothby, L., Rohling, M., Miller, R., & Axelrod, B. N. (2011). Does the Source of a Forensic Referral Affect Neuropsychological Test Performance on a Standardized Battery of Tests? <u>The Clinical Neuropsychologist</u>, <u>25</u>, 477-487.
- Meyers, J. E., Volbrecht, M., Axelrod, B. N., & Reinsch-Boothby, L. (2011). Embedded Symptom Validity Tests and Overall Neuropsychological Test Performance. <u>Archives of Clinical Neuropsychology</u>, 26, 8-15.
- Miller, J. B., Millis, S. R., Bashem, J. R., Rapport, L. J., Hanks, R. A., & Axelrod, B. N. (2011). Detection of Insufficient Effort Using the Advanced Clinical Solutions for the Wechsler Memory Scale, Fourth Edition. <u>The Clinical Neuropsychologist</u>, <u>25</u>, 160-172.
- Schutte, C., Millis, S. R., Axelrod, B. N., & Van Dyke, S. A. (2011). Derivation of a Composite Measure of Embedded Symptom Validity Indices. <u>The Clinical Neuropsychologist</u>, <u>25</u>, 454-462.

- Winstanley, F. S., & Axelrod, B. N. (2011). Short-form Analysis of the Restructured Clinical Scales and PSY-5 Scales of the MMPI-2. <u>Archives of Assessment Psychology</u>, 1. http://www.assessmentpsychologyboard.org/journal/index.php/AAP/article/view/23/18
- Winstanley, F. S., Axelrod, B. N., & LaLone, L. V. (2011). Prediction of MMPI-2 Clinical Scales for Incomplete Protocols: Comprehensive Short-Form Analysis. <u>Archives of Assessment Psychology</u>, 1. http://www.assessmentpsychologyboard.org/journal/index.php/AAP/article/view/22/17
- Axelrod, B. N. (2012). The Field of Neuropsychology in One Compact Volume: A review of Specialty Competencies in Clinical Neuropsychology. <u>The Clinical Neuropsychologist</u>, <u>26</u>, 1242-1244. http://dx.doi.org/10.1080/13854046.2012.715971
- Bezdicek, O., Motak, L., Axelrod, B. N., Preiss, M., Nikolai, T., Vyhnalek, M., Poreh, A., Ruzicka, E. (2012). Czech version of the Trail Making Test: Normative data and clinical utility. <u>Archives of Clinical Neuropsychology</u>, 27, 906-914.
 <u>http://doi.org/10.1093/arclin/acs084</u>
- Davis, J. J., McHugh, T. S., Axelrod, B. N., & Hanks, R. A. (2012). Performance validity and neuropsychological outcomes in a litigants and disability claimants. <u>The Clinical Neuropsychologist</u>, 26, 850-865. <u>https://dx.doi.org/10.1080/13854046.2012.686631</u>
- Davis, J. J., Millis, S. R., & Axelrod, B. N. (2012). Derivation of an Embedded Rey Auditory Verbal Learning Test performance validity indicator. <u>The Clinical Neuropsychologist</u>, 26, 1397-1408. http://www.tandfonline.com/doi/abs/10.1080/13854046.2012.728627
- Etherton, J. L., & Axelrod, B. N. (2012). Do administration instructions alter optimal neuropsychological test performance? Data from healthy volunteers. <u>Applied Neuropsychology Adult, 20</u>, 15-19. http://www.tandfonline.com/doi/full/10.1080/09084282.2012.670152
- Gardizi, E., Millis, S. R., Hanks, R. A., Fichtenberg, N. & Axelrod, B. N. (2012). Rasch Analysis of the Postconcussive Syndrome Questionnaire: Measuring the core construct of head injury symptomatology. <u>The Clinical Neuropsychologist</u>, 26, 869-878.
- Leavell, B. J., VanBuren, E., Antaki, F., Axelrod, B. N., Rambus, M. A., & Majumdar, A. P. (2012). Associations between Markers of Colorectal Cancer Stem Cells and Adenomas among Ethnic Groups. <u>Digestive Diseases and Sciences</u>, <u>57</u>, 2334-2339. http://www.springerlink.com/content/906w6t1608720638/
- Miller, J. B., Axelrod, B. N., Rapport, L. J., Millis, S. R., Van Dyke, S., Schutte, C., & Hanks, R. A. (2012). Parsimonious prediction of Wechsler Memory Scale, Fourth Edition scores: Immediate and Delayed Memory Indexes. <u>Journal of Clinical and Experimental Neuropsychology</u>, 34, 531-542. http://www.tandfonline.com/doi/pdf/10.1080/13803395.2012.665437

- Miller, J. B., Axelrod, B. N., Rapport, L. J., Bashem, J. R., Schutte, C., & Hanks, R. A. (2012). Substitution of California Verbal Learning Test, Second Edition scores for Verbal Paired Associates on the Wechsler Memory Scale, Fourth Edition. <u>The Clinical Neuropsychologist</u>, 26, 599-608. http://www.tandfonline.com/doi/abs/10.1080/13854046.2012.677478
- Miller, J. B., Axelrod, B. N., & Schutte, C. (2012). Parsimonious Prediction of the Wechsler Memory Scale, Fourth Edition Demographically Adjusted Index Scores: Immediate and Delayed Memory. <u>The Clinical Neuropsychologist</u>, 26, 490-500. http://dx.doi.org/10.1080/13854046.2012.665084
- Waldron-Perrine, B. & Axelrod, B. N. (2012). Determining an appropriate cutting score for indication of impairment on the Montreal Cognitive Assessment. <u>International Journal of Geriatric Psychiatry</u>, 27, 1189-1194. http://onlinelibrary.wiley.com/doi/10.1002/gps.3768/pdf
- Axelrod, B. N. (2013). Report writing assistance for newcomers to neuropsychology. A review of R. N. Wanlass The Neuropsychology Toolkit: Guidelines, formats, and language. <u>The Clinical Neuropsychologist</u>, <u>27</u>, 1409-1410. http://dx.doi.org/10.1080/13854046.2013.840390
- Davis, J. J., Axelrod, B. N., McHugh, T. S., Hanks, R. A., & Millis, S. R. (2013). Number of impaired scores as a performance validity indicator. <u>Journal of Clinical and Experimental Neuropsychology</u>, 35, 413-420. http://dx.doi.org/10.1080/13803395.2013.781134
- Kamper, J. E. & Axelrod, B. N. (2013). The Perfect Blend: A research and practical-based approach to forensic neuropsychology. A review of K. B. Boone The Clinical Practice of Forensic Neuropsychology: An Evidence-Based approach. Psychology Injury and Law.
 DOI 10.1007/s12207-013-9159-6
- Spencer, R. J., Axelrod, B. N., Drag, L. L, Waldron-Perrine, B., Pangilinan, P. H., & Bieliauskas L. A. (2013). WAIS-IV Digit Span Scaled Score is no more accurate than Age Corrected Scaled Scores as an indicator of invalid performance in a veteran sample undergoing evaluation for mTBI. The Clinical Neuropsychologist, 27, 1362-1372. http://dx.doi.org/10.1080/13854046.2013.845248
- Van Dyke, S. A., Millis, S. R., Axelrod, B. N., & Hanks, R. A. (2013). Assessing Effort: Differentiating Performance and Symptom Validity. <u>The Clinical Neuropsychologist</u>, <u>27</u>, 1234-1246. http://dx.doi.org/10.1080/13854046.2013.835447
- Axelrod, B. N., Meyers, J. E., & Davis, J. J. (2014). Finger Tapping Test performance as a measure of performance validity. <u>The Clinical Neuropsychologist</u>, <u>28</u>, 876-888. http://dx.doi.org/10.1080/13854046.2014.907583

- Bashem, J. R., Rapport, L. J., Miller, J. B., Hanks, R. A., Axelrod, B. N., & Millis, S. R. (2014). Comparisons of five performance validity indices in simulated and bona fide traumatic brain injury. The Clinical Neuropsychologist, 28, 851-875.
 https://dx.doi.org/10.1080/13854046.2014.927927
- Bezdicek, O., Stepankova, H., Motak, L., Woodard, J. L., Axelrod, B. N., Preiss, M., Nikolai, T., Vyhnalek, M., Poreh, A., & Ruzicka, E. (2014). Czech version of Rey's Auditory Verbal Learning Test: Normative Data. <u>Aging, Neuropsychology and Cognition</u>, 21, 693-721.
 <u>http://dx.doi.org/10.1080/13825585.2013.865699</u>
- Kulas, J. F., Axelrod, B. N., & Rinaldi, A. (2014). Cross-validation of supplemental Test of Memory Malingering scores as performance validity measures. Psychology Injury and Law, 7, 236-244. http://dx.doi.org/10.1007/s12207-014-9200-4
- Sugarman, M. A. & Axelrod, B. N. (2014). The utility of brief screening measures in predicting general intellectual abilities. <u>Cognitive and Behavioral Neurology</u>, <u>27</u>, 148-154. http://dx.doi.org/10.1097/WNN.0000000000000035
- Bezdicek, O., Lukavsky, J., Stepankova, H., Nikolai, T., Axelrod, B. N., Michalec, J., Ruzicka, E., & Kopecek, M. (2015). Prague Stroop Test: Normative standards in older Czech adults and discriminative validity for Mild Cognitive Impairment in Parkinson's Disease. <u>Journal</u> of Clinical and Experimental Neuropsychology, 37, 794-807.
- Girard, T. A., Axelrod, B. N., Patel, R., & Crawford, J. R. (2015). WAIS-IV dyads for estimating global intelligence. <u>Assessment, 22, 441-448.</u>
 <u>http://dx.doi.org/10.1177/1073191114551551</u>
- Malcore, S. A., Schutte, C., Van Dyke, S. A., & Axelrod, B. N. (2015). The Development of a Reduced-Item Structured Inventory of Malingered Symptomatology (SIMS). <u>Psychology, Injury, and Law, 8</u>, 95-99.
- Rohling, M. L., Miller, R. M., Axelrod, B. N., Wall, J. H., Lee, A. J., & Kinikini, D. T. (2015). Is co-norming required? <u>Archives of Clinical Neuropsychology</u>, <u>30</u>, 611-633.
- Schutte, C., Axelrod, B. N., Montoya, E. (2015). Making sure your data are meaningful: Use of performance validity testing in medicolegal and clinical contexts. <u>Psychology Injury and Law</u>, <u>8</u>, 100-105.
- Sugarman, M. A. & Axelrod, B. N. (2015). Embedded measures of performance validity using verbal fluency tests in a clinical sample. <u>Applied Neuropsychology Adult, 22</u>, 141-146. http://www.tandfonline.com/loi/hapn21
- Sugarman, M. A., Holcomb, E. M., Axelrod, B. N., Meyers, J. E., & Liethen, P. C. (2015). Embedded measures of effort in the Rey Complex Figure Test in a clinical sample of veterans. <u>Applied Neuropsychology—Adult, 23</u>, 105-114. <u>http://dx.doi.org/10.1080/23279095.2015.1014557</u>

- Bezdicek, O., Motak, L., Schretlen, D. J., Preiss, M., Axelrod, B. N., Nikolai, T., Pena, J., Ojeda, N., & Ruzicka, E. (2016). Sociocultural and language differences in performance on the Trail Making Test. <u>Archives of Assessment Psychology</u>, 6, 33-48.
- Lewandowski, A., Baker, J., Sewick, B., Knippa, J., Axelrod, B., & McCaffrey, R. J. (2016). Policy statement of the American Board of Professional Neuropsychology regarding Third Party Observation and the recording of psychological test administration in neuropsychological evaluations. <u>Applied Neuropsychology</u>, 23, 391-398.
 <u>http://dx.doi.org/10.1080/23279095.2016.1176366</u>
- Lippa, S. M., Axelrod, B. N., & Lange, R. T. The Mild Brain Injury Atypical Symptoms (mBIAS) Scale in a mixed clinical sample. (2016). <u>The Journal of Clinical and Experimental Neuropsychology</u>, <u>38</u>, 721-729. http://www.tandfonline.com/doi/full/10.1080/13803395.2016.1161732
- Kanser, R. J., Bashem, J. R., Rapport, L. J., Billings, N. M., Miller, J. A., Hanks, R. A., & Axelrod, B. N. (2017). Strategies of successful and unsuccessful simulators coached to feign traumatic brain injury. <u>Ten. Student Project Competition.</u>
- Morin, R. T., & Axelrod, B. N. (2017). Use of Latent Class Analysis to define groups based on validity, cognition, and emotional functioning. <u>The Clinical Neuropsychologist</u>, <u>31</u>, 1087-1099. http://dx.doi.org/10.1080/13854046.2017.1341550
- Reslan, S., & Axelrod, B. N. (2017). Evaluating the Medical Symptom Validity Test (MSVT) in a sample of veterans between the ages of 18 to 64. <u>Applied Neuropsychology—Adult</u>, <u>24</u>, 132-139. http://dx.doi.org/10.1080/23279095.2015.1107565
- Spencer, R. J., Waldron-Perrine, B., Drag, L. L., Pangilinan, P. H., Axelrod, B. N., & Bieliauskas L. A. (2017). Neuropsychological Test Validity in Veterans Presenting with Subjective Complaints of "Very Severe" Cognitive Symptoms Following Mild Traumatic Brain Injury. Brain Injury, 31, 32-38. http://dx.doi.org/10.1080/02699052.2016.1218546
- Bezdicek, O., J., Stepankova, H., Axelrod, B. N., Nikolai, T., Sulc, Z., Jech, R., Ruzicka, E., & Kopecek, M. (2018). Clinimetric Validity of the Trail Making Test Czech Version in Parkinson's Disease and Normative Data for Older Adults. The Clinical Neuropsychologist, 31, Sup 1, 42-60. https://dx.doi.org/10.1080/13854046.2017.1324045
- Morin, R. T., Axelrod, B. N., Reslan, S., & Schutte, C. (2019). Differentiating Poor Validity from Probable Impairment on the Medical Symptom Validity Test: A Cross-Validation Study. <u>International Journal of Neuroscience</u>, 129, 217-224.

Papers Submitted

Meyers, J. E., Axelrod, B. N., & Reinsch-Boothby, L. Symptom Validity Performance in a highly motivated geriatric population. <u>Archives of Clinical Neuropsychology</u>. Submitted December 2018.

Published Policy Papers

- National Academy of Neuropsychology (2000a) Axelrod, B. N., Barth, J., Faust, D., Fisher, J., Heilbronner, R., Larrabee, G., Pliskin, N., & Silver, C. Presence of Third Party Observers During Neuropsychological Testing: Official Statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15, 379-380.
- National Academy of Neuropsychology (2000b) Axelrod, B. N., Heilbronner, R., Barth, J., Larrabee, G., Faust, D., Pliskin, N., Fisher, J., & Silver, C. The Use of Neuropsychology Test Technicians in Clinical Practice: Official Statement of the National Academy of Neuropsychology. <u>Archives of Clinical Neuropsychology</u>, 15, 381-382.
- National Academy of Neuropsychology (2000c) Axelrod, B. N., Heilbronner, R., Barth, J., Larrabee, G., Faust, D., Pliskin, N., Fisher, J., & Silver, C. Test Security: Official Statement of the National Academy of Neuropsychology. <u>Archives of Clinical Neuropsychology</u>, <u>15</u>, 383-386.
- National Academy of Neuropsychology (2002) Axelrod, B. N., Barth, J., Larrabee, G., Faust, D., Fisher, J., Harley, J. P., Heilbronner, R., Larrabee, G., Pliskin, N., Ricker, J., & Silver, C. Cognitive Rehabilitation: Official Statement of the National Academy of Neuropsychology.
- National Academy of Neuropsychology (2003a). Barth, J., Pliskin, N., Axelrod, B. N., Faust, D., Fischer, J., Harley, J. P., Heilbronner, R., Larrabee, Puente, A., Ricker, J., & Silver, C. Definition of a Clinical Neuropsychologist: Official Position of the National Academy of Neuropsychology. <u>Archives of Clinical Neuropsychology</u>, 18, 551-555.
- National Academy of Neuropsychology (2003b). Barth, J., Pliskin, N., Arffa, S., Axelrod, B. N., Blackburn, L., Faust, D., Fischer, J., Harley, J. P., Heilbronner, R., Larrabee, G., Perry, W., Puente, A., & Silver, C. <u>Independent and Court-Ordered Forensic Neuropsychological</u> Examinations: Official Statement of the National Academy of Neuropsychology.
- National Academy of Neuropsychology (2003c). Barth, J., Pliskin, N., Arffa, S., Axelrod, B. N., Blackburn, L., Faust, D., Fischer, J., Harley, J. P., Heilbronner, R., Larrabee, G., Puente, A., Perry, W., Ricker, J., & Silver, C. <u>Test Security: An Update on an Official Statement of the National Academy of Neuropsychology</u>.

- National Academy of Neuropsychology (2003d). Barth, J., Pliskin, N., Axelrod, B. N., Faust, D., Fischer, J., Heilbronner, R., Larrabee, & Silver, C. <u>Informed Consent in Clinical Neuropsychology Practice: Official Statement of the National Academy of Neuropsychology</u>.
- National Academy of Neuropsychology (2003e). Barth, J., Pliskin, N., Axelrod, B. N., Faust, D., Fischer, J., Harley, J. P., Heilbronner, R., Larrabee, Puente, A., Ricker, J., & Silver, C. <u>Precertification of Neuropsychological Services: Official Position of the National Academy of Neuropsychology</u>.

PRESENTATIONS

- Fincham, F. & Axelrod, B. N. (November, 1984). <u>Children as intuitive behavior therapists</u>. Presented at the 18th Annual Meeting of the Association for Advancement of Behavior Therapy, Philadelphia, Pennsylvania.
- Axelrod, B. N., Rosenbaum, G., Adams, K. M., & Forsberg, L. K. (August, 1989). Motor and cognitive deficits in patients following recent cerebrovascular accidents. Presented at the 97th Annual Meeting of the American Psychological Association, New Orleans, Louisiana. The Clinical Neuropsychologist, 3, 294.
- Axelrod, B. N., Stuve, P., & Tompkins, L. M. (October, 1989). <u>Employment of the handicapped</u>. Workshop presented at EEO Training Conference for Supervisors and Managers of the Veterans Affairs Medical Center, Ann Arbor.
- Axelrod, B. N. & Henry, R. R. (August, 1990). Normative neuropsychological test performance in a healthy aging population. Presented at the 98th Annual Meeting of the American Psychological Association, Boston, Massachusetts. <u>The Clinical Neuropsychologist</u>, 4, 275.
- Axelrod, B. N., Woodard, J. L., & Henry, R. R. (February, 1991). Comparison of the standard and abbreviated forms of the Wisconsin Card Sorting Test. Presented at the 19th Annual Meeting of the International Neuropsychological Society, San Antonio, Texas. <u>Journal of Clinical and Experimental Neuropsychology</u>, <u>13</u>, 89.
- Axelrod, B. N., Woodard, J. L., & Henry, R. R. (February, 1991). Interrater reliability of the Design Fluency Test. Presented at the 19th Annual Meeting of the International Neuropsychological Society, San Antonio, Texas. <u>Journal of Clinical and Experimental Neuropsychology</u>, 13, 89.

- Axelrod, B. N., Goldman, R. S., & Tandon, R. (August, 1991). Spurious WAIS-R cholinergic profiles in schizophrenics. Presented at the 99th Annual Meeting of the American Psychological Association, San Francisco, California. <u>The Clinical Neuropsychologist</u>, <u>5</u>, 266-267.
- Goldman, R. S., Axelrod, B. N., & Woodard, J. L. (August, 1991). Interrater scoring reliability of the Wisconsin Card Sorting Test. Presented at the 99th Annual Meeting of the American Psychological Association, San Francisco, California. <u>The Clinical Neuropsychologist</u>, <u>5</u>, 268.
- Axelrod, B. N., Goldman, R. S., Giordani, B. J., Foster, N., & Berent, S. (February, 1992). Longitudinal stability of the Fuld cholinergic profile in Alzheimer's Disease. Presented at the 20th Annual Meeting of the International Neuropsychological Society, San Diego, California. Journal of Clinical and Experimental Neuropsychology, 14, 21.
- Tompkins, L. M., Goldman, R. S., & Axelrod, B. N. (February, 1992). Modifiability of neuropsychological dysfunction in schizophrenia. Presented at the 20th Annual Meeting of the International Neuropsychological Society, San Diego, California. <u>Journal of Clinical and Experimental Neuropsychology</u>, 14, 57.
- Goldman, R. S., Tandon, R., Axelrod, B. N., Ribiero, S. C. M., & Craig, K. (April, 1992). Neuropsychological functioning and treatment outcome in schizophrenia. Presented at the 47th Annual Meeting of the Society of Biological Psychiatry, Washington, D.C. <u>Biological Psychiatry</u>, 31, 84A.
- Tompkins, L. M., Goldman, R. S., Axelrod, B. N., & Tandon, R. (April, 1992). Reversibility of neuropsychological dysfunction in schizophrenia. Presented at the 47th Annual Meeting of the Society of Biological Psychiatry, Washington, D.C. <u>Biological Psychiatry</u>, 31, 86A.
- Axelrod, B. N., Jiron, C. C., & Henry, R. R. (August, 1992). Performance of adults on the Abbreviated Wisconsin Card Sorting Test. Presented at the 100th Annual Meeting of the American Psychological Association, Washington, D.C. <u>The Clinical Neuropsychologist</u>, <u>6</u>, 332.
- Goldman, R. S., Axelrod, B. N., Tandon, R., Craig, K., Ribiero, S. C. M., & Berent, S. (August, 1992). Neuropsychological function, treatment response, and one-year outcome in schizophrenia. Presented at the 100th Annual Meeting of the American Psychological Association, Washington, D.C. The Clinical Neuropsychologist, 6, 343.
- Woodard, J. L. & Axelrod, B. N. (August, 1992). Cognitive and personality sequelae of heat stroke: Two case studies. Presented at the 100th Annual Meeting of the American Psychological Association, Washington, D.C. The Clinical Neuropsychologist, 6, 351.

- Alphs, L. D., Axelrod, B. N., Goldman, R. S., & Woodard, J. L. (December, 1992).

 <u>Confirmatory factor analysis of the Negative Symptom Assessment</u>. Presented at the 31st Annual Meeting of the American College of Neuropsychopharmacology, San Juan, Puerto Rico.
- Axelrod, B. N., Ricker, J. H., & Cherry, S. A. (February, 1993). A comparison of the Visual Naming and Boston Naming Tests. Presented at the 21st Annual Meeting of the International Neuropsychological Society, Galveston, Texas. <u>Journal of Clinical and Experimental Neuropsychology</u>, 15, 66.
- Axelrod, B. N., Goldman, R. S., & Alphs, L. D. (May, 1993). <u>Factor structure of the Negative Symptom Assessment</u>. Presented at the 146th Annual Meeting of the American Psychiatric Association, San Francisco, California.
- Alphs, L. D., Axelrod, B. N., Bush, D., Kramer, M., Whipple, J., & Getson, A. (May, 1993).

 <u>Responsiveness of negative symptoms during a clinical trial of remoxipride</u>. Presented at the 146th Annual Meeting of the American Psychiatric Association, San Francisco, California.
- Kapen, S. & Axelrod, B. N. (June, 1993). Sleep parameters in 30 left and right hemisphere stroke patients. Presented at the 7th Annual Meeting of the Associated Professional Sleep Societies, Los Angeles, California. Sleep Research, 22, 306.
- Axelrod, B. N. & Millis, S. R. (August, 1993). Standardization of the Cognitive Estimation Test. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 7, 350.
- Axelrod, B. N., Paolo, A. M., Ryan, J. J., Goldman, R. S., & Garner, J. H. (August, 1993).

 Administration accuracy of the Wisconsin Card Sorting Test. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. <a href="https://doi.org/10.1001/jhear.1001/jhe
- Goldman, R. S., Axelrod, B. N., Tompkins, L. M., & Jiron, C. C. (August, 1993). Poor differential performance of groups on the Wisconsin Card Sorting Test. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 7, 350.
- Greve, K. W., Axelrod, B. N., & Goldman, R. S. (August, 1993). Comparison of Wisconsin Card Sorting Test scoring instructions. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 7, 350.
- Ricker, J. H. & Axelrod, B. N. (August, 1993). Object naming ability and Hooper VOT performance. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 7, 343. **Blue Ribbon Award**

- Ricker, J. H., Axelrod, B. N., & Konarzewski-Nassau, S. (August, 1993). Visual Form Discrimination and Recognition in the elderly. Presented at the 101st Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 7, 329.
- Axelrod, B. N., & Ricker, J. H. (February, 1994). Utility of an oral version of the Trail Making Test. Presented at the 22nd Annual Meeting of the International Neuropsychological Society, Cincinnati, Ohio. <u>Journal of the International Neuropsychological Society</u>, 1, 358.
- Woodard, J. L., Axelrod, B. N., & Fisk, J. L. (February, 1994). Parsimonious prediction of WMS-R Memory Indices. Presented at the 22nd Annual Meeting of the International Neuropsychological Society, Cincinnati, Ohio. <u>Journal of the International Neuropsychological Society</u>, 1, 354.
- Axelrod, B. N. (May, 1994). <u>The need for psychometric analysis of neuropsychological test instruments: A compulsive examination of the WCST</u>. Presented at the 1994 Annual Meeting of the Midwest Neuropsychology Group, Iowa City, Iowa.
- Axelrod, B. N., Martel, D., & Ricker, J. H. (August, 1994). Visual Form Discrimination in stroke and alcohol dependence. Presented at the 102nd Annual Meeting of the American Psychological Association, Los Angeles, California.
- Axelrod, B. N., & Alphs, L. D. (August, 1994). Examining heterogeneous neuropsychological functioning in schizophrenia using a longitudinal design. Presented at the 102nd Annual Meeting of the American Psychological Association, Los Angeles, California.
- Millis, S. R., & Axelrod, B. N. (August, 1994). Preliminary validation of the Cognitive Estimation Test. Presented at the 102nd Annual Meeting of the American Psychological Association, Los Angeles, California.
- Abraham, E., Axelrod, B. N., & Paolo, A. M. (August, 1995). Comparison of WAIS-R selected subtest short forms in a clinical population. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. <a href="https://doi.org/10.1038/nc.1038/
- Axelrod, B. N., Rapport, L. J., & Mansharamani, N. H. (August, 1995). Validation of the Cosel Dissimulation Scale for the AST. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 280.

- Axelrod, B. N., Goldman, R. S., Heaton, R. K., Chelune, G. J., Curtiss, G., Kay, G. G., & Thompson, L. L. (August, 1995). Confirmatory factor analyses of the WCST with the standardization samples. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 290.
- Goldman, R. S., Axelrod, B. N., Heaton, R. K., Chelune, G. J., Curtiss, G., Kay, G. G., & Thompson, L. L. (August, 1995). Discriminability of the WCST using the standardization sample. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 291.
- Lamberty, G. J., Axelrod, B. N., & Robinson, R. G. (August, 1995). Lesion laterality and the abbreviated Wisconsin Card Sorting Test. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 268.
- Milanovich, J. R., Axelrod, B. N., & Millis, S. R. (August, 1995). Validation of the Simulation Index-Revised with a mixed clinical sample. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 280.
- Rapport, L. J., Axelrod, B. N., & Mansharamani, N. H. (August, 1995). Self-generated errors on the Wechsler Memory Scale Associate Learning. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. <a href="https://doi.org/10.1007/jhear.1007/
- Ricker, J. H., & Axelrod, B. N. (August, 1995). Clinical validity of the Oral Trail Making Test. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 276.
- Sillanpaa, M. C., Charlet, L. M., & Axelrod, B. N. (August, 1995). MMPI-2 validity patterns:

 <u>An elucidation of Gulf War Syndrome</u>. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York.
- Vanderploeg, R. D., Schinka, J. A., & Axelrod, B. N. (August, 1995). Validation of Vanderploeg and Schinka premorbid IQ prediction strategy. Presented at the 103rd Annual Meeting of the American Psychological Association, New York, New York. The Clinical Neuropsychologist, 9, 280.
- Nahhas, A., Mohan, K. K., Axelrod, B. N., & Kapen, S. (September, 1995). Predicting N-CPAP in patients with OSAS and its prospective validation. Presented at the World Federation of Sleep Research Societies, Nassau, Bahamas. <u>Sleep Research</u>, 24, 351.
- Paolo, A. M., Axelrod, B. N., & Tröster, A. I. (November, 1995). Test-retest stability of the Wisconsin Card Sorting Test. Presented at the Annual Meeting of the National Academy of Neuropsychology, San Francisco, California. <u>Archives of Clinical Neuropsychology</u>, <u>11</u>, 432.

- Axelrod, B. N., Putnam, S. H., Woodard, J. L., & Adams, K. M. (February, 1996). Cross-validation of predicted Wechsler Memory Scale-Revised scores. Presented at the 24th Annual Meeting of the International Neuropsychological Society, Chicago, Illinois. <u>Journal of the International Neuropsychological Society</u>, 2, 1.
- Bartok, J., Axelrod, B. N., & Abraham, E. (February, 1996). Clinical utility of the Tower of London test. Presented at the 24th Annual Meeting of the International Neuropsychological Society, Chicago, Illinois. <u>Journal of the International Neuropsychological Society</u>, 2, 28.
- Ross, T. P., & Axelrod, B. N. (February, 1996). The inter-rater and test-retest reliability of the Design Fluency and Ruff Figural Fluency Tests. Presented at the 24th Annual Meeting of the International Neuropsychological Society, Chicago, Illinois. <u>Journal of the International Neuropsychological Society</u>, 2, 3.
- Bayasi, G., Mohan, K. K., Dubaybo, B. A., Axelrod, B. N., & Kapen, S. (May, 1996). Can knowledge of the Apnea-Hypopnea Index eliminate the need for multiple sleep latency tests in the evaluation of patients with Obstructive Sleep Apnea Syndrome? Presented at the 10th Annual Meeting of the American Sleep Disorders Association and the Sleep Research Society, Washington, DC. Sleep Research, 25, 195.
- Mohan, K. K., Sander, A. M., Axelrod, B. N., & Kapen, S. (May, 1996). Outliers in MSLT: Much ado about nothing. Presented at the 10th Annual Meeting of the American Sleep Disorders Association and the Sleep Research Society, Washington, DC. <u>Sleep Research</u>, 25, 304.
- Nahhas, A., Mohan, K. K., Axelrod, B. N., Koshorek, G., & Kapen, S. (May, 1996). Influence of AHI on REM and slow wave sleep rebound with CPAP. Presented at the 10th Annual Meeting of the American Sleep Disorders Association and the Sleep Research Society, Washington, DC. Sleep Research, 25, 309.
- Sander, A. M., Mohan, K. K., Axelrod, B. N., & Kapen, S. (May, 1996). The MSLT: Two naps too many. Presented at the 10th Annual Meeting of the American Sleep Disorders Association and the Sleep Research Society, Washington, DC. Sleep Research, 25, 354.
- Sander, A. M., Mohan, K. K., Axelrod, B. N., & Kapen, S. (May, 1996). The Epworth Sleepiness Scale: An unworthy adversary to clinical interview. Presented at the 10th Annual Meeting of the American Sleep Disorders Association and the Sleep Research Society, Washington, DC. Sleep Research, 25, 355.
- Abraham, E., Axelrod, B. N., & Ricker, J. H. (August, 1996). Oral Trail Making Test in a clinical sample. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>10</u>, 333.

- Abraham, E., & Axelrod, B. N. (August, 1996). Comparability of the NCSE with other assessment tools. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>10</u>, 334.
- Axelrod, B. N. (August, 1996). Psychometric prediction of premorbid intellectual functioning. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 10, 349.
- Axelrod, B. N. (August, 1996). Age and education: Is it correct to correct? Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 10, 352.
- Axelrod, B. N., Brines, D. B., Rapport, L. J. (August, 1996). Minimizing the effect of practice on estimates of FSIQ. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 10, 334.
- Axelrod, B. N., Abraham, E., & Paolo, A. M. (August, 1996). Comparability of the standard WCST norms with the 64-card version. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 10, 334.
- Brines, D. B., Axelrod, B. N., Rapport, L. J., & Theisen, M. E. (August, 1996). The effect of serial testing on WAIS-R subtests. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>10</u>, 334.
- Prasad, M., Goldman, R. S., Axelrod, B. N., Bates, J., Bilder, R., Liberman, J. (August, 1996). Reliability and stability of WAIS-R short forms in schizophrenia. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 10, 344.
- Rapport, L. J., Brines, D. B., Axelrod, B. N., Theisen, M. E. (August, 1996). IQ as a mediator of practice effects: The rich get richer. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 10, 334.
- Ross, T. P., Axelrod, B. N., Hanks, R. A., Kotasek, R. S., & Whitman, R. D. (August, 1996). Validity of the Design Fluency and Ruff Figural Fluency Tests. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 10, 337.
- Schinka, J. A., Vanderploeg, R. D., Ryan, J. J., & Axelrod, B. N. (August, 1996). Naturally occurring WAIS-R profile types in a brain-damaged sample. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. The Clinical Neuropsychologist, 10, 335.

- Theisen, M. E., Brines, D. B., Axelrod, B. N., Rapport, L. J., & Hatfield, R. (August, 1996). Test-retest change scores in normals on several neuropsychological tests. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, 10, 334.
- Vanderploeg, R. D., Axelrod, B. N., Sherer, M., Scott, J., & Adams, R. L. (August, 1996). Empirical demonstration of the importance of demographic adjustments. Presented at the 104th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>10</u>, 351.
- Theisen, M. E., Rapport, L. J., Axelrod, B. N., & Brines, D. B. (February, 1997). Practice effects in repeated administrations of the WMS-R. Presented at the 25th Annual Meeting of the International Neuropsychological Society, Orlando, Florida. <u>Journal of the International Neuropsychological Society</u>, 3, 30.
- Axelrod, B. N., & Paolo, A. M. (August, 1997). WAIS-R seven subtest short form with the standardization sample. Presented at the 105th Annual Meeting of the American Psychological Association, Chicago. The Clinical Neuropsychologist, 11, 317.
- Axelrod, B. N., Tomer, R., Fisher, T., & Aharon-Peretz, J. (August, 1997). Preliminary analyses of Hebrew Verbal Fluency measures. Presented at the 105th Annual Meeting of the American Psychological Association, Chicago. The Clinical Neuropsychologist, 11, 317.
- Axelrod, B. N., Tomer, R., Fisher, T., & Aharon-Peretz, J. (August, 1997). Creating a "rule of thumb" for the Hebrew Trail Making Test. Presented at the 105th Annual Meeting of the American Psychological Association, Chicago. <u>The Clinical Neuropsychologist</u>, <u>11</u>, 317.
- Barrett, P. T., Putnam, S. H., Axelrod, B. N., & Rapport, L. J. (November, 1997). Some statistical properties of 2 MMPI neurocorrection factors for individuals with closed head injuries. Presented at the 17th Annual Meeting of the National Academy of Neuropsychology, Las Vegas. <u>Archives of Clinical Neuropsychology</u>, 13, 16.
- Rapport, L. J., Farchione, T. J., Coleman, R., & Axelrod, B. N. (February, 1998). Motor function profiles of malingering in brain injury simulators. Presented at the 26th Annual Meeting of the International Neuropsychological Society, Honolulu, Hawaii. <u>Journal of the International Neuropsychological Society</u>, 4, 28.
- Axelrod, B. N. (August, 1998). Examination of memory as defined by the WMS and WMS-R. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. <u>The Clinical Neuropsychologist</u>, <u>12</u>, 274.
- Axelrod, B. N., & Naugle, R. I. (August, 1998). Evaluation of two brief and reliable estimates of the WAIS-R. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. The Clinical Neuropsychologist, 12, 276.

- Axelrod, B. N., & Smith, G. E. (August, 1998). Accuracy of premorbid prediction of aged patients with dementia. Examination of memory as defined by the WMS and WMS-R. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. The Clinical Neuropsychologist, 12, 256.
- Michael, S. T., Axelrod, B. N., & Lees-Haley, P. (August, 1998). MMPI-2 profiles as a function of postconcussive complaints. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. The Clinical Neuropsychologist, 12, 292.
- Michael, S. T., Axelrod, B. N., & Lees-Haley, P. (August, 1998). MMPI-2 validity configurations as a function of postconcussive complaints. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. <u>The Clinical Neuropsychologist</u>, 12, 292.
- Michael, S. T., Axelrod, B. N., & Lees-Haley, P. (August, 1998). Prediction of MMPI-2 scores from PCSQ factor scores. Presented at the 106th Annual Meeting of the American Psychological Association, San Francisco. <u>The Clinical Neuropsychologist</u>, <u>12</u>, 277.
- Axelrod, B. N., & Rawlings, D. B. (November, 1998). Clinical utility of incomplete effort WAIS-R formulas: A longitudinal examination of individuals with bona fide traumatic brain injuries. Presented at the 18th Annual Meeting of the National Academy of Neuropsychology, Washington D.C. <u>Archives of Clinical Neuropsychology</u>, 14, 25.
- Woodard, J. L., & Axelrod, B. N. (February, 1999). Validity of neuropsychiatric measures with dichotomously scored items. Presented at the Annual Meeting of the American Neuropsychiatric Association, New Orleans, LA. <u>Journal of Neuropsychiatry and Clinical</u> Neurosciences.
- Axelrod, B. N. (April, 1999). What is the time duration of giving an abbreviated form of the WAIS-3? or "The long and short of the WAIS-3". Presented at the 1999 Annual Meeting of the Midwestern Neuropsychology Group, Chicago.
- Axelrod, B. N., & Milner, I. B. (June, 1999). <u>Detection of patient subgroups of Gulf War Veterans</u>. Presented at the 1999 Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, Arlington, Virginia.
- Axelrod, B. N., Vanderploeg, R. D., & Rawlings, D. B. (August, 1999). WAIS-R prediction equations in TBI patients. Presented at the 107th Annual Meeting of the American Psychological Association, Boston. <u>The Clinical Neuropsychologist</u>, <u>13</u>, 241.
- Axelrod, B. N., & Meyers, J. E. (August, 1999). Analysis of Memory Patterns from the Rey Complex Figure Test. Presented at the 107th Annual Meeting of the American Psychological Association, Boston. <u>The Clinical Neuropsychologist</u>, <u>13</u>, 232.

- LoSasso, G. L., Rapport, L. J., Whitman, R. D., Axelrod, B. N., & Borszcz, G. (August, 1999). Neuropsychological symptom reporting in low-level exposure to solvents and (Meth)acrylates. Presented at the 107th Annual Meeting of the American Psychological Association, Boston. <u>The Clinical Neuropsychologist</u>, <u>13</u>, 217.
- Ryan, J. J., Axelrod, B. N., & Ward, L. C. (August, 1999). Evaluation of seven-subtest short forms of the WAIS-3. Presented at the 107th Annual Meeting of the American Psychological Association, Boston. The Clinical Neuropsychologist, 13 223.
- Axelrod, B. N., & Milner, I. B. (September, 1999). Symptom clusters observed in Gulf War <u>Veterans</u>. Presented at the 1999 Annual Meeting of the American College of Physicians-American Society of Internal Medicine, Traverse City, Michigan.
- Basso, M., Lowery, N., Axelrod, B. N., Nicholson, R., Harrington, K., Matson, M, Robinson, N., Carona, F., Agee, J., & Bornstein, R. (February, 2000). Differential presentation of feigned and genuine closed head injury cases on the MMPI-2 and CVLT. Presented at the 28th Annual Meeting of the International Neuropsychological Society, Denver, Colorado. <u>Journal of the International Neuropsychological Society</u>, <u>6</u>, 188.
- LoSasso, G. L., Rapport, L. J., Axelrod, B. N., & Whitman, R. D. (February, 2000). Neurocognitive sequelae of low-level exposure to organic solvents and (Meth)acrylates. Presented at the 28th Annual Meeting of the International Neuropsychological Society, Denver, Colorado. <u>Journal of the International Neuropsychological Society</u>, 6, 238.
- Stogner, B. L., Lumley, M. A., & Axelrod, B. N. (March, 2000). Prediction of Postconcussive Syndrome from personality and illness behavior variables. Presented at the Annual Scientific Meeting of the American Psychosomatic Society, Savannah, Georgia.

 <u>Psychosomatic Medicine</u>, <u>62</u>, 1199. Outstanding Student Research Award.
- Kulas, J. F., Axelrod, B. N., Heapy, A. A., & Lamberty, G. A. (May, 2000). <u>A Short-Form of the WASI (or a Short Form of a Short-Form)</u>. Presented at the 2000 Annual Meeting of the Midwest Neuropsychology Group, Madison, Wisconsin.
- Axelrod, B. N. (August, 2000). Administration duration for the WAIS-III and WMS-III. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. The Clinical Neuropsychologist, 14, 241.
- Axelrod, B. N., & Ryan, J. J. (August, 2000). Prorating Wechsler Adult Intelligence Scale-III Summary Scores. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. <u>The Clinical Neuropsychologist</u>, <u>14</u>, 246.
- Axelrod, B. N., Stogner, B., Tomer, R., Fisher T., & Aharon-Peretz, J. (August, 2000). Cross-cultural comparison of postconcussive symptoms in TBI. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. <a href="https://doi.org/10.1007/jhear.100

- Kulas, J. F., Axelrod, B. N., & Lamberty, G. A. (August, 2000). Creation of an abbreviated version of the WASI. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. The Clinical Neuropsychologist, 14, 246.
- LaLone, L. V., Axelrod, B. N., & Schinka, J. A. (August, 2000). Prediction of MMPI-2 clinical scales for incomplete protocols. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. The Clinical Neuropsychologist, 14, 241.
- Larson, S. W., & Axelrod, B. N. (August, 2000). Evaluation of WASI derived IQ scores in a clinical population. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. The Clinical Neuropsychologist, 14, 246.
- Ryan, J. J., Ament, P. A., & Axelrod, B. N. (August, 2000). Validity of WAIS-III 7-subtest short forms for African Americans. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC. <u>The Clinical Neuropsychologist</u>, 14, 241.
- Stogner, B. L., Lumley, M. A., & Axelrod, B. N. (August, 2000). <u>Postconcussional syndrome:</u> <u>Prediction from personality and illness behavior</u>. Presented at the 108th Annual Meeting of the American Psychological Association, Washington DC.
- Axelrod, B. N., & Woodard, J. L. (November, 2000). Estimations of WMS-3 Index Scores. Presented at the 20th Annual Meeting of the National Academy of Neuropsychology, Orlando, FL. Archives of Clinical Neuropsychology, 15, 678.
- Burton, D. B., Ryan, J. J., Axelrod, B. N., & Schellenberger, T. (November, 2000). Confirmatory Factor Analysis of the WAIS-III in a clinical sample with cross-validation in the standardization sample. Presented at the 20th Annual Meeting of the National Academy of Neuropsychology, Orlando, FL. <u>Archives of Clinical Neuropsychology</u>, <u>15</u>, 677.
- Basso, M. R., Carona, F., Axelrod, B. N., Matson, M., Harrington, K., Lowery, N., Ghormley, C., Davis, L., & Pace, J. (February, 2001). WAIS-III practice effects across 3 and 6 months. Presented at the 29th Annual Meeting of the International Neuropsychological Society, Chicago, IL. Journal of the International Neuropsychological Society, 7, 135.
- Kulas, J. F., & Axelrod, B. N. (February, 2001). A regression based item-reduction short form of the WAIS-III. Presented at the 29th Annual Meeting of the International Neuropsychological Society, Chicago, IL. <u>Journal of the International Neuropsychological Society</u>, 7, 135.
- Woodard, J. L., Axelrod, B. N., Shannon, K. D., & Bowen, S. (February, 2001). Utility of Signal Detection Theory Indexes with the Wechsler Memory Scale-III. Presented at the 29th Annual Meeting of the International Neuropsychological Society, Chicago, IL. <u>Journal</u> of the International Neuropsychological Society, 7, 136.

- Zanes, J., Hutchinson, A., Whitman, R. D., & Axelrod, B. N. (February, 2001). Reciprocal Hemispheric Integration of Semantic Networks: Relationship to Creativity and Schizophrenia. Presented at the 12th Annual Meeting of the American Neuropsychiatric Association, Fort Myers, Florida. https://doi.org/10.1001/journal-of-Neuropsychiatry-nd-Clinical-Neurosciences, 13, 144.
- Axelrod, B. N. (August, 2001). Comparability of Norms for the 64-card and Full WCST. Presented at the 109th Annual Meeting of the American Psychological Association, San Francisco, CA. The Clinical Neuropsychologist, 15, 269.
- Johnson-Greene, D., Axelrod, B. N., Kirkorian, R., & Chelune, G. J. (August, 2001). Examination of the Warrington Recognition Memory Test. Presented at the 109th Annual Meeting of the American Psychological Association, San Francisco, CA. <u>The Clinical Neuropsychologist</u>, 15, 272.
- Kulas, J. F., & Axelrod, B. N. (August, 2001). Accuracy of a WAIS-3 short forms across differing intelligence levels. Presented at the 109th Annual Meeting of the American Psychological Association, San Francisco, CA. The Clinical Neuropsychologist, 15, 280.
- Kulas, J. F., & Axelrod, B. N. (August, 2001). Comparison of selected subtest and item-reduced WAIS-3 short forms. Presented at the 109th Annual Meeting of the American Psychological Association, San Francisco, CA. The Clinical Neuropsychologist, 15, 272.
- Stogner, B. L., Lumley, M. A., & Axelrod, B. N. (August, 2001). Neuropsychological personality and illness behavior variables in postconcussion syndrome. Presented at the 109th Annual Meeting of the American Psychological Association, San Francisco, CA. The Clinical Neuropsychologist, 15, 261.
- Basso, M. R., Carona, F., Matson, M., Lowery, N., Ghormley, C., Pace, J., & Axelrod, B. N. (February, 2002). Practice effects of WMS-III measures across 3- and 6-months. Presented at the 30th Annual Convention of the International Neuropsychological Society, Toronto, Canada. <u>Journal of the International Neuropsychological Society</u>, 8, 158.
- Mahrou, M. L. & Axelrod, B. N. (May, 2002). <u>Short-forms of the WMS-III</u>. Presented at the 2002 Annual Meeting of the Midwestern Neuropsychology Group, Chicago.
- Whyte, S. & Axelrod, B. N. (May, 2002). <u>Impact of education on NAART performance in a clinical sample</u>. Presented at the 2002 Annual Meeting of the Midwestern Neuropsychology Group, Chicago.
- Axelrod, B. N., Fichtenberg, N. L., Liethen, P. C., Czarnota, M. A., & Stucky, K. (August, 2002). WAIS-III and WMS-III performance with postacute traumatic brain injury patients. Presented at the 110th Annual Meeting of the American Psychological Association, Chicago, IL. The Clinical Neuropsychologist, 16, 210.

- Axelrod, B. N., Fichtenberg, N. L., Hanks, R., Liethen, P. C., Czarnota, M. A., & Stucky, K. (August, 2002). Detecting incomplete effort with the WAIS-III. Presented at the 110th Annual Meeting of the American Psychological Association, Chicago, IL. <a href="https://doi.org/10.1001/jhear.1001/jhe
- DeWitt, A. C., Axelrod, B. N., & Hannah, M. E. (August, 2002). Evaluation of the WASI and Short Forms of the WAIS-3. Presented at the 110th Annual Meeting of the American Psychological Association, Chicago, IL. <u>The Clinical Neuropsychologist</u>, <u>16</u>, 210.
- Donders, J., & Axelrod, B. N. (August, 2002). Two-Subtest estimations of WAIS-III Factor Index Scores. Presented at the 110th Annual Meeting of the American Psychological Association, Chicago, IL. The Clinical Neuropsychologist, 16, 210.
- Axelrod, B. N., & Wall, J. R. (August, 2003). <u>Accepting Abnormal Scores in Normal Individuals or Specificity of the Halstead-Reitan Neuropsychological Test Battery</u>. Presented at the 2003 Annual Meeting of the Midwestern Neuropsychology Group, Milwaukee, Wisconsin.
- Axelrod, B. N., Fichtenberg, N. L., Liethen, P. C., Czarnota, M. A., & Stucky, K. (August, 2003). Index, summary, and subtest discrepancy scores on the WAIS-III. Presented at the 111th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>17</u>, 104.
- Axelrod, B. N., & Wall, J. R. (August, 2003). Specificity of the Halstead-Reitan Neuropsychological Test Battery. Presented at the 111th Annual Meeting of the American Psychological Association, Toronto, Canada. <u>The Clinical Neuropsychologist</u>, <u>17</u>, 101.
- Ramsay, J. T, Warriner, E. M., Axelrod, B. N., & Rourke, S. B. (November, 2003). <u>Latent structure of the Patient's Assessment of Own Functioning Questionnaire: Classifying HIV/AIDS Related subjective cognitive complaints.</u> Presented at the Annual Meeting of the Ontario HIV Treatment Network, Toronto, Canada.
- Ramsay, J. T, Warriner, E. M., Axelrod, B. N., & Rourke, S. B. (February, 2004). Latent structure of the Patient's Assessment of Own Functioning Questionnaire: A subjective cognitive evaluation tool for adults living. Presented at the 32nd Annual Convention of the International Neuropsychological Society, Toronto, Canada. <u>Journal of the International Neuropsychological Society</u>, 10, 195.
- Axelrod, B. N., Greiffenstein, M. F., Baker, W. J., Peck, E. A., & Gervais, R. (August 2004).

 <u>The Fake Bad Scale and MMPI-2 F-Family in detection of implausible claims</u>. Presented at the 112th Annual Meeting of the American Psychological Association, Honolulu, Hawaii.
- Shapinsky, A. C., Rapport, L. J., Axelrod, B. N., & Henderson, M. (August 2004). <u>Civilian PTSD scales: Relationships with train characteristics and everyday distress</u>. Presented at the 112th Annual Meeting of the American Psychological Association, Honolulu, Hawaii.

- Tambini, A. & Axelrod. B. N. (August 2004). Meta-analysis of neuropsychological functioning of organophosphate-exposed individuals. Presented at the 112th Annual Meeting of the American Psychological Association, Honolulu, Hawaii. The Clinical Neuropsychologist, 18, 186.
- Lequerica, A., Rapport, L. J., Hanks, R. A., Axelrod, B. N., Vangel, S., & Whitman, R. D. (February 2005). The occurrence of agitation and post-traumatic amnesia in TBI. Presented at the 33rd Annual Meeting of the International Neuropsychological Society, St. Louis, Missouri. <u>Journal of the International Neuropsychological Society</u>, <u>11 S1</u>, 169.
- Meyer, S. M., Kingery, L R., Yun, J., Axelrod, B. N., Pearlson, G. D., & Schretlen, D. J. (February 2005). A voxel-based morphometry study of the Cognitive Estimation Test. Presented at the 33rd Annual Meeting of the International Neuropsychological Society, St. Louis, Missouri. Journal of the International Neuropsychological Society, 11 S1, 116-117.
- Axelrod, B.N., & Rehmatullah, M. (August 2005). <u>Confronting, enduring, surviving, and completing your dissertation</u>. Presented at the 113th Annual Meeting of the American Psychological Association, Washington, DC.
- Axelrod, B.N. (August 2005). <u>Making completion of your dissertation attainable</u>. Presented at the 113th Annual Meeting of the American Psychological Association, Washington, DC.
- Donnell, A.J., Holdnack, J., Pliskin, N. H., Axelrod, B., Drodzdick, L., & Randolph, C. (February 2006). Validity of the WAIS-III Short-Form for elderly clinical samples. Presented at the 34th Annual International Neuropsychological Society Meeting, Boston, MA.
- Irwin, B. C., Moole, S., Yordanova, V., Hatfield, J., Sochacki, P., Ullah, N., Han, S., Kim, K., Ben-Josef, E., Axelrod, B. N., & Tobi, M. (April 2006). <u>The effects of race and transrectal prostatic biopsy on the development of radiation proctitis and treatment</u>. Presented at the 97th Annual Meeting of the American Association for Cancer Research, Washington, D.C.
- Irwin, B. C., Gupta, R., Kim, K., Han, S., Ben-Josef, E., Axelrod, B. N., & Tobi, M. (May 2006). <u>Calcium channel blockers may radiosensitize patients to radiation proctitis while STATINS,</u> <u>NSAIDs may radioprotect: A case-control study</u>. Presented at the 2006 Annual Meeting of Digestive Disease Week, Los Angeles, California.
- Axelrod, B. N., Woldorf, G., Pantalone, D. W. (August 2006). <u>Confronting, Enduring, Surviving, and Completing Your Dissertation</u>. Presented at the 114th Annual Meeting of the American Psychological Association, New Orleans, Louisiana.
- Axelrod, B. N. (August 2006). Some not-so-secret tips to successfully complete your dissertation. Presented at the 114th Annual Meeting of the American Psychological Association, New Orleans, Louisiana.

- Millis, S. R., Hanks, R. A., Fichtenberg, N. L., & Axelrod, B. N. (February 2007). <u>Rasch Analysis of the PCSQ: Measuring the Core Construct of Head Injury Symptomatology</u>. Presented at the 35th Annual International Neuropsychological Society Meeting, Portland, Oregon.
- Tsanadis, J., Montoya, E., Hanks, R. A., Millis, S.R., Fichtenberg, N. L. & Axelrod, B. N. (February 2007). <u>Head Injury Severity, Litigation Status, and Self-Report of Postconcussive Symptoms</u>. Presented at the 35th Annual International Neuropsychological Society Meeting, Portland, Oregon.
- Tsanadis, J., Montoya, E., Millis, S.R., Hanks, R. A., Fichtenberg, N. L. & Axelrod, B N. (February 2007). <u>A Negative Impression Management Scale for the Postconcussive Syndrome Questionnaire</u>. Presented at the 35th Annual International Neuropsychological Society Meeting, Portland, Oregon.
- Tsanadis, J., Montoya, E., Millis, S.R., Hanks, R. A., Fichtenberg, N. L. & Axelrod, B N. (May 2007). <u>Head Injury, Litigation Status, and Self-Report of Postconcussive Symptoms</u>. Presented at the 13th Annual Del Harder Rehabilitation Research Day, Detroit, Michigan.
- Tsanadis, J., Montoya, E., Millis, S.R., Hanks, R. A., Fichtenberg, N. L. & Axelrod, B N. (May 2007). <u>A Negative Impression Management Scale for the Postconcussive Syndrome</u>
 Questionnaire. Presented at the 13th Annual Del Harder Rehabilitation Research Day, Detroit, Michigan.
- Barlow, A. S., Axelrod, B. N., & Paradee, C. V. (June 2007). <u>Investigation of the Rarely Missed Index in a Mixed Clinical Sample</u>. Presented at the 5th Annual Meeting of the American Academy of Clinical Neuropsychology, Denver Colorado. <u>The Clinical Neuropsychologist</u>, <u>21</u>, 384.
- Barlow, A. S., Axelrod, B. N., & Lynch, T. (June 2007). <u>Poor Clinical Sensitivity of the WMS-III Verbal Paired Associate Recognition Test</u>. Presented at the 5th Annual Meeting of the American Academy of Clinical Neuropsychology, Denver Colorado. <u>The Clinical Neuropsychologist</u>, 21, 384.
- Axelrod, B. N., Grabowski, J., & Trewhella, L. (August 2007). Evaluation of Traumatic Events as defined by the DSM-IV-TR Criteria. Presented at the 115th Annual Meeting of the American Psychological Association, San Francisco, California.
- Axelrod, B. N., Randolph, C., Donnell, A., Pliskin, N., & Holdnack, J. (August 2007). <u>Rapidly-Administered short forms of the Wechsler Adult Intelligence Scale-3rd Edition</u>. Presented at the 115th Annual Meeting of the American Psychological Association, San Francisco, California. The Clinical Neuropsychologist, 21, 694.

- Barlow, A. S. & Axelrod, B. N. (August 2007). Exploring racial response bias on the Wechsler Memory Scale-III Faces Subtest. Presented at the 115th Annual Meeting of the American Psychological Association, San Francisco, California. The Clinical Neuropsychologist, 21, 690. Blue Ribbon Award
- Axelrod, B. N. (November 2007). <u>Evaluation of The Rarely Missed Index Relative to Other Neuropsychological Test Performance</u>. Presented at the 27th Annual Meeting of the National Academy of Neuropsychology, Scottsdale, Arizona. <u>Archives of Clinical Neuropsychology</u>, 22, 819.
- Barlow, A. S. Axelrod, B. N., & Paradee, C. V. (November 2007). <u>Exploring racial response bias on the Wechsler Memory Scale-III Faces Subtest</u>. Presented at the 27th Annual Meeting of the National Academy of Neuropsychology, Scottsdale, Arizona. <u>Archives of Clinical Neuropsychology</u>, 22, 820.
- Barlow, A. S., Schafer-Johnson, A., & Axelrod, B. N. (February 2008). Mediational Effects of Cognitive Reserve on the Relationship Between Executive Function and Memory.

 Presented at the 36th Annual International Neuropsychological Society Meeting, Waikoloa, Hawaii, Meeting supplement 183.
- Barlow, A. S. & Axelrod, B. N. (February 2008). <u>The Relationship Between Executive Functioning and Memory Performance as a Function Of Cognitive Reserve</u>. Presented at the 36th Annual International Neuropsychological Society Meeting, Waikoloa, Hawaii, Meeting supplement 182-183.
- Schafer-Johnson, A., Barlow, A. S., & Axelrod, B. N. (February 2008). <u>Cross-validation of the MMSE Norms as Published by PAR</u>. Presented at the 36th Annual International Neuropsychological Society Meeting, Waikoloa, Hawaii, Meeting supplement 62.
- Kinkela, J. H. & Axelrod, B. N. (June 2008). Poor Reliable Digit Span and Scores on Non-Effort Tasks of Cognition. Presented at the 6th Annual Meeting of the American Academy of Clinical Neuropsychology, Boston, MA. <u>The Clinical Neuropsychologist</u>, 22, 412.
- Kinkela, J. H., Suhr, J., & Axelrod, B. N. (June 2008). The Relationship Between Two Forms Of The Postconcussive Symptom Questionnaire And Mood Status. Presented at the 6th Annual Meeting of the American Academy of Clinical Neuropsychology, Boston, MA. The Clinical Neuropsychologist, 22, 426.
- Rohling, M., Axelrod, B. N., & Wall, J. R. (June 2008). What Impact Does Co-Norming Have on Neuropsychological Test Scores: Myth Versus Reality. Presented at the 6th Annual Meeting of the American Academy of Clinical Neuropsychology, Boston, MA. <u>The Clinical Neuropsychologist</u>, 22, 426.
- Axelrod, B. N. (June 2008). <u>The Importance of Evaluating Effort in Neuropsychology</u>. Presented at the 2008 Department of Veterans Affairs National Polytrauma System of Care Conference: Effective Practice for Improved Outcomes, San Diego, CA.

- Axelrod, B. N. (October 2008). Cognitive and Emotional Differences among Veterans with Good and Poor Effort. Presented at the 28th Annual Meeting of the National Academy of Neuropsychology, New York, New York. <u>Archives of Clinical Neuropsychology</u>, 23, 670.
- Axelrod, B. N. (October 2008). A Comparison of Three Symptom Validity Tests. Presented at the 28th Annual Meeting of the National Academy of Neuropsychology, New York, New York. Archives of Clinical Neuropsychology, 23, 709.
- Axelrod, B. N., Crockett, D. J., & Longman, S. (October 2008). Normative Standards for the Symbol Digit Modalities Test. Presented at the 28th Annual Meeting of the National Academy of Neuropsychology, New York, New York. <u>Archives of Clinical Neuropsychology</u>, 23, 656.
- Crockett, D. J., Axelrod, B. N., & Longman, S. (October 2008). <u>Performance on the SDMT and Measures of Executive Functions</u>. Presented at the 28th Annual Meeting of the National Academy of Neuropsychology, New York, New York. <u>Archives of Clinical Neuropsychology</u>, 23, 737.
- Axelrod, B. N., Longman, S., & Crockett, D. J. (April 2009). Normative Standards for the Symbol Digit Modalities Test. Presented at the Annual Meeting of the American College of Professional Neuropsychology, San Diego, California. Applied Neuropsychology, 16, 288.
- Longman, S., Axelrod, B. N., & Crockett, D. J. (April 2009). <u>The Impact of Demographic Variables on the Symbol Digit Modalities Test</u>. Presented at the Annual Meeting of the American College of Professional Neuropsychology, San Diego, California. <u>Applied Neuropsychology</u>, 16, 291-292.
- Axelrod, B. N. (May 2009). <u>Cognitive and Emotional Differences among Veterans with Good and Poor Effort</u>. Presented at the Annual VA Research Day: Turning Hope Into Reality, Detroit, Michigan.
- Axelrod, B. N., Crockett, D. J., & Longman, S. (May 2009). <u>Normative Standards for the Symbol Digit Modalities Test</u>. Presented at the Annual VA Research Day: Turning Hope Into Reality, Detroit, Michigan.
- Axelrod, B. N. & Schutte, C. E. (June 2009). Prediction of Total Score on the SIMS. Presented at the 7th Annual Meeting of the American Academy of Clinical Neuropsychology, San Diego, California. <u>The Clinical Neuropsychologist</u>, 23, 567-568.
- Schutte, C. E. & Axelrod, B. N. (June 2009). <u>Suboptimal Effort on The MSVT: Poor Effort or Memory Impairment</u>. Presented at the 7th Annual Meeting of the American Academy of Clinical Neuropsychology, San Diego, California. <u>The Clinical Neuropsychologist</u>, 23, 603.

- Wilkins, K. L., Girard, T. A., & Axelrod, B. N. (October 2009). <u>Comparison of WAIS-III short-forms for measuring Index and Full-Scale scores</u>. Presented at the Ryerson University Psychology Research Symposium, Toronto, Ontario Canada.
- Axelrod, B. N. & Schutte, C. E. (April 2010). <u>Prediction of Total Score on the SIMS</u>. Presented at the Annual VA Research Day: 85 Years of Discovery, Innovation, and Advancements for Veterans, Detroit, Michigan.
- Axelrod, B. N. & Schutte, C. (May 2010). <u>Introduction of an Alternate Form of Semantic Verbal Fluency</u>. Presented at the 2010 Annual Meeting of the Midwest Neuropsychology Group, Ann Arbor, Michigan.
- Waldron-Perrine, B., Van Dyke, S., & Axelrod, B. N. (May 2010). <u>Construct and content validity of the Montreal Cognitive Assessment demonstrated in a veteran population</u>. Presented at the 2010 Annual Meeting of the Midwest Neuropsychology Group, Ann Arbor, Michigan.
- Longman, S., Crockett, D. J. & Axelrod, B. N. (June 2010). Using Age-Centered Score to Predict Scores on the Symbol Digit Modalities Test. Presented at the 8th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, IL. The Clinical Neuropsychologist, 24, 559-560.
- Schutte, C., Millis, S. R., Axelrod, B. N., & Van Dyke, S. A. (June 2010). A model for assessment of overall effort at multiple time points across testing. Presented at the 8th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, IL. The Clinical Neuropsychologist, 24, 602-603.
- Van Dyke, S. A., Axelrod, B. N., & Schutte, C. (June 2010). Use of Self-Report Measures in Assessing Symptoms and Effort. Presented at the 8th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, IL. The Clinical Neuropsychologist, 24, 608.
- Crockett, D. J., Longman, S., & Axelrod, B. N. (October 2010). Impact Types of Multiple Sclerosis (MS) on the Oral Symbol Digit Modalities Test. Presented at the 30th Annual Meeting of the National Academy of Neuropsychology, Vancouver, British Columbia. <u>Archives of Clinical Neuropsychology</u>, 25, 561.
- Davis, J. J., Bagley, A., McHugh, T. S., Axelrod, B. N., Hanks, R., & (October 2010). Utility of Embedded Effort Measures on the Trail Making Test. Presented at the 30th Annual Meeting of the National Academy of Neuropsychology, Vancouver, British Columbia. <u>Archives of Clinical Neuropsychology</u>, 25, 579.
- Davis, J. J., McHugh, T. S., Bagley, A., Axelrod, B. N., & Hanks, R. (February 2011). Utility of Picture Completion as an Embedded Effort Measure. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International</u> <u>Neuropsychological Society</u>, <u>17s</u>, 237.

- Griffen, J. A., Rapport, L. J., Bryer, R., Scott, C. A., Bieliauskas, L. A., Whitman, D., & Axelrod, B. N. (February 2011). Awareness of deficits and On-road driving performance. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International Neuropsychological Society</u>, <u>17s</u>, 148-149.
- McHugh, T. S., Davis, J. J., Bagley, A., Axelrod, B. N., Hanks, R., & (February 2011). Utility of Letter-Number Sequencing as an Embedded Effort Measure. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International Neuropsychological Society</u>, 17s, 237.
- Miller, J. B., Millis, S. R., Rapport, L. J., Hanks, R. A., Bashem, J. R., & Axelrod, B. N. (February 2011). Detection of insufficient effort using the Advanced Clinical Solutions for the Wechsler Memory Scale, Fourth Edition. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International Neuropsychological Society</u>, 17s, 240.
- Van Dyke, S. A., Axelrod, B. N., & Schutte, C. (February 2011). Test-retest reliability of the Traumatic Brain Injury Screening Instrument. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International</u> <u>Neuropsychological Society</u>, <u>17s</u>, 184.
- Van Dyke, S. A., Axelrod, B. N., & Schutte, C. (February 2011). The Utility of the Postconcussive Symptoms Questionnaire. Presented at the 39th Annual International Neuropsychological Society Meeting, Boston, MA. <u>Journal of International Neuropsychological Society</u>, <u>17s</u>, 184.
- Axelrod, B. N., & Winstanley, F. S. (June 2011). Short-Form analysis of the Restructured Clinical Scales (RC) and PSY-5 (PSY-5) Scales of the MMPI-2. Presented at the 9th Annual Meeting of the American Academy of Clinical Neuropsychology, Washington DC. The Clinical Neuropsychologist, 25, 518.
- Malcore, S., Schutte, C., & Axelrod, B. N. (June 2011). Item analysis of the Structured Inventory of Malingered Symptomatology. Presented at the 9th Annual Meeting of the American Academy of Clinical Neuropsychology, Washington DC. The Clinical Neuropsychologist, 25, 547-548.
- Schutte, C., & Axelrod, B. N. (June 2011). SIMS cut score reexamination using ROC and the MMPI-2. Presented at the 9th Annual Meeting of the American Academy of Clinical Neuropsychology, Washington DC. <u>The Clinical Neuropsychologist</u>, 25, 565.
- Axelrod, B. N. (August 2011). <u>Assessment of Effort and Validity in Neuropsychological</u>
 <u>Testing</u>. Presented at the 5th Annual Defense and Veterans Traumatic Brain Injury Summit, Washington DC.

- Davis, J. J., McHugh, T. S., Axelrod, B. N., & Hanks, R. A. (November, 2011). Phonemic word generation effort cut scores in a civil forensic sample. Presented at the 31st Annual Meeting of the National Academy of Neuropsychology, Marco Island, Florida. <u>Archives of Clinical Neuropsychology</u>, 26, 560.
- Etherton, J. L. & Axelrod, B. N. (November, 2011). Do administration instructions alter optimal neuropsychological test performance? Data from healthy volunteers. Presented at the 31st Annual Meeting of the National Academy of Neuropsychology, Marco Island, Florida. <u>Archives of Clinical Neuropsychology</u>, 26, 561.
- Miller, J. B., Axelrod, B. N., Van Dyke, S., Rapport, L. J., Schutte, C., & Hanks, R. A. (November, 2011). Parsimonious prediction of Wechsler Memory Scale, Fourth Edition scores: Immediate and Delayed Memory Indexes. Presented at the 31st Annual Meeting of the National Academy of Neuropsychology, Marco Island, Florida. <u>Archives of Clinical Neuropsychology</u>, 26, 501-502.
- Van Dyke, S. A. & Axelrod, B. N. (November, 2011). Development of MMPI-2 and MMPI-2-RC short forms with a veteran sample. Presented at the 31st Annual Meeting of the National Academy of Neuropsychology, Marco Island, Florida. <u>Archives of Clinical Neuropsychology</u>, 26, 504.
- Bezdicek, O., Preiss, M., Motak, L., Axelrod, B. N., Nikolai, T., & Ruzicka, E. (February 2012). Czech version of the Trail Making Test normative data are not equivalent to the American version. Presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, Canada. <u>Journal of International Neuropsychological Society</u>, 18s.
- Leavell, B., Antaki, F., Du, J., Yu, Y., Van Buren, E., Axelrod, B. N., & Levi, E. (May 2012).

 <u>Racial Disparity in Cancer Stem Cells in the Colon.</u> Presented at the Annual Meeting of the Digestive Disease Week, San Diego, California.
- Crockett, D. J., & Axelrod, B. N., (June 2012). Self-reported interpersonal functioning before and after trauma to the head. Presented at the 10th Annual Meeting of the American Academy of Clinical Neuropsychology, Seattle, Washington. <a href="https://doi.org/10.1007/jhear.
- Davis, J. J., Axelrod, B. N., McHugh, T. S., & Hanks, R. A. (June 2012). Number of impaired scores as a performance validity measure in claimants and litigants reporting mild TBI. Presented at the 10th Annual Meeting of the American Academy of Clinical Neuropsychology, Seattle, Washington. <u>The Clinical Neuropsychologist</u>, 26, 394.
- Axelrod, B. N. & Etherton, J. L. (November 2012). Heterogeneity of variance in a non-patient sample. Presented at the 32nd Annual Meeting of the National Academy of Neuropsychology, Nashville, Tennessee. <u>Archives of Clinical Neuropsychology</u>, 27, 678.

- Holcomb, E. & Axelrod, B. N. (November 2012). Introduction of the Rey Complex Figure Forced-Choice Recognition Task. Presented at the 32nd Annual Meeting of the National Academy of Neuropsychology, Nashville, Tennessee. <u>Archives of Clinical Neuropsychology</u>, 27, 638.
- Pierce, C. A., Zacharewicz, M., & Axelrod, B. N. (November 2012). Does The Quality of PASAT Test Material Affect Performance? Presented at the 32nd Annual Meeting of the National Academy of Neuropsychology, Nashville, Tennessee. <u>Archives of Clinical Neuropsychology</u>, 27, 656-657.
- Leavell, B., Van Buren, E., Antaki, F., Axelrod, B. N., Rambus, M. A., & Majumdar, A. P. N. (December 2012). <u>Associations between markers of colorectal cancer stem cells and adenomas among ethnic groups</u>. Presented at the 2012 Summit on the Science of Eliminating Health Disparities, National Harbor, Maryland.
- Holcomb, E. Axelrod, B. N., & Liethen, P. C. (February 2013). <u>Concurrent Validity of the TOMM and CVLT-II Forced-Choice Recognition Tasks with a Rey Complex Figure Forced-Choice Measure</u>. Accepted for presentation at the 32nd Annual Meeting of the International Neuropsychological Society, Waikoloa, Hawaii.
- Holcomb, E. Axelrod, B. N., & Liethen, P. C. (February 2013). Examination of a Forced-Choice Recognition Task for the Rey Complex Figure Test in the Detection of Suboptimal Effort. Accepted for presentation at the 32nd Annual Meeting of the International Neuropsychological Society, Waikoloa, Hawaii.
- Axelrod, B. N. (April 2013). <u>Evaluating Bias and Effort in Neuropsychology</u> (April 2013). Invited address presented at the 2013 Annual Meeting of the Midwest Neuropsychology Group, Ann Arbor, Michigan.
- Sugarman, M. A., Kamper, J. E., & Axelrod, B. N. (April 2013). <u>The utility of the Montreal Cognitive Assessment in predicting general intellectual abilities</u>. Presented at the 2013 Annual Meeting of the Midwest Neuropsychology Group, Ann Arbor, Michigan.
- Kamper, J. E., Sugarman, M. A., Axelrod, B. N., & Schutte, C. (June 2013) The efficacy of additional demographic corrections for the CVLT-II. Presented at the 11th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, Illinois. The Clinical Neuropsychologist, 27, 566.
- Rinaldi, A., Kulas, J. F., & Axelrod, B. N. (June 2013) Cross Validation of the Albany Consistency Index, TOMMe10, and Trial 1 alternative scoring methods for the Test of Memory Malingering. Presented at the 11th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, Illinois. The Clinical Neuropsychologist, 27, 596-597.

- Sugarman, M. A., Kamper, J. E., Axelrod, B. N., & Schutte, C. (June 2013) Do we need demographically adjusted normative data for the CVLT-II? Presented at the 11th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, Illinois. <u>The Clinical Neuropsychologist</u>, 27, 602.
- Sugarman, M. A., Kamper, J. E., & Axelrod, B. N. (June 2013) The utility of the Mini-Mental State Exam in predicting intellectual abilities. Presented at the 11th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, Illinois. The Clinical Meuropsychologist, 27, 602-603.
- Van Dyke, S. A., Millis, S. R., Axelrod, B. N., & Hanks, R. A. (June 2013) Assessing Effort: Differentiating performance and symptom validity. Presented at the 11th Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, Illinois. The Clinical Neuropsychologist, 27, 605-606.
- Sugarman, M. A. & Axelrod, B. N. (February 2014). Embedded measures of performance validity using verbal fluency tests in a clinical sample. Presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle, Washington. <u>Journal of International Neuropsychological Society</u>, 20s.
- Crocket, D. J., Axelrod, B. N., & Shaffer, T. R., & (June 2014). Symbol Digit Modalities Test Scores: Just how stable are they? Presented at the 12th Annual Meeting of the American Academy of Clinical Neuropsychology, New York, NY. <u>The Clinical Neuropsychologist</u>, 28, 427.
- Axelrod, B. N., Meyers, J. E., & Davis, J. J. (July 2014). Using Finger Tapping as a Measure of Performance Validity. Presented at the 2014 Mid-Year Meeting of the International Neuropsychological Society, Jerusalem, Israel. <u>Journal of International Neuropsychological Society</u>, 20s2.
- Bashem, J. R., Rapport, L. J., Billings, N. M., Miller, J. A., Hanks, R. A., Axelrod, B. N., & Kanser, R. (August 2014). Strategies of successful and unsuccessful simulators coached to feign traumatic brain injury. Presented at the 122nd Annual Meeting of the American Psychological Association, Washington DC. The Clinical Neuropsychologist, 28, 697.
- Reslan, S. & Axelrod, B. N. (November 2014). Evaluating the MSVT GMIP (SIP/DP) against other Performance Validity Measures. Presented at 34th Annual Meeting of the National Academy of Neuropsychology, Fajradao, Puerto Rico. <u>Archives of Clinical Neuropsychology</u>, 29.
- Lippa, S. M., Axelrod, B. N., & Lange, R. T. (November 2015). Psychometric properties of the Mild Brain Injury Atypical Symptoms (MBIAS) Scale in a mixed clinical sample.
 Presented at the 35th Annual Meeting of the National Academy of Neuropsychology, Austin, Texas. <u>Archives of Clinical Neuropsychology</u>, 30.

- Lippa, S. M., Lange, R. T., & Axelrod, B. N. (November 2015). Utility of the Mild Brain Injury Atypical Symptoms (MBIAS) Scale in a mixed clinical sample. Presented at the 35th Annual Meeting of the National Academy of Neuropsychology, Austin, Texas. <u>Archives of Clinical Neuropsychology</u>, 30.
- Lippa, S. M., Axelrod, B. N., & Lange, R. T. (February 2016). Subjective memory problems, performance validity test failure, and objective neurocognitive performance. Presented at the 44th Annual Meeting of the International Neuropsychological Society, Boston, Massachusetts. Journal of International Neuropsychological Society, 22s.
- Davis, J., Larrabee, G., Axelrod, B. N., & Millis, S. R. (June 2016). Characterizing failure on a single performance validity indicator. Presented at the 14th Annual Meeting of the American Academy of Clinical Neuropsychology, New York, NY. <u>The Clinical Neuropsychologist</u>, <u>30</u>.
- Huffman, J., Lee H. J., & Axelrod, B. N. (June 2016). The utility of the Hopkins Adult Reading Test in premorbid function estimation: Comparison with the Wide Range Achievement Test. Presented at the 14th Annual Meeting of the American Academy of Clinical Neuropsychology, New York, NY. <u>The Clinical Neuropsychologist</u>, 30.
- Lee H. J., Huffman, J., & Axelrod, B. N. (November 2016). Predicting Wide Range Achievement Test Word Reading Score from Hopkins Adult Reading Test Scores. Presented at the 36th Annual Meeting of the National Academy of Neuropsychology, Seattle, WA. Axelives of Clinical Neuropsychology, 31, 371-372.
- Bakkila, K., Axelrod, B., Kushida, C., Rastogi, R., Vogel, D., & Chowdhuri, S. (April 2017). Impact of Obstructive Sleep Apnea (OSA) and Obstructive Sleep Apnea-Chronic Obstructive Pulmonary Disease on neurocognitive outcomes. Presented at the 31st Annual Meeting of the Associated Professional Sleep Societies, Boston, MA. Sleep, 40s, A229.
- Abbas, H., Bakkila, K., Rastogi, R., Kushida, C., Axelrod, B., Vogel, D., Mukkavilli, V. & Chowdhuri, S. (June 2017). <u>Impact of Overlap Syndrome on neurocognitive outcomes and quality of life</u>. Presented at the 15th Annual Meeting of International Sleep & Breathing, Madison, WI.
- Axelrod, B. N. (October 2017). Circus Tricks: Guessing FSIQ using Clinical and Actuarial Prediction Models. Presented at the 37th Annual Meeting of the National Academy of Neuropsychology, Boston, MA. <u>Archives of Clinical Neuropsychology</u>, 32, 668-765.
- Axelrod, B. N., Crocket, D. J., & Sugarman, M. A. (October 2017). Impact of an embedded measure of performance on neuropsychological test performance. Presented at the 37th Annual Meeting of the National Academy of Neuropsychology, Boston, MA. <u>Archives of Clinical Neuropsychology</u>, 32, 667-765.

- Morin, R. T. & Axelrod, B. N. (October 2017). Identifying patient groups with Latent Class Analysis using validity, cognition, and emotion. Presented at the 37th Annual Meeting of the National Academy of Neuropsychology, Boston, MA. Archives of Clinical-Neuropsychology, 32, 668-765.
- Bakkila, K., Axelrod, B., Kushida, C., Rastogi, R., Williams, R., Vogel, D., & Chowdhuri, S. (June 2019). Impact of Obstructive Sleep Apnea (OSA) and Chronic Obstructive Pulmonary Disease (COPD) on Clinical and Neurocognitive Outcomes. Presented at the 33rd Annual Meeting of the Associated Professional Sleep Societies. Sleep, 42s, A193-A194.

Revised: May 13, 2020

EXHIBIT C

EXHIBIT C

ELECTRONICALLY SERVED 5/13/2019 5:31 PM

1	RESP		
2	JOHN B. SHOOK, ESQ. Nevada Bar No. 5499		
3	DARREN T. RODRIGUEZ, ESQ. Nevada Bar No. 12857		
4	SHOOK & STONE, CHTD.		
5	710 South 4th Street Las Vegas, NV 89101		
6	Office: (702) 385-2220 Attorneys for Plaintiffs		
7			
8	DISTRICT COURT		
9	CLARK COUNTY, NEVADA		
10	HEATHER FELSNER and ROGER	Case No.: A-18-781000-C	
11	FELSNER,	Dept. No.: 27	
12	Plaintiff,		
13	VS.	PLAINTIFF HEATHER FELSNER'S RESPONSES TO DEFENDANTS,	
14	KEOLIS TRANSIT SERVICES, LLC,	<u>KEOLIS TRANIST, LLC'S</u> <u>INTERROGATORIES</u>	
15	Foreign Limited-Liability Corporation and DOE 1 EMPLOYEE; DOES II through X,		
16	inclusive; and ROE BUSINESS ENTITIES I through X, inclusive		
17	Defendants.		
18			
19	TO: KEOLIS TRANSIT, LLC Defendant;		
20	TO: MICHAEL LOWRY, ESQ., Attorney for Defendant		
21	COMES NOW, Plaintiff, HEATHER FELSNER, by and through her attorney of record,		
22	JOHN B. SHOOK, ESQ. of the law firm of SHOOK & STONE, CHTD., and pursuant to NRCP 33,		
23	hereby responds to Defendants Interrogatories in the above-entitled manner as follows:		
24	///		
25	///		
26	///		
27	///		
28			
	1	App0062	

Case Number: A-18-781000-C

App0062

1 **INTERROGATORY NO.1:** 2 State your full name, date of birth, address and the name, address, and occupation of each 3 individual who assisted in the answering of these interrogatories. 4 **RESPONSE:** 5 Heather Park Felsner, 10/20/1952 29969 Sparkleberry Dr. Southfield, MI. 48076 Roger 6 Felsner 29969 Sparkleberry Dr. Southfield, MI. 48076, Retired 7 **INTERROGATORY NO. 2:** 8 9 If you have been employed at anytime during the five years preceding the accident alleged 10 in your complaint through the present, state as to each employer: 11 a) name and address; 12 b) the dates of which you were employed; 13 c) your job title and the nature of the duties you performed; 14 d) the reason you left or changed your employment; and 15 e) the salary, wage or commission you received. 16 17 **RESPONSE:** 18 Spy King Corporation 26710 Southfield Road, Lathrup Village, MI. 48076. 2010 thru 2013 19 Co-Owner retail sales store, bookkeeping, inventory control, sales, customer service. Due to 20 internet competition business closed down. Average salary was \$15,000. 21 **INTERROGATORY NO. 3:** 22 If you have ever been convicted of a felony or crime involved in moral turpitude, state: 23 a) the nature of the felony or felonies; 24 b) the date or dates on which you were convicted; and 25 c) the place or places where you were convicted. 26 **RESPONSE:** 27

28

No.

- 1. Vague and Ambiguous. This interrogatory/request is vague and ambiguous with regard to the following terms/phrases: any effects.
- 2. Burdensome, Oppressive, Overbroad: This discovery request is so broad and unlimited as to time and scope as to be an unwarranted annoyance, embarrassment, and is oppressive. To comply with the request would be an undue burden and expense on the plaintiff.
- 3. Foundation/Expert Testimony. This request calls for the Plaintiff to possess expert knowledge with regard to injuries.

Without waiving the referenced objection(s), Plaintiff layperson's response is as follows: I have trouble focusing on what people say and difficulty paying attention. Sometimes I forget what I was about to do or forget to turn off the stove after cooking. Many times my husband or daughter yell at me for leaving the pan on the stove while the fire is still on. I also forget many little things. My husband and daughter tell me that I constantly repeat myself. I feel like I move more slowly as if I was going in slow motion I get many headaches since the incident and before that happened I would seldom get a headache. I have trouble going to sleep and sleeping the whole night. I feel sad all the time and nothing seems to give me enjoyment. I refuse to leave the house unless it is absolutely necessary, like going to the doctor or food shopping. I find myself keeping to myself even avoiding my husband and daughter in the same house. I don't talk to my sisters or friends like I used to. My right shoulder still hurts even when I am not using my arm. I have less motion in my right arm than I did before.

INTERROGATORY NO.10:

Describe your physical and medical condition at present as compared with your condition immediately preceding the accident.

VERIFICATION BY AFFIDAVIT

HEATHER FELSNER hereby attests that she has read the foregoing RESPONSES TO DEFENDANTS KEOLIS TRANSIT'S INTERROGATORIES and the same are true to the best of her personal knowledge or, if so stated, upon her best information and belief. This declaration is provided in compliance with EDCR 2.34 and NRCP 33(b)(2).

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. (NRS 53.045).

HEATHER FELSNER

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5-10-19 DATED

Objections Submitted by:

SHOOK & STONE/CHTD.

JOHN B. SHOOK, ESQ. Nevada Bar No. 5499 SHOOK & STONE, CHTD. 710 South 4th Street Las Vegas, Nevada 89101 Attorney for Plaintiff

1	CERTIFICATE OF SERVICE		
2			
3	Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this date, I served the		
4	foregoing PLAINTIFF HEATHER FELSNER'S RESPONSES TO DEFENDANTS, KEOLIS		
5	TRANIST, LLC'S INTERROGATORIES by electronic transmission through the Odyssey File		
6	& Serve system to the following parties:		
7	Michael Lowry, Esq.		
8	Amanda A. Ebert, Esq. Wilson Elser Moskowitz Edelman & Dicker		
9	300 South Fourth Street		
10	Las Vegas, NV 89101		
11	Leonard Fink, Esq. Springel & Fink		
12	10655 Park Run Drive, #275		
13	Las Vegas, Nevada 89144		
14	DATED this <u>B</u> day of May, 2019.		
15			
16	$(/, \cap_{\mathcal{C}})$		
17	An amplayed of Charle & Stone		
18	An employee of Shook & Stone		
19	V		
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Electronically Filed 11/2/2020 9:22 AM Steven D. Grierson **CLERK OF THE COURT**

OPPS 1 JOHN B. SHOOK, ESQ. 2 Nevada Bar No. 5499 ROBERT L. ENGLISH, ESQ. 3 Nevada Bar No. 3504 SHOOK & STONE, CHTD. 4 710 South Fourth Street 5 Las Vegas, Nevada 89101 Office: (702) 385-2220 6 Attorneys for Plaintiffs 7 EIGHTH JUDICIAL DISTRICT COURT 8 CLARK COUNTY, NEVADA 9 HEATHER FELSNER and ROGER Case No.:18-CV-00617 10 FELSNER, Dept. No.: I 11 **Plaintiffs** 12 VS. PLAINTIFFS HEATHER FELSNER and 13 ROGER FELSNER'S OPPOSITION TO KEOLIS TRANSIT SERVICES, LLC, DEFENDANTS KEOLIS TRANSIT 14 Foreign Limited-Liability Corporation and SERVICES, LLC. and EDGARDO YUSI'S EDGARDO YUSI; ALEXANDER DENNIS, **MOTION FOR RULE 35 EXAMINATION** 15 INC., a Foreign Corporation, DOES II through X, inclusive; and ROE BUSINESS ENTITIES 16 I through X, inclusive, 17 Defendants. 18 19 Plaintiffs HEATHER FLESNER and ROGER FELSNER hereby oppose DEFENDANTS 20 KEOLIS TRANSIT SERVICES, LLC. and EDGARDO YUSI'S MOTION FOR RULE 35 21 22 EXAMINATION. 23 /// 24 25 26 27 28

This Opposition is made and based upon the pleadings and papers on file herein, the attached Points and Authorities, and any argument made by counsel at the hearing of this matter. DATED this 30 day of October, 2020. SHOOK & STONE, CHTD. JOHN B. SHOOK, ESQ. Nevada Bar No. 5499 RØBERT L. ENGLISH, ESQ Nevada Bar No. 3504 SHOOK & STONE, CHTD. 710 South Fourth Street Las Vegas, Nevada 89101 Attorneys for Plaintiffs HEATHER AND ROGER FELSNER

MEMORANDUM OF POINTS AND AUTHORITIES

I.

STATEMENT OF FACTS

A. Underlying Facts

This is a personal injury action arising from a fall down the stairs of a coach operated by Defendants Keolis and Yusi and manufactured by Defendant Alexander Dennis, Inc. On February 21, 2017, Plaintiff Heather Felsner boarded a double-decker bus and proceeded to climb the stairs to the second level. The following photographs depict the incident:

1. Mrs. Felsner approached the top of the stairs.



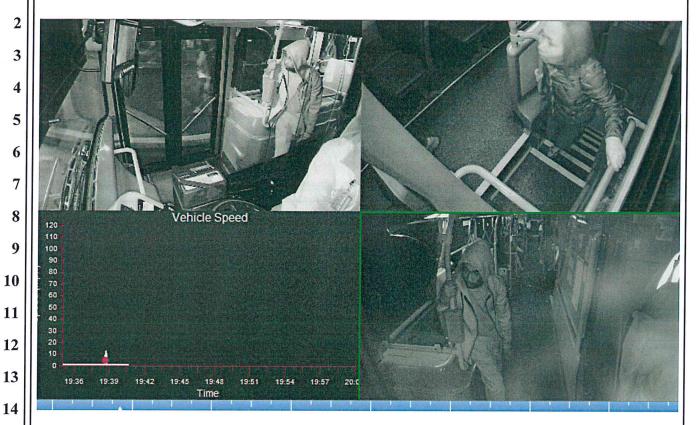
///

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Coah operator Yusi accelerates coach with Mrs. Felsner still inside the stairwell.



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Mrs. Felsner begins to fall.



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Mrs. Felsner attempts to hold on to hand rail to stop her fall.



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Mrs. Felsner falling



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Mrs. Felsner unconscious.



After her fall, emergency personnel transported Mrs. Felsner to Sunrise Hospital where critical care physicians discovered numerous cerebral hemorrhages requiring admission. Following discharge, Mrs. Felsner was advised to follow-up with a neurologist and rehabilitation center for further care and monitoring.

Upon her return home to Michigan, Mrs. Felsner sought care at the Rehabilitation Institute of Michigan -- a world renowed rehabilitation center specializing in the treatment of brain injuries, where Dr. Stephen Vangel, Ph.D., a neuropscyhologist, performed testing.

According to Dr. Vangel's report¹, the purpose of the assessment was:

PURPOSE OF ASSESSMENT: Evaluation to determine the nature and severity of cognitive difficulties following a traumatic brain injury and intracerebral hemorrhages from a fall in 2017. Examinee also describes significant emotional sequelae to this event.

Id.

¹ See, Exhibit 1, Dr. Stephen Vangel's neuropsychology testing report, filed under seal.

The examination was lengthy:

Addendum by VANGEL PhD, STEPHEN J on March 04, 2020 16:33 EST

Examinee was seen for:

96132: 60 minutes, 2/12/20, 1 unit.

96133: 286 minutes, 2/12/20, 2/26/20, 3/04/20, 5 units

96138: 30 minutes, 2/12/20, 1 unit 96139: 70 minutes, 2/12/20, 2 units.

Id.

Because Mrs. Felsner is a 67 year old Korean female with 14 years of education in Korea and limited English skills, certain tests were omitted:

NEUROPSYCHOLOGICAL ASSESSMENT

Assessment of this examinee was interpreted cautiously, due to differences between her developmental experience and that of the normative samples (born & raised in the U.S) for most tasks. Tests were deliberately omitted where culture and language differences would clearly result in distortion of interpretation. We chose test that have a minimal amount of instructions and verbal response requirements, except for one included to assess degree of English comprehension. The tests given were interpreted in comparison with multiple norm sets, including those of ethnic minorities, when possible. However, the reader should be aware that these procedures are not standardized for the examinee, and therefore the validity of test scores and impairment ratings remains in question. Test results were most often interpreted qualitatively rather than quantitatively.

Id.

The following tests were performed:

The following neuropsychological test battery was administered:

Test	Raw Score	z-score	Description	
WMS-IV Symbol Span (publisher norms A, Ed)	14.0	-0.67	average	
WAIS-IV Coding (publisher norms A)	38.0	-1.00	below average	
DVT Time (Heaton 2004 printed norms				
G,A,Ed,Et)	577"	-1.40	low	
DVT Errors (Heaton 2004 printed norms				
G,A,Ed,Et)	7.0	0.20	average	
NAB Shape Learning Immediate Recognition				
(NAB 2003 Manual <i>G,A,Ed</i>)	11.0	-1.20	below average	
NAB Shape Learning Delayed Recognition (NAB			exceptionally	
2003 Manual <i>G,A,Ed</i>)	2.0	-2.40	low	
BDAE Complex Ideation (Heaton 2004 printed			exceptionally	
norms <i>G,A,Ed,Et</i>)	7.0	-4.20	low	
WAIS- IV Block Design (publisher norms A)	36.0	0.33	average	
WCST Categories (Kongs 2000 publisher norms				
A,Ed)	3.0	-0.67	average	

WCST Perseverative Responses (Kongs 2000			
publisher norms A,Ed)	5.0	0.90	above average
WCST Perseverative Errors (Kongs 2000			
publisher norms A,Ed)	5.0	0.90	above average
WCST Learning to Learn (Kongs 2000 publisher			
norms A,Ed)	-4.4	-0.67	average
WCST Trials to 1st Category (Kongs 2000			
publisher norms A,Ed)	16.0	-0.67	average
WCST % Conceptual Level Responses (Kongs			
2000 publisher norms A,Ed)	42.0	-0.30	average
WCST Failure to Maintain Set (Kongs 2000			
publisher norms A,Ed)	1.0		
BSI-18 Total (Derogatis 2000 Community Norms)	28.0	1.70	elevated
BSI-18 Somatic (Derogatis 2000 Community			elevated
Norms)	8.0	1.80	
BSI-18 Depression (Derogatis 2000 Community			elevated
Norms)	10.0	1.50	
BSI-18 Anxiety (Derogatis 2000 Community			elevated
Norms)	10.0	1.60	

Dr. Vangel's assessment of the testing results is not described here due to privacy concerns but may be reviewed in Exhibit 1.

B. Procedural Background

As a result of the incident Plaintffs filed a Complaint on September 12, 2018 against Defendant Keolis Transportation Services, LLC. ("Keolis"), and DOE Defendants on various theories of Negligence, Common Carrier Negigence, Strict Products Liability, as well as a claim for Loss of Consortium. Therafter, on December 5, 2018 Defendant Keolis filed its Motion to Dismiss various casues of action, which was denied on January 9, 2019 and the order entered on February 1, 2019. On February 19, 2019 a Stipulation and Order was entered allowing Plaintiff to Amend their complaint and substitute Alexander Dennis, Inc. ("Alexander Dennis"), the bus manufacturer, as one of the DOE Defendants. The First Amended Complaint was filed on February 21, 2019, thereafter Defendants Keolis filed its Answer on February 25, 2019 and Defendant Alexander Dennis file its Answer on April 9, 2019. On August 21, 2019 A stipulation and Order was entered allowing the Plaintiff to substitue Doe I Employee with Defendant Edgardo Paguio Yusi ("Yusi"). The Second Amend Complaint was filed on August 21, 2019 and Answer by Keolis on August 26, 2019, September 4, 2019 by Defendant Yusi, and September 12, by Defendant Alexander Dennis. On October 16, 2020, Defendants filed the instant motion for Rule 35 examination with Dr. Bradley Axelrod in Ann Arbor, Michigan.² Initial expert disclosures are due on December 22, 2020.

² It is unknown what testing Dr. Alexrod plans to conduct. While defendant's counsel did note certain tests which are *typically* performed, it is unclear if this will be the case here considering Mrs. Felsner's prior testing and cultural background.

ARGUMENT

A. Dr. Axelrod must be precluded from examining Mrs. Felsner as he believes the presence of an observer invalidates testing and because it is unethical for a psychologist or neuropsychologist to allow a Third-Party Observer to be present during face-to-face evaluation and formal testing of the individual

According to Dr. Axelrod's affidavit from August, 2018,

- 3. The mere presence of a Third Party Observer alters the results of the evaluation and invalidates the test results.
- 4. It is unethical for a psychologist or neuropsychologist to allow a Third Party Observer to be present during the face-to-face evaluation and formal testing of the individual, although they may be present during the initial interview at the outset.
- 5. The presence of a Third Party Observer, other than during the initial interview, ethically requires a psychologist or a neuropsychologist to remove themselves and terminate the testing.
- 6. The presence of an interpreter in an evaluation is different from a Third Party Observer, as the interpreter is independent and has no interest or relationship to the outcome of the evaluation.
- 7. The presence of a student or trainee is acceptable as this is a neutral noninvolved party, with no interest in or relationship to the outcome of the evaluation, in a clinical setting as noted by the National Academy of Neuropsychology.

Bradley N. Axelrod, Ph. I

See, Exhibit 2, Affidavit of Bradley Axelrod, Ph.D.

As your Honor has previsously found, NRCP 35 and NRS Section 52.380 conflict regarding the presence of an observer. In resolving that conflict the Court found:

10. The Statute creates substantive rights, including the <u>right</u> of the examinee to have his or her attorney or that attorney's representative serve as the observer, the <u>right</u> to have the observer record the examination without making a showing of "good cause," and the <u>right</u> to have an observer present for a neuropsychological, psychological, or psychiatric examination without making a showing of "good cause."

- 11. Because the Statute creates substantive rights, it is substantive rather than procedural.
- 12. Because the Statute is substantive, it governs and supersedes the Rule where the two conflict.
- 13. An individual submitting to an examination under NRCP 35 has the following substantive rights, pursuant to NRS Section 52.380: to have his or her attorney or that attorney's representative serve as the observer; have the observer record the examination without making a showing of "good cause"; and to have an observer present for a neuropsychological, psychological, or psychiatric examination without making a showing of "good cause."

See, **Exhibit 3**, Order Re: Discovery Commissioner's Report And Recommendations dated August 14, 2020, attached hereto.

Because NRS 52.380 creates a substantive right to allow an observer to be present -- which Plaintiff intends to utilize – and the testing conducted with an observer present "alters the results of the evaluation and invalidates the test results", Dr. Axelrod must be precluded from performing an examination of Mrs. Felsner.

Many courts, including several in Clark County, have held that a Defendant does not have an absolute right to designate the examiner to conduct a Rule 35 medical examination. The right to appoint an examiner ultimately rests with the trial court's discretion. See, *Doupouce v. Drake*, 183 F.R.D. 565 (D. Colo. 1998); *Martin v. Superior Court of Maricopa County*, 451 P. 2d 597 (Ariz. 1959);

An individual should not be compelled to undergo an examination conducted by an examiner against whom the party has valid objections. If the party to be examined

1	makes timely objection to the examiner selected by an adversary, the court usually will designate another.					
2	13-7 Bender's Forms of Discovery Treatise §7.03, [8][b].					
3	Here, because Dr. Axelrod has a legitimate concern about his ethical duties and the validity					
4	of the testing performed, he should be disqualified.					
5	of the testing performed, he should be disqualified.					
6 7	B. IF AN EXAMINATION IS ALLOWED, MRS. FELSNER MUST BE ALLOWED TO AUDIO RECORD THE EXAMINATION AS REQUIRED BY NRS 52.380					
8	On April 16, 2020, this Court made the following findings:					
9	3. In 2019, the Nevada Legislature enacted NRS 52.380, which provides a party a right					
10	to record a Nevada Rule of Civil Procedure Rule 35 examination and have an observer present.					
11						
12	4. During legislative hearings, the Nevada Legislature considered the substantive rights					
13	provided in NRS 52.380, and extended the right of a party being examined to have the exam audio recorded and an observer present for the exam.					
	5. While NRCP 35 requires "good cause" to audio record or to have an observer present, there is no "good cause" requirement in NRS 52.380.					
14	present, there is no good eadse requirement in 1405 32,560.					
15 16	See, Exhibit 4, DISCOVERY COMMISSIONER'S REPORT AND RECOMMENDATIONS dated April 16, 2020.					
17	Because NRS 52.380 created a substantive right to allow a party to record the examination,					
18	Mrs. Felsner must be afforded that same right.					
19	C. THERE IS NO GOOD CAUSE FOR RULE 35 EXAMINATION					
20	a. Standard For Rule 35 Examination					
21						
22	Rule 35 of the Nevada Rules of Civil Procedure provides,					
23	(a) Order for Examination.					
24	(1) <i>In General</i> . The court where the action is pending may order a party whose mental or physical conditionincluding blood groupis in controversy to submit to a					
25	physical or mental examination by a suitably licensed or certified examiner. The					
	court has the same authority to order a party to produce for examination a person who is in the party's custody or under the party's legal control.					
26	(2) Motion and Notice; Contents of the Order.(A) The order may be made only on motion for good cause and on notice to all					
27	parties and the person to be examined.					

- (B) The order must specify the time, place, manner, conditions, and scope of the examination, as well as the person or persons who will perform it. The examination must take place in an appropriate professional setting in the judicial district in which the action is pending, unless otherwise agreed by the parties or ordered by the court.
- (3) Recording the Examination. On request of a party or the examiner, the court may, for good cause shown, require as a condition of the examination that the examination be audio recorded. The party or examiner who requests the audio recording must arrange and pay for the recording and provide a copy of the recording on written request. The examiner and all persons present must be notified before the examination begins that it is being recorded.
- (4) Observers at the Examination. The party against whom an examination is sought may request as a condition of the examination to have an observer present at the examination. When making the request, the party must identify the observer and state his or her relationship to the party being examined. The observer may not be the party's attorney or anyone employed by the party or the party's attorney.
- (A) The party may have one observer present for the examination, unless:
- (i) the examination is a neuropsychological, psychological, or psychiatric examination; or
- (ii) the court orders otherwise for good cause shown.
- (B) The party may not have any observer present for a neuropsychological, psychological, or psychiatric examination, unless the court orders otherwise for good cause shown.
- (C) An observer must not in any way interfere, obstruct, or participate in the examination.

(b) Examiner's Report.

- (1) Request by the Party or Person Examined. Unless otherwise ordered by the court or discovery commissioner for good cause, the party who moved for the examination must, upon a request by the party against whom the examination order was issued, provide a copy of the examiner's report within 30 days of the examination or by the date of the applicable expert disclosure deadline, whichever occurs first.
- (2) Contents. The examiner's report must be in writing and must set out in detail the examiner's findings, including diagnoses, conclusions, and the results of any tests.
- (3) Request by the Moving Party. After delivering the reports, the party who moved for the examination may request--and is entitled to receive--from the party against whom the examination order was issued like reports of all earlier or later examinations of the same condition. But those reports need not be delivered by the party with custody or control of the person examined if the party shows that it could not obtain them.
- (4) Waiver of Privilege. By requesting and obtaining the examiner's report, or by deposing the examiner, the party examined waives any privilege it may have--in that action or any other action involving the same controversy--concerning testimony about all examinations of the same condition.
- (5) Failure to Deliver a Report. The court on motion may order--on just terms--that a party deliver the report of an examination. If the report(s) is not provided, the court may exclude the examiner's testimony at trial.

(6) *Scope*. Rule 35(b) also applies to an examination made by the parties' agreement, unless the agreement states otherwise. Rule 35(b) does not preclude obtaining an examiner's report or deposing an examiner under other rules.

Amended effective September 27, 1971. Amended effective January 1, 2005; March 1, 2019.

The Eighth Judicial District Court recently faced many of the issues raised in this Opposition. In *Wilson v. Yancey*, 2017 WL 3087154, Judge Williams entered an order portions of which are set out below:

Under Rule 35, the mental or physical condition of the plaintiff is always in controversy in personal injury litigation. However, whether good cause is established depends on both relevance and need. See Sacramona v. Bridgestone/Firestone, Inc. 152 F.R.D. 428 (D. Mass. 1993); Mohamed v. Marriott Int'l., Inc., 1996 U.S. Dist. Lexis 2788 (S.D.N.Y. Mar. 7, 1996); Smith v. J.I. Case Corp., 163 F.R.D. 229 (E.D. Pa. 1995); Peters v. Nelson, 153 F.R.D. 635 (N.D. Iowa 1994); and Simpson v. University of Colorado, 220 F.R.D. 354 (D. Colo. 2004). Thus, controversy does not equate to good cause, which mandates a separate and distinct analysis, because good cause may not he found if the mental and physical examination of the plaintiff may be established by prior documentary evidence.

As the United States Supreme Court noted, in determining whether good cause exists for a Rule 35 examination, "[t]he ability of the movant to obtain the desired information from other means is also relevant." *Schiagenhauf, supra*, at 118-119, For example, "[o]ne of the factors which must be considered in determining good cause is whether the defendants have utilized other discovery procedures before seeking the medical examination." *Anson v. Fickel*, 110 F.R.D. 184, 185 (N.D. Ind. 1986). Thus, a plaintiff is not required to submit to a Rule 35 medical examination simply because he or she sustained injury when the defendant had been supplied all of plaintiff s medical records and had deposed the plaintiff. *See Stanislawski v. Upper River Serv.* 134 F.R.D. 260 (D. Minn. 1991).

In the instant matter, there is no need for further neuropsychological examination as Mrs. Felsner underwent almost eight hours of testing in February 2020. This testing was conducted at a well-respected rehabilitation center under the supervision of her treating psychologist, Dr. Stephen Vangel, after consideration of her age and cultural background (Korean) and limited English abilities. Dr. Vangel has been disclosed as a witness since May, 2020 and Defendant has the ability to obtain the raw neuropsychological testing data already collected. Similarly, defendant has failed to provide a specific declaration from their expert spelling out the reasons why any more tests or

reviews could conceivably be necessary. Considering the extremely negative effect of such a forensic examination upon Mrs. Felsner, she will be psychologically traumatized by having to present herself to yet another doctor who this time is hired by the entities that caused her harm. Defendants have provided no good reason why exchange of raw data couple with all medical records would not be sufficient for their expert to review, particularly since the Rehabilitation Institute of Michigan has done such an extensive work up. Defendants have failed to specifically describe which tests the want to conduct and why they would be appropriate given Ms. Felsner's prior testing, age, cultural background and language difficulties.³

Additionally, Ms. Felsner has been recommended not to drive by her physicians. To force her to drive or otherwise transport herself from her home in Detroit to Ann Arbor, Michigan in the middle of winter despite the ability to review the objective raw test data is unwarranted.

D. The reliability of certain types of neuropsychological testing has been questioned

In <u>Hallmark v. Eldridge</u>, 124 Nev. 492, 189 P.3d 646 (2008), the Nevada Supreme Court discussed the assistance requirement of NRS 50.275. In *Hallmark*, Justice Maupin wrote:

If a person is qualified to testify as an expert under NRS 50.275, the district court must then determine whether his or her expected testimony will assist the trier of fact in understanding the evidence or determining a fact in issue. An expert's testimony will assist the trier of fact only when it is relevant and the product of reliable methodology. In determining whether an expert's opinion is based upon reliable methodology, a district court should consider whether the opinion is (1) within a recognized field of expertise; (2) testable and has been tested; (3) published and subjected to peer review; (4) generally accepted in the scientific community (not always determinative); and (5) based more on particularized facts rather than assumption, conjecture, or generalization. If the expert formed his or her opinion based upon the results of a technique, experiment, or calculation, then a district court should also consider whether (1) the technique, experiment, or calculation was controlled by known standards; (2) the testing conditions were similar to the conditions at the time of the incident; (3) the technique, experiment, or calculation

³ An additional consideration, given Mrs. Felsner's prior testing, is the practice effect. The practice effect is defined as score increases due to factors such as memory for specific test items, learned strategies, or test sophistication, complicate the interpretation of change. Because it is not known specifically what tests Dr. Axelrod plans to conduct, it is impossible to discuss specific practice effects here.

had a known error rate; and (4) it was developed by the proffered expert for purposes of the present dispute.⁴

There exists significant disagreement regarding the validity of some types of neuropsychological testing.⁵ Because it is unknown what testing defendant wishes to conduct, plaintiff is unable to discuss the reliability of such tests -- particularly in relation to Mrs. Felsner. Because many neuropsychological tests have norms based on the US population, their applicability to Mrs. Felsner, a 67 year old Korean female with 14 years of education in Korea and limited English skills, is suspect. Additionally, because Dr. Axelrod does not speak Korean and appears to have no one in his office who speaks Korean, his ability to adequately conduct testing is a concern. Obviously, if the reliability of Dr. Axelrod's testing and calculations must be determined by the Court to determine whether his testimony will assist the jury then the data must be provided to all counsel to determine whether his testing and calculations were controlled by known standards and whether the technique, experiment, or calculation had a known error rate." *Id*.

E. IF AN EXAMINATION IS ALLOWED, THIS COURT MUST ADOPT REASONABLE CONDITIONS ON THE MANNER AND SCOPE OF THE EXAMINATION

This Court may place reasonable limitations on a Rule 35 examination. Nevada Rule of Civil Procedure 26(c) provides, in relevant part, that a court "may make any order which justice requires to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense, including one or more of the following: (2) that the discovery may be had. only on specified terms and conditions ..." *Id*.

⁴ Hallmark v. Eldridge, 124 Nev. 492, 500–02, 189 P.3d 646, 651–52 (2008),

⁵ See, e.g., David S. Nichols, Ph.D. and Carlton S. Gass, Ph.D., The Fake Bad Scale: Malingering or Litigation Response Syndrome - - Which is It?, Archives of Assessment Psychology, Vol. 5, No. 1, (5-10) 2015. See, also, Carolyn L. Williams, James N. Butcher, Carlton S. Gass, Edward Cumella and Zina Kally, Inaccuracies Abut the MMPI-2 Fake Bad Scale in Reply by Ben-Porath, Greve, Bianchini, and Kaufman, Psychol. Inj. And Law (2009) 2:182 – 197

If this Court allows additional neuropsychological examination, the following conditions and limitations should apply:

- 1. The examination will be coordinated with Plaintiff's counsel and must be conducted no later than December 19, 2020.
- 2. Plaintiff shall not be required to fill out any patient information forms of any type whatsoever, including, but not limited to "new patient" forms, insurance forms, identification forms, authorizations for records, arbitration forms, waivers and releases and will not be asked to do so by the defense medical professional or his/her staff.
- 3. A representative of Plaintiff including the plaintiff's attorney may attend the entire exam.
- 4. The exam may be audio recorded at Plaintiff's discretion. The defense medical professionals and their staff will accommodate all reasonable requests to accomplish this recording, including, but not limited to taking any necessary breaks during the examination; taking a break if technical difficulties arise.
 - 5. Defense counsel may not attend the exam.
- 6. Liability questions may not be asked and the examiner will not offer any opinions as to liability.
- 7. A copy of the report should be forwarded to Plaintiff's counsel upon receipt by Defendants.
- 8. This will be the only psychological, neuropsychological, psychiatric defense medical exam allowed to the defendants in this case.
- 9. The defense medical professional's office will not take any photographs, finger prints or other identification information from the Plaintiff, including, but not limited to license, Social Security number and home address.

- 10. Dr. Axelrod shall conduct the examination of Mrs. Felsner, which total examination (from start to finish and including any written testing) may take up to 8 hours with Plaintiff able to take reasonable and appropriate breaks as needed. The reasonable and appropriate break periods will not be included in the 8 hours. Said oral examination shall not delve into unrelated areas.
- 11. Any persons assisting Dr. Axelrod must be fully identified by full name and title in the doctor's report.
- Dr. Axelrod is permitted to inquire concerning the general health of family members and the existence of medical or mental conditions and whether treatment was received; however, Plaintiff is not to be questioned regarding the specifics of any treatment, names of treating physicians and details of the medical or mental conditions as the rights of privacy of third parties are in issue.
- 13. Plaintiff is not to be questioned concerning his conversations with his attorneys Axelrod, or any person affiliated with his attorneys or his attorney's office, including but not limited to Shook and Stone, John Shook or Robert English.
- 14. Plaintiff is not to be questioned concerning his attorney's evaluation of any of Plaintiff's claims against any of the Defendants, nor is Plaintiff to be questioned about any discussions Plaintiff has had with his counsel regarding such evaluations, as that is invasive of the attorney-client and attorney work product privileges.
- 15. The parties agree that the full and entire scope of this examination shall consist of a clinical interview and the following psychological tests: (To be determined by the Court.)
- 16. The evaluation will not involve any physical examination. There will be no blood tests or other intrusive medical studies or procedures. Plaintiff will not be required to submit to the taking of any x-rays, CT scans, MRIs or other diagnostic test or procedure. The examination will not be painful, protracted or intrusive.

- 17. At the conclusion of any psychological testing of Plaintiff, a copy of the actual tests, test answers, interpretative materials used, reports of tests, raw data generated, scoring and all test results regarding Plaintiff shall be forwarded to Plaintiff's attorney with the report. With respect to the raw data generated and all test results regarding Plaintiff (hereinafter "Data").
- 18. Access to Data and testimony concerning Data is limited to Plaintiff, Plaintiff's counsel, Defendants' counsel, and experts designated by the parties who are professionally qualified to use and interpret the Data;
- 19. Use of Data is limited to only that which is required for the resolution of the pending action;
- 20. Data will be affixed with a label or legend indicating that Data is subject to the terms of this Stipulation and may be used only for limited purposes in connection with this action;
- 21. At the conclusion of the proceeding, any Data in Defendant's counsel's possession will be destroyed, along with all copies thereof, save the Data in possession of Dr. Axelrod; and
- 22. The record will be sealed to the extent any portion of Data are disclosed in pleadings, testimony, exhibits, or other documents which would otherwise be available for public inspection.
- 23. Plaintiff shall be entitled to take reasonable breaks during the examination process, including, but not limited to taking a lunch break, rest breaks and bathroom breaks. If at any time during the proceedings, Plaintiff feels in good faith that the proceeding has become abusive, she will immediately notify her counsel or other designated representative in order to try to resolve the matter at that time. Plaintiff has the right to terminate the proceeding and seek a protective order from the Court. If the parties are unable to resolve the issue, should the Court order that the

⁶ As noted above, Plaintiff asks for opportunity to further address the propriety of disclosure of tests, interpretive materials and test data to counsel should the Court be inclined not to allow this condition.

examination be reconvened, Defendants will have up to 8 hours, not including reasonable and appropriate breaks and lunch, to complete the examination originally ordered by the Court, but not any additional time.

- 24. Defendants may not schedule any other examinations by any other doctors or other persons in the same areas of this examination.
- 25. Defendants are to immediately transmit a copy of this Order to Dr. Axelrod to promptly advise him that he must comply with the limitations imposed by this Order.
- 26. Defendants shall produce to Plaintiff's counsel the written reports of Dr. Axelrod (and any interpretive materials and related reports of psychological testing whether done by computer scoring, hand scoring or anyone else) by email, overnight delivery or personal delivery no later than 30 days after the examination or by the initial expert disclosure date, whichever is earlier.
- 27. The tests taken by Plaintiff as part of the examination, along with any notes and/or written reports and/or records maintained in any format, including electronic data, by Dr. Axelrod are confidential medical records relating to Plaintiff's mental health. These records are confidential and shall not be subject to distribution without the written authorization of the Plaintiff to anyone except for counsel for Defendants, counsel's experts or consultants, counsel's staff, defendants, and the insurance carriers, who shall treat these documents as confidential and subject to a protective order. Said records may be used by defense counsel in preparation for trial, in trial and in other proceedings in this matter, but for no other purpose unrelated to this litigation.
- 28. Plaintiff reserves the right to argue that any information acquired or learned or any evaluation made in violation of this agreement will not be admissible in evidence for any reason. The parties further agree that the court may, upon motion at trial, strike, preclude or limit any testimony of the examiner as appropriate and Plaintiff is not waiving his right to such relief by

agreeing to this examination. The parties reserve the right to seek whatever sanctions they deem appropriate.

- 29. The examiner will not offer any secondary gain, malingering or veracity opinions.⁷
- 30. The examiner will not offer any opinions as to criticism of any of Plaintiffs treatment because it was on a lien (this does not include the reasonableness of the costs for treatment).
- 31. The examiner will not offer any opinions as to Plaintiffs decision to retain counsel for the subject incident.

F. Opinions regarding secondary gain, malingering or veracity opinions must be barred.

Issues of credibility, such as whether a Plaintiff is seeking "secondary gain", fall outside the purview of expert witness opinions in Nevada.

In *Townsend v. State*, 103 Nev. 113, 118-119, 734 P.2d 705, 708-709 (Nev. 1987), the Nevada Supreme Court set guidelines for the admissibility of "expert" testimony that comments upon the credibility of the victim of a child sexual abuse. In *Townsend*, a psychologist who had worked at length with a child who had been sexually assaulted qualified to give expert testimony at the trial of the alleged perpetrator. The expert testified that she conducted lengthy interviews and meetings with the victim and that the victim's actions were consistent with those of other children who had been sexually abused. The social worker was asked, "Based upon [the victim's post-traumatic stress disorder] did you form a conclusion as to whether or not she had been sexually assaulted by her father?" The psychologist state "Yes I did" to which she added "My conclusion was that she had." As such, the psychologist testified that she believed the child was telling the truth. *Id*.

Although the defense did not object to this questioning, the Nevada Supreme Court found that it was error to have allowed the expert vouch for the victim's credibility. In its findings, the Court noted:

⁷ Please see the following section for a discussion of the basis for this limitation.

This was improper testimony as it transcended the test of the jury enlightenment and entered the realm of fact-finding that was well within the capacity of a lay jury. *Id.*

In *Townsend*, the Court made this finding even more restrictive upon an expert's testimony finding it also constituted error when the psychologist was questioned more directly on her opinion as to the truthfulness of the victim. While the psychologist never answered this question directly, the Court found through implication, the expert's response left no doubt as to her answer. In this case, the Court more firmly upheld the role of the jury, finding that this line of questioning solidly invaded their purview:

This was improper since it invaded the prerogative of the jury to make unassisted factual determinations where expert testimony is unnecessary. The jury was certainly equipped to weigh and sift the evidence and reach its own conclusion concerning the child's veracity. *Id.*

As noted in *Lickey v. State*, by the Nevada Supreme Court, Nevada is not alone in refusing to admit expert testimony regarding the credibility of a witness. 108 Nev. 191, 196, 827 P.2d 824, 827 (Nev. 1992), citing for this proposition *State v. Bressman*, 236 Kan. 296, 689 P.2d 901 (1984) (expert opinion becomes inadmissible as soon as it passes on credibility of the witness); *State v. Logue*, 372 N.W.2d 151 (S.D.1985) (social worker's testimony that victim probably gained his sexual knowledge from sex with defendant was reversible error); *Gale v. State*, 792 P.2d 570 (Wyo.1990) (expert commentary on child's veracity is plain error); *see, also, Page v. Zordan*, 564 So.2d 500 (Fla. 2nd DCA, 1990); *United States v. Stephens*, 73 F.2d 695 (9th Cir. 1934).

Ultimately, in *In re Assad*, this Court has also extended its strong protection of the province of the factfinder to any expert testimony, finding it is inadmissible even where it is relevant, "if it impermissibly encroaches on the trier of fact's province, it is properly excluded." 185 P.3d 1044, 1050 (Nev. 2008).

In the present case, the Defendant has the Plaintiff's medical records. The Defendant has access to prior neuropsychological testing. The Plaintiff can be deposed if the defendant wishes. Just as an

expert witness is not entitled to vouch for the credibility of a party or witness, an expert should not be entitled to give a negative opinion of the plaintiff's credibility or motivation. To do so would turn the trial into a swearing match between opposing experts, each with an opinion of the Plaintiff's honesty.

The Defendant should not be permitted to showcase an attack on the Plaintiff's credibility by innuendo or supposition. To do so is to allow the Defendant to place issues outside the evidence, and without any evidentiary support, in front of the jury and to stamp the Plaintiff as a malingerer in the eyes of the jury. To allow any defense witness, expert or lay, to express an opinion based upon speculation of financial gain would circumvent the jurors' decision-making role.

G. Extension of Discovery deadlines is unwarranted

As described above, Plaintiff has previously undergone extensive neuropsychological testing as part of her care with the Rehabilitation Institute of Michigan. The raw data is available to Defendants and their expert, Dr. Axelrod, who should be able to prepare a report by our initial expert disclosure date of December 22, 2020. Defendant Keolis has been aware of Mrs. Felsner's serious brain injury since September 12, 2018 yet have not sought to take her deposition or otherwise perform examination until right before expert disclosures, perhaps in a strategic move to gain the benefit of the practice effect following prior testing. Because the raw data is available and because of Dr. Axelrod's concerns about being observed in person, this Court should allow defendants to rely upon the test data created by Dr. Vangel and deny further extension of discovery deadlines. ⁸

⁸ It should be noted that Defendants motion for extension does not meet the requirements of EDCR 2.35 in that it does not have:

⁽¹⁾ A statement specifying the discovery completed;

⁽²⁾ A specific description of the discovery that remains to be completed;

⁽³⁾ The reasons why the discovery remaining was not completed within the time limits set by the discovery order;

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III.

CONCLUSION

Defendants Keolis and Yusi have had Mrs. Felsner's medical records since 2018 and have been aware of Mrs. Felsner's serious brain injury since the February 2017 incident, yet only now, shortly before initial expert disclosures are due, have they sought to have Mrs. Felsner examined. In so doing, Defendants have chosen an expert who, may not ethically or practically conduct an examination with an observer present. Whether Dr. Alexrod could perform an examination with an observer present is something Defendants should have inquired about when retaining Dr. Axelrod as it has been the law in Nevada since 2019. As neuropsychological testing must be based upon objective criteria with known error rates, Defendants may use the raw data from Mrs. Felnser's prior testing to formulate reliable opinions. To argue otherwise, begs the question of whether the testing by Dr. Axelrod himself is subjective and therefore unreliable. It is well founded that a defendant has no absolute right to examination by the examiner of his choosing and an examiner many be disqualified for many reasons such as where an examination would be invalid or unethical. While it is unknown exactly what testing Defendant wishes to conduct, because of Mrs. Felsner's cultural background and language issues much of the testing may not be appropriate particularly given the lack of Korean personnel in Dr. Axelrod's office. If this Court believes that further testing should occur, the Court should place reasonable restrictions on the examination and disclosure of tests, testing procedure and data.

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Finally, this Court should deny extension of discovery deadlines as Defendants have not properly sought an extension pursuant to EDCR 2.35 and have sufficient time to provide a report by the current expert disclosure date of December 22, 2020 by obtaining the raw data created through Dr. Vangel's prior testing in February 2020.

DATED this day of October, 2020.

SHOOK & STONE, CHTD.

JOHN B. SHOOK, ESQ. Nevada Bar No. 5499 ROBERT L. ENGLISH, ESQ. Nevada Bar No, 3504 SHOOK & STONE, CHTD. 710 South Fourth Street Las Vegas, Nevada 89101 Attorneys for Plaintiffs

1						
2	I hereby certify, pursuant to NRCP 5(b), that on the 2 day of Qeteber, 2020, I served a					
3	I hereby certify, pursuant to NRCP 5(b), that on the May of Qeteber, 2020, I served a					
4	true and correct copy of the foregoing PLAINTIFFS HEATHER FELSNER and ROGER					
5	FELSNER'S OPPOSITION TO DEFENDANTS KEOLIS TRANSIT SERVICES, LLC. and					
6	EDGARDO YUSI'S MOTION FOR RULE 35 EXAMINATION by electronic transmission					
7	through the Odyssey File & Serve system to the following parties:					
8						
9	Michael Lowry, Esq. Wilson Elser Moskowitz Edelman & Dicker					
10	6689 Las Vegas Blvd, #200 Las Vegas, Nevada 89119					
11	Attorney for Defendant KEOLIS					
12	Chad Fuss, Esq.					
13	Leonard T. Fink, Esq. SPRINGEL & FINK, LLP					
14	10655 Park Run Drive, Ste. 275 Las Vegas, NV 89144					
15	Attorneys for Defendant, ALEXANDER DENNIS, INC.					
16						
17	Vicina Dan					
18	Employee of Shook & Stone, Chtd.					
19						
20						
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11	1 I					

Exhibit 1

Medical records from Stephen Vangel, Ph.D.

FILED UNDER SEAL

Mrs. Felsner's opposition in the district court contained this cover page. Mr. Yusi is merely providing a copy of the opposition as it was filed. No exhibits were sealed in the district court. The records referenced on this cover page do not appear on the district court's docket.

Exhibit 2

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

WORKERS' COMPENSATION AGENCY

STACEY N. TERRELL, SS #: XXX-XX-4994, MAGISTRATE LOGAN (DETROIT)

Plaintiff.

VS.

TR 8/29/18

FCA US LLC, SELF-INSURED,

DOI: 10/28/16; 03/02/2016, ETC. (alleged)

Defendant.

AFFIDAVIT OF BRADLEY N. AXELROD, PH.D.

NOW COMES Bradley N. Axelrod, Ph.D., being first duly sworn, under oath, and states as follows:

- 1. The Michigan Psychological Association is a professional organization for all psychologists in the State of Michigan. The ethical standards offered by MPA are provided as recommendations for all psychologists, not only neuropsychologists and not only those who are MPA members.
- 2. The national neuropsychology professional organizations, such as National Academy of Neuropsychology and the American Board of Professional Neuropsychology, offer practice standards for all neuropsychologists.
- 3. The mere presence of a Third Party Observer alters the results of the evaluation and invalidates the test results.
- 4. It is unethical for a psychologist or neuropsychologist to allow a Third Party Observer to be present during the face-to-face evaluation and formal testing of the individual, although they may be present during the initial interview at the outset.
- 5. The presence of a Third Party Observer, other than during the initial interview, ethically requires a psychologist or a neuropsychologist to remove themselves and terminate the testing.

- 6. The presence of an interpreter in an evaluation is different from a Third Party Observer, as the interpreter is independent and has no interest or relationship to the outcome of the evaluation.
- 7. The presence of a student or trainee is acceptable as this is a neutral noninvolved party, with no interest in or relationship to the outcome of the evaluation, in a clinical setting as noted by the National Academy of Neuropsychology.

Subscribed and sworn to before me this ATK

day of August, 2018

Notary Public,

County

State of Michigan

Acting in Oakland County

My Commission expires:

TERESA A. CHOMIC NOTARY PUBLIC, STATE OF MI

COUNTY OF OAKLAND MY COMMISSION EXPIRES Dec 11, 2020 ACTING IN COUNTY OF OARLAND

Exhibit 3

Electronically Filed 9/18/2020 11:10 AM Steven D. Grierson CLERK OF THE COURT 1 **ORDR** Jared R. Richards, Esq. 2 Nevada Bar No. 11254 Dustin E. Birch, Esa. 3 Nevada Bar No. 10517 4 CLEAR COUNSEL LAW GROUP 1671 W. Horizon Ridge Pkwy, Suite 200 5 Henderson, NV 89012 Telephone: (702) 476-5900 6 Facsimile: (702) 924-0709 jared@clearcounsel.com 7 dustin@clearcounsel.com 8 Attorneys for Plaintiff Kalena Davis 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 KALENA DAVIS, an individual CASE NO.: A-18-777455-C 12 Plaintiff, 13 DEPT. NO.: XIII VS. 14 15 ADAM DERON BRIDEWELL, an individual; LYFT, INC., a foreign 16 corporation; THE HERTZ CORPORATION, a foreign corporation; 17 DOE OWNERS I through X; and ROE LEGAL ENTITIES I through X, inclusive, 18 19 Defendants. 20 ORDER 21 RE: DISCOVERY COMMISSIONER'S REPORT AND RECOMMENDATIONS 22 Date of Hearing: April 9, 2020 23 Time of Hearing: 10:00 a.m. 24 The Court, having reviewed the above Report and Recommendations prepared by the 25 26 Discovery Commissioner and, 27 No timely objection having been filed, 28

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1		Davis v. Bridewell, et al.
2		A-18-777455-C April 9, 2020, at 10:00 a.m.
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4	. /	A francisco de la chientia de de Decembro de Decembro de la Companya de la Compan
5		After reviewing the objections to the Report and Recommendations and good cause appearing,
6	,	
7		IT IS HEREBY ORDERED the Discovery Commissioner's Report and Recommendations are affirmed and adopted.
8		IT IS HEREBY ORDERED the Discovery Commissioner's Report and
9		Recommendations are affirmed and adopted as modified in the following manner:
11		(attached hereto).
12		IT IS HEREBY ORDERED this matter is remanded to the Discovery
13		Commissioner for reconsideration or further action.
14		IT IS HEREBY ORDERED that a hearing on the Discovery Commissioner's Report is set for, 2020, at
15		a.m./p.m.
16	DATI	ED this 18 day of September, 2020.
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18		<u>LAT</u>
19		DISTRICT JUDGE
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Electronically Filed 8/18/2020 11:12 AM Steven D. Grierson CLERK OF THE COURT

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Davis v. Bridewell, et al. April 9, 2020, at 10:00 a.m. **FINDINGS** I. 1. During the Discovery Commissioner's February 13, 2020, Hearing regarding Defendants' Motion to Compel Rule 35 Examinations, the Commissioner requested that the parties provide additional briefing regarding the interrelationship and conflicts between NRCP 35 and NRS Section 52.380. 2. The parties provided such additional briefing, which came before the Commissioner for Hearing on April 9, 2020. The Commissioner makes the following Report of its findings of fact and conclusions of law, and the subsequent Recommendation to the District Court: 3. Conflicts between Nevada Rules of Civil Procedure 35 (the "Rule") and NRS Section 52.380 (the "Statute") are as follows: (a) whether a party's attorney, or a representative of that attorney, may serve as an observer during the examination (which is barred by the Rule but permitted by the Statute); whether a party may have an observer during a neuropsychological, (b) psychological, or psychiatric examination without making a showing of "good cause" (which showing is also required by the Rule but not required by the Statute); and whether the observer may record the examination without making a (c) showing of "good cause" (which showing is required by the Rule but not required by the Statute). 4. Each of these conflicts is irreconcilable, such that it is not possible to construe the Rule and the Statute in harmony. If the Rule is followed on any of these points, the Statute by definition is not followed. If the Statute is followed on any of these points, the Rule by definition is not followed.

A-18-777455-C

Davis v. Bridewell, et al. A-18-777455-C April 9, 2020, at 10:00 a.m.

- 5. Under Nevada law, the judiciary has the exclusive prerogative to make rules governing its own <u>procedures</u>, while the Legislature has the exclusive prerogative to enact statutes governing the <u>substance</u> of the law. State v. Connery, 99 Nev. 342, 345 (1983)
- 6. This distinction is predicated upon the "separation of powers" doctrine, which is specifically recognized in the Nevada State Constitution. *Berkson v. LePome*, 126 Nev. 492, 498 (2010) (citing Nev. Const. art. 3, § 1(1)).
- 7. Under Nevada law, a statute is presumed constitutionally valid until its invalidity has been "clearly established." *List v. Whisler*, 99 Nev. 133, 137-38 (1983). "In case of doubt, every possible presumption will be made in favor of the constitutionality of a statute, and courts will interfere only when the Constitution is clearly violated." *Id.* This "presumption of constitutional validity places upon those attacking a statute the burden of making a *clear showing* that the statute is unconstitutional." *Id.* (emphasis added).
- 8. A single question is presented here: whether the Statute is procedural or substantive. If the Statute is substantive, the Statute governs where a conflict arises. If the Statute is procedural, it is unconstitutional (and therefore superseded by the Rule) to the extent that the Statute is both procedural <u>and</u> in conflict with the Rule.
- 9. A <u>substantive</u> standard is one that "creates duties, rights and obligations," while a <u>procedural</u> standard specifies how those duties, rights, and obligations should be enforced. *Azar* v. *Allina Health Servs.*, 139 S. Ct. 1804, 1811 (2019).
- 10. The Statute creates substantive rights, including the <u>right</u> of the examinee to have his or her attorney or that attorney's representative serve as the observer, the <u>right</u> to have the observer record the examination without making a showing of "good cause," and the <u>right</u> to have an observer present for a neuropsychological, psychological, or psychiatric examination without making a showing of "good cause."

- 3 -

Davis v. Bridewell, et al. A-18-777455-C April 9, 2020, at 10:00 a.m.

- 11. Because the Statute creates substantive rights, it is substantive rather than procedural.
- 12. Because the Statute is substantive, it governs and supersedes the Rule where the two conflict.
- 13. An individual submitting to an examination under NRCP 35 has the following substantive rights, pursuant to NRS Section 52.380: to have his or her attorney or that attorney's representative serve as the observer; have the observer record the examination without making a showing of "good cause"; and to have an observer present for a neuropsychological, psychological, or psychiatric examination without making a showing of "good cause."

II. RECOMMENDATIONS

IT IS HEREBY RECOMMENDED that, during any NRCP 35 examination of Plaintiff Kalena Davis (or of any other individual in this matter) in this matter ordered by the Discovery Commissioner or the District Judge, the individual submitting to the examination be permitted to have an observer present, without regard to the nature of the examination (e.g., neuropsychological, psychological, or psychiatric, and without any requirement of a showing of "good cause" to the Court.

IT IS FURTHER RECOMMENDED that, during any NRCP 35 examination of Plaintiff Kalena Davis (or of any other individual) in this matter ordered by the Discovery Commissioner or the District Judge, the observer attending the examination may be any person of the examinee's choosing, including but not limited to the examinee's attorney or that attorney's representative.

Davis v. Bridewell, et al.

A-18-777455-C April 9, 2020, at 10:00 a.m.

IT IS FURTHER RECOMMENDED that, during any NRCP 35 examination of Plaintiff Kalena Davis (or of any other individual in this matter) in this matter ordered by the Discovery Commissioner or the District Judge, the observer attending the examination may make an audio or stenographic recording of the examination without any requirement of a showing of "good cause" to the Court.

DATED this What day of August, 2020.

DISCOVERY COMMISSIONER

Respectfully submitted by:

Approved as to Form and Content:

CLEAR COUNSEL LAW GROUP

/s/ Jared R. Richards

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Las Vegas, NV 89118
Attorneys for Defendants Lyft, Inc.
And The Hertz Corporation

1	Davis v. Bridewell, et al.
2	A-18-777455-C April 9, 2020, at 10:00 a.m.
3	NOTICE
4	Pursuant to NRCP 16.3(c)(2), you are hereby notified that within fourteen (14) calendar
5	days after being served with a report, any party may file and serve written objections to the
6	recommendations. Written authorities may be filed with objections but are not mandatory. If
7	written authorities are filed, any other party may file and serve responding authorities within
8	seven (7) days after being served with objections.
9	Objection time will expire on Splember 1, 2020.
10	A copy of the foregoing Discovery Commissioner's Report was:
11	Mailed to Defendants at the following addresses on the day of 2020
12	James E. Harper, Esq.
13	Justin Gourley, Esq. HARPER SELIM
14	1707 Village Center Circle, Suite 140
15	Las Vegas, NV 89134 Attorneys for Defendant
16	Adam Deron Bridewell
17	Matthew A. Cavanaugh, Esq.
18	Blake A. Doerr, Esq. LEWIS BRISBOIS BISGAARD & SMITH, LLP
	6385 South Rainbow Boulevard Suite 600
19	Las Vegas, NV 89118
20	Attorneys for Defendant Lyft, Inc. And The Hertz Corporation
21	Electronically filed and served counsel on the \(\frac{1}{\text{N}}\) day of \(\frac{1}{\text{MAUS}}\) t2020,
22	pursuant to N.E.F.C.R. Rule 9.
23	
24	DATED this day of 2020.
25	Attlil Simment
26	COMMISSIONER DESIGNEE
27	
28	
	- 6 -

Exhibit 4

1 **DCRR** Joshua L. Benson, Esq. 2 Nevada Bar No. 10514 **BENSON ALLRED** 3 6250 N. Durango Dr. Las Vegas, Nevada 89149 Telephone: (702) 820-0000 Facsimile: (702) 820-1111 5 E-mail:josh@bensonallred.com Attorneys for Plaintiff(s) 6 **DISTRICT COURT** 7 CLARK COUNTY, NEVADA 8 9 CASE NO.: A-19-794326-C NICOLE LIMON, individually, DEPT. NO.: 27 10 Plaintiff, DISCOVERY COMMISSIONER'S 11 REPORT AND RECOMMENDATIONS 12 TONY STEPHENS, individually; RYDER TRUCK RENTAL, INC.; LOAD 1 TRUCKING 13 LLC; DOES I-X; and ROE CORPORATIONS I-X, inclusive, 14 Defendants. 15 16 HEARING DATE: March 26, 2020 17 HEARING TIME: 9:00 a.m. 18 ATTORNEY FOR PLAINTIFFS: Joshua L. Benson, Esq., of BENSON ALLRED. 19 ATTORNEYS FOR DEFENDANT: Tanya Fraser, Esq. of ALVERSON TAYLOR & SANDERS. 20 I. 21 **FINDINGS** 22 1. The Defendants filed a motion to compel a Nevada Rule of Civil Procedure Rule 35 23 exam of Plaintiff Nicole Limon, which also sought to preclude audio recording and the presence of 24 an observer during the exam. 25 2. The Plaintiff filed an opposition that agreed to a Rule 35 exam but contended that the 26 Plaintiff had a right to audio record the exam under NRS 52.380. 27 3. In 2019, the Nevada Legislature enacted NRS 52.380, which provides a party a right 28 to record a Nevada Rule of Civil Procedure Rule 35 examination and have an observer present.

CASE NO.: A-19-794326-C Date of Hearing: March 26. 2020

4. During legislative hearings, the Nevada Legislature considered the substantive rights provided in NRS 52.380, and extended the right of a party being examined to have the exam audio recorded and an observer present for the exam.

5. While NRCP 35 requires "good cause" to audio record or to have an observer present, there is no "good cause" requirement in NRS 52.380.

6. NRS 52.380 is the law that provides a substantive right to an examinee to audibrecord the examination and have an observer present.

II.

RECOMMENDATIONS

IT IS HEREBY RECOMMENDED that Defendants' Motion to Compel is GRANTED in part and DENIED in part. Defendants' request to have a Rule 35 neuropsychological exam performed by Dr. Ross is granted. Defendants' motion to preclude audio recording and the presence of an observer is denied.

IT IS FURTHER RECOMMENDED that the neuropsychological examination may be audio recorded with an observer present. The audio recording, however, is protected and cannot be utilized in any other litigation, which includes the nature and substance of the audio recording.

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CASE NO.: A-19-794326-C Date of Hearing: March 26, 2020

IT IS FURTHER RECOMMENDED that the audio recording is protected from disclosure to any individual other than the parties' counsel and experts, as necessary. The Discovery Commissioner, met with counsel for the parties, having discussed the issues noted above and having reviewed any materials proposed in support thereof, hereby submits the above recommendations. DATED this to day of April, 2020. Respectfully submitted by: **BENSON ALLRED** By:/s/ Joshua Benson Joshua L. Benson, Esq. Attorneys for Plaintiff Approved as to form and content: By:/s/ Tanya Fraser Attorneys for Defendants

CASE NO.: A-19-794326-C Date of Hearing: March 26, 2020

Pursuant to NRCP 16.3(c)(2), you are notified that within fourteen (14) days after being served with a report any party may file and serve written objections to the recommendations. Written authorities may be filed with objections, but are not mandatory. If written authorities are filed, any other party may file and serve responding authorities within seven (7) days after being served with objections.

NOTICE

Objection time will expire on

A copy of the foregoing discovery Commissioner's report was:

Mailed to Plaintiff/Defendant at the following address on the ___ day of _

Electronically filed and served counsel on April 20, 2020, Pursuant to le 9.

By: Attle Simonwett N.E.F.C.R. Rule 9.

Electronically Filed 11/13/2020 4:56 PM Steven D. Grierson **CLERK OF THE COURT**

WILSON ELSER MICHAEL P. LOWRY, ESO.

Nevada Bar No. 10666

E-mail: Michael.Lowry@wilsonelser.com 6689 Las Vegas Blvd. South, Suite 200

Las Vegas, NV 89119

through X, inclusive,

Tel: 702.727.1400/Fax: 702.727.1401

Plaintiffs.

KEOLIS TRANSIT SERVICES, LLC, Foreign

Limited-Liability Corporation and EDGARDO PAGUIO YUSI; ALEXANDER DENNIS,

INC., a Foreign Corporation; DOES II through X, inclusive; and ROE BUSINESS ENTITIES I

Defendants.

Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

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VS.

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DISTRICT COURT

CLARK COUNTY, NEVADA

HEATHER FELSNER and ROGER FELSNER, Case No.: A-18-781000-C

Dept. No.: 27

Edgardo Yusi & Keolis Transit Services, LLC's Reply re Motion for Rule 35 Examination

Plaintiff's goal is to bar Mr. Yusi and Keolis from obtaining a Rule 35 examination. To do that she manufactures excuses never raised during the meet and confer process and relies upon an unconstitutional statute. Applying Nevada law as Plaintiff urges would effectively void Rule 35 for all neuropsychological examinations. This would deprive Defendants of the ability to obtain information they need to prepare their defenses for trial.

DATED this 13th day of November, 2020.

WILSON ELSER

/s/ Michael P. Lowry
MICHAEL P. LOWRY, ESQ. 6689 Las Vegas Blvd. South, Suite 200 Las Vegas, Nevada 89119 Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

Memorandum of Points & Authorities

I. Plaintiff alleges ongoing symptoms related to this case.

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There are a few undisputed facts relevant to this motion. The parties agree:

- Mrs. Felsner alleges she suffered a brain injury as a result of a fall.
- Mrs. Felsner alleges she has ongoing deficits causally related to her fall.
- Dr. Axelrod is an appropriately qualified examiner.
- Initial expert disclosures are currently due December 22, 2020.

II. Plaintiff's opposition should be limited for failure to meet and confer in good faith.

EDCR 2.34 creates the meet and confer requirement prior to filing a discovery motion. This is a discovery motion, so Mr. Yusi and Keolis followed this rule. Their motion attached the email thread between counsel about meeting and conferring, along with a declaration about the resulting call between counsel. EDCR 2.34(d) repeatedly requires the parties to meet and confer in "good faith." This court, like the federal courts, has previously summarily denied motions, without prejudice, where the moving party did not meet and confer in good faith.

Here the reverse is true. The moving party met and conferred in good faith, but the responding party did not. Plaintiff does not dispute that the meet and confer occurred as described in Mr. Yusi and Keolis' motion. The objections Plaintiff raised to a Rule 35 examination were 1) requiring Mrs. Felsner to drive from her home to Dr. Axelrod's office; and 2) that some unknown and unidentified testing was duplicative of prior work. Mr. Yusi and Keolis then prepared their motion to address these objections. Plaintiff's opposition should be limited to those objections otherwise the point of the meet and confer requirement is defeated. "If, after request, responding counsel fails to participate in good faith in the conference or to answer the discovery, the court may require such counsel to pay to any other party the reasonable expenses, including attorney fees, caused by the failure."²

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App0115

¹ Declaration of Michael Lowry, included with motion. ² EDCR 2.34(d)

a. Mrs. Felsner is able to get around.

Plaintiff's first objection was to driving from her home to the appointment. First, Mrs. Felsner does not live alone. She resides with her husband who is under no driving restrictions. Further, her own records indicate she is able to travel from her home to her own physician's appointments. She was able to make the 36 mile roundtrip from her house to her own neuropsychologist's office without any apparent problem at least three times.³ If she plans to attend this trial in person she will need to get from her home to Detroit's airport, a 50.4 mile roundtrip.

Mr. Yusi and Keolis would have been well within their rights per Rule 35(a)(2)(B) to require her to come to Las Vegas for this examination. If Mrs. Felsner is able to travel to her own doctor appointments then she can travel to the one Mr. Yusi and Keolis request.

b. Stale data is not a substitute for an examination.

Plaintiff's second objection was that some unknown and unidentified testing was duplicative of prior work. This motion was filed October 16, 2020. Plaintiff did not disclose that prior work until October 29, 2020.⁴ It appears the records themselves were printed on August 5, 2020 and provided to her lawyers no later than August 23, 2020.⁵ The report does not list any observer present for the examinations. Plaintiff has provided only the report.

The report indicates the testing occurred on February 12, February 26, and March 4, 2020. Plaintiff basically argues the data from these tests are good enough for Mr. Yusi and Keolis. However, these data are stale because Plaintiff's condition can change. Performing a reevaluation with the prior raw data available for comparison helps to better evaluate abilities that are improving or stabilizing. The tests also do not identify changes in the last 9 months in terms of cognitive and emotional functioning.

Vangel 00007, 8.

³ Her address is 29969 Sparkleberry Dr, Southfield, MI 48076. Her own neuropsychologist's records indicate testing was performed at 261 Mack Ave, Detroit, MI 48201. Exhibit A at

⁵ Vangel 00001, 2.

⁸ Exhibit C at 4. ⁹ Exhibit D at 1-2.

Finally, Plaintiff argues that she does not know what tests might be performed and doubts the reliability of these tests. This is inaccurate. Mr. Yusi & Keolis identified the testing on September 28, 2020.⁶ Plaintiff raised no objection to it during the meet and confer process.

III. If Rule 35 and NRS 52.380 conflict, then Rule 35 controls.

If Plaintiff's failure to meet and confer in good faith is excused, this motion requires much more work to resolve. Mr. Yusi and Keolis seek a neuropsychological examination per Rule 35. Plaintiff responds that NRS 52.380 controls.

a. How did we get here?

In 2017 the Supreme Court began a process to comprehensively update Nevada's Rules of Civil Procedure. The Court appointed a committee, who formed sub-committees including one dedicated to the discovery rules. Rule 35 proved contentious from the start. The July 26, 2017 meeting minutes from the full committee noted concern with the implications of early revisions. "As to NRCP 35, the Committee discussed the observer requirement and whether that person could be an interested party or an attorney." The rule was sent back to committee for further work.

Rule 35 was discussed again at the September 27, 2017 full committee meeting. One subcommittee member stated "he did not support the rule as written. His concerns are, among other things, the presence of an observer and the recording of the medical exam. Consideration of the rule was passed to the next meeting, pending further public comment on the rule and the development of a proposed alternative...." By the October 25, 2017 full committee meeting there were at least two competing drafts of Rule 35 under consideration. No agreement was ever reached within the discovery sub-committee. The December 20, 2017 full committee meeting noted that, as to Rule 35, "three final proposals were complete and would be submitted to the Supreme Court. The co-chairs asked the proponents of the proposals to draft summary

⁶ Exhibit A to Motion at 3.

Exhibit B at 2.

statements advocating for their proposal."¹⁰ The Supreme Court then adopted one of the proposals that became the Rule 35. It took effect March 1, 2019 and is applicable to this motion.

The advocates for the losing proposal then went to the Legislature. On March 18, 2019, AB 285 was introduced. The former chair of the discovery sub-committee that drafted the competing proposals made clear what became AB 285 was rejected during the NRCP revision process and he was asking the Legislature to intervene.

We voted 7-to-1 to make substantial changes, the changes that are set forth or embodied in the bill before you, Assembly Bill 285. Unfortunately, when our recommendations went to the full Supreme Court of Nevada, they rejected our changes for reasons we are still not clear on. At that point, we reassessed our position.¹¹

The bill passed both chambers, the governor signed it on May 23, 2019, and it took effect on October 1, 2019, as NRS 52.380.

b. NRS 52.380 is an unconstitutional, procedural statute.

The constitutional problem arises due to the separation of powers built into Nevada's constitution. ¹² Each of government's three branches is equal. "In keeping with this theory, the judiciary has the inherent power to govern its own procedures." ¹³ NRS 2.120 expressly recognized that authority. "The judiciary is entrusted with rule-making and other incidental powers reasonable and necessary to carry out the duties required for the administration of justice and to economically and fairly manage litigation." ¹⁴ This means "the legislature may not enact a procedural statute that conflicts with a pre-existing procedural rule, without violating the doctrine of separation of powers, and such a statute is of no effect." ¹⁵

In addition to the constitutionally mandated bases for keeping separate those inherent powers of the judiciary, leaving control of court rules and the administration of justice to the judiciary, and thereby placing the responsibility for the system's continued effectiveness with those most familiar with the latest issues and the experience and flexibility to more quickly bring into effect workable solutions and amendments, makes good sense.¹⁶

¹⁰ Exhibit E at 2.

¹¹ Exhibit F at 3-4.

¹² Nev. Const. Art. 3, § 1.

¹³ Berkson v. Lepome, 126 Nev. 492, 499 (2010) (quotation omitted).

¹⁴ Id.

¹⁵ *Id*.

 $^{| 16 \}text{ Id.} | 16 \text{ Id.} |$

The judiciary's authority "to promulgate procedural rules is independent of legislative power, and may not be diminished or compromised by the legislature. ... Furthermore, where, as here, a rule of procedure is promulgated in conflict with a preexisting procedural statute, the rule supersedes the statute and controls."¹⁷

c. Nevada case law confirms NRS 52.380 is a procedural statute.

The Supreme Court of Nevada has considered whether prior statutes are procedural or substantive and these prior cases help explain why NRS 52.380 is unconstitutional. For example, consider wrongful death cases. "Wrongful death is a cause of action created by statute, having no roots in the common law." NRS 41.085 created a substantive right that could be asserted subject to the judiciary's procedural rules.

In another example, NRS 11.340 allowed "a plaintiff whose judgment is subsequently reversed on appeal with the right to file a new action within one year after the reversal." This statute arguably created a substantive right for a plaintiff whose statute of limitations has expired to file a new complaint after an unsuccessful appeal. But *Berkson v. Lepome* concluded NRS 11.340 was procedural in nature, violated separation of powers by interfering "with the judiciary's authority to manage the litigation process" and was unconstitutional.

Whitlock v. Salmon addressed tension between NRCP 47(a), stating at the time "the court shall conduct the examination of prospective jurors and may permit such supplemental examination by counsel as it deems proper," and NRS 16.030(b), which stated "the parties or their attorneys are entitled to conduct supplemental examinations which must not be unreasonably restricted." Whitlock did not perceive the statute as a legislative encroachment on judicial prerogatives.

Although the statute does implicate trial procedure, it does not interfere with procedure to a point of disruption or attempted abrogation of an existing court rule. Rather, the statute confers a substantive right to reasonable participation in voir dire by counsel; and this court will not attempt to abridge or modify a substantive right.²⁰

^{27 | 17} State v. Connery, 99 Nev. 342, 345 (1983).

¹⁸ Alsenz v. Clark Cty. Sch. Dist., 109 Nev. 1062, 1064 (1993).

¹⁹ *Berkson*, 126 Nev. at 494. ²⁰ 104 Nev. 24, 26 (1988).

Mr. Yusi and Keolis have located no Nevada appellate authority yet considering NRS 52.380. It has been interpreted at least once in the local federal court. The plaintiff in *Freteluco v. Smith's Food & Drug Ctrs.* argued NRS 52.380 is a substantive statute and thus applicable in federal actions rather than FRCP 35. Magistrate Judge Youchah disagreed, concluding "that whether an observer is present in the neuropsychological examination of Plaintiff is not substantive, but is procedural. That is, NRS 52.380 sets forth procedures applicable to observers who may attend independent medical examinations."²¹

NRS 52.380 interferes "with procedure to a point of disruption" and attempts to abrogate an existing court rule as *Whitlock* feared. NRS 52.380 does not create or modify any substantive rights. Instead the legislative history indicates the statute's express purpose was to enact a draft of Rule 35 the Supreme Court rejected. NRS 52.380 is an unconstitutional, procedural statute.

IV. Plaintiff's request for an observer is unsupported or unconstitutional.

Plaintiff first requests to have an observer present. Rule 35(a)(4) allows a party to request an observer, subject to court approval.

The party against whom an examination is sought may request as a condition of the examination to have an observer present at the examination. When making the request, the party must identify the observer and state his or her relationship to the party being examined. The observer may not be the party's attorney or anyone employed by the party or the party's attorney.

Rule 35(a)(4)(A) then limits the situations in which an observer may be present. "The party may have one observer present for the examination, unless: (i) the examination is a neuropsychological, psychological, or psychiatric examination." Rule 35(a)(4)(B) expressly reiterates this limitation. "The party may not have any observer present for a neuropsychological, psychological, or psychiatric examination, unless the court orders otherwise for good cause shown."

NRS 52.380(1) also creates a conditional right for an observer to attend. "An observer may attend an examination but shall not participate in or disrupt the examination." NRS 52.380(2)(a) expressly permits the observer to be the "attorney of an examinee or party

²¹ No. 2:19-cv-759, 2020 U.S. Dist. LEXIS 113217, 2020 WL 3504456 (D. Nev. June 29, 2020).

producing the examinee." NRS 52.280(2)(b) permits the observer to be "[a] designated representative of the attorney...."

Deciding which controls requires an analysis of the statutory construction. "The court first looks to the plain language of the statute. If the statutory language fails to address the issue, this court construes the statute according to that which reason and public policy would indicate the legislature intended."²²

a. Plaintiff does not justify why an observer is necessary.

The potential conflict between Rule 35(a)(4) and NRS 52.380(1) and (2) is plain, but it is possible to harmonize them in this particular circumstance. Rule 35(a)(4) states the party against whom the examination "may request" an observer attend, NRS 52.380(1) states an observer "may attend." "May' is of course generally permissive." Rule 35 goes further and specifies that an observer may not attend a neuropsychological, psychological, or psychiatric examination. NRS 52.380 contains no equivalent language.

Neither Rule 35 nor NRS 52.380 provide guidance as to how a court should determine when an observer "may" attend. They both place the burden to request one on Plaintiff. Applied here, Plaintiff states no specific reason why she wants an observer present. Her opposition and own records makes plain she has attended neuropsychological assessments with her own doctors, without an observer present. She does not explain why she is unable to attend a psychological assessment with Dr. Axelrod without an observer.

b. Ethical guidelines bar an observer from neuropsychological assessments.

Plaintiff notes an affidavit from Dr. Axelrod stating various ethical rules prohibit observers from attending neuropsychological assessments. This is true. The American Board of Professional Neuropsychology has adopted a policy statement concerning what they term "third party observation" (TPO) of examinations.²⁴ The Board examined these requests and noted they are inconsistent with good practice. "Given the body of literature that exists regarding observer

²⁴ Exhibit G.

²² Hardy Cos. v. SNMARK, LLC, 126 Nev. Adv. Op. 49, 245 P.3d 1149, 1153 (2010) (citations and quotations omitted); Marquis & Aurbach v. Dist. Ct., 122 Nev. 1147, 1157, 146 P.3d 1130, 1137 (2006) (applying rules of statutory construction to the interpretation of a court rule).

²³ Ewing v. Fahey, 86 Nev. 604, 607, 472 P.2d 347, 349 (1970).

effects, it is incumbent on neuropsychologists who provide evaluations to make clear to patients, clients, families, and other professionals that they do not endorse TPO and to try to avoid this type of intrusion in the assessment."²⁵ "Multiple studies have established and replicated the dubious validity of data obtained during recorded or observed evaluations."²⁶ When confronted with a situation such as is at issue in this motion, "neuropsychologists should resist demands for TPO if requested by opposing counsel, retaining counsel, or the court. The neuropsychologist should educate the court or those involved as to the APA Ethics Code and the existing scientific research that supports the negative effects of this type of intrusion."²⁷ The Board concluded:

Requests for TPO frequently create an ethical dilemma for neuropsychologists as any observation or recording of neuropsychological tests or their administration has the potential to influence and compromise the behavior of both the examinee and the administrator, threatens the validity of the data obtained under these conditions by, and consequently limits normative comparisons, clinical conclusions, opinions, interpretations, and recommendations. For these reasons, APA ethical standards support the position that TPO in neuropsychological testing should be avoided.²⁸

The Michigan Psychological Association also issued guidance for these requests that mirrors the Board's recommendations. "In forensic situations when retained as an expert witness and in which TPO is requested by opposing counsel or directed by the court, the psychologist should educate the court as to the [relevant ethical standards], and the scientific basis for the negative effects (invalid data) of these intrusions." "If directed by the court to proceed with TPO, the psychologist should remove himself/herself form the assessment." "30"

Applied here, Plaintiff was able to complete her own evaluations with her own physicians within their own ethical confines but without an observer. Yet she now requests an observer and notes the ethical guidelines barring an observer solely to defeat Mr. Yusi and Keolis' ability to obtain their own examination. Her request for an observer should be denied.

²⁵ *Id*. at 393.

²⁶ *Id.* at 395.

²⁷ *Id*.at 396.

²⁸ Id.

 $^{^{29}}_{20}$ Exhibit H at 12.1.

³⁰ *Id.* at 12.2.

c. Plaintiff has not complied with Rule 35's substantive requirement.

Rule 35(a)(4) states the party requesting an observer "must identify the observer and state his or her relationship to the party being examined." Plaintiff has not provided this threshold information.

V. Plaintiff's request to record the examination is unsupported or unconstitutional.

Plaintiff also states she intends to invoke NRS 52.380(3), which states an "observer attending the examination pursuant to subsection 1 may make an audio or stenographic recording of the examination." NRS 52.380(3) conflicts with Rule 35(a)(3), which requires court permission to record. "On request of a party or the examiner, the court may, for good cause shown, require as a condition of the examination that the examination be audio recorded." Plaintiff does not offer any good cause that would satisfy Rule 35(a)(3). She instead relies solely upon NRS 52.380(3).

The same ethical bars against allowing a third-party observer ("TPO") during a neuropsychological assessment also apply to recordings. "Multiple studies have established and replicated the dubious validity of data obtained during recorded or observed evaluations."³¹ "Neuropsychologists should therefore not engage in, endorse, abet, or conduct assessments complicated by TPO or recording of any kind other than under the order of a court after all reasonable alternatives have been exhausted."32

If the court follows NRS 52.380(3), then Mr. Yusi and Keolis are barred from obtaining the examination Rule 35 permits them to obtain.

VI. Plaintiff's terms and conditions are unsupported or unconstitutional.

Plaintiff then includes a laundry list of 31 terms and conditions for *any* examination. These terms and conditions are expressly designed to prevent an examination from occurring and then to hamper the examiner's ability to perform it.

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³¹ Exhibit G at 395. ³² *Id*. at 397.

- 1: This term appears to require that if an examination is granted, it may only occur on December 19 and that if it does not occur on this date, then the examination cannot occur. This type of inflexibility Plaintiff is trying to create to prevent the examination.
- **3:** "A representative of Plaintiff including the plaintiff's attorney may attend the entire examination." As discussed above, this request is neither supported nor ethically permissible.
- **4:** Recording the examination. As discussed above, this request is neither supported nor ethically permissible.
- 5: "Defense counsel may not attend the exam." This goes to the structural bias NRS 52.380 was designed to create. Plaintiff can attend with her lawyer, consult with her lawyer during the examination, and the lawyer can interfere. But the defense who is paying for the examination cannot attend to document Plaintiff's abuses.
- 7: NRCP 35(b)(1) allows the parties to provide "a copy of the examiner's report within 30 days of the examination or by the date of the applicable expert disclosure deadline, whichever occurs first." This rule should govern.
- 8 & 24: Plaintiff wants to bar Defendants from obtaining a second examination, if
 necessary. Defendants agree it would be unusual to have a second examination but
 barring them from even requesting one when it is plain Plaintiff plans to sabotage the
 process is improper.
- 9: This request is unreasonable. Dr. Axelrod needs to confirm the person presenting for the examination is in fact the person he is supposed to examine. Plaintiff should be able to provide some sort of government issued photographic identification.
- 10: This time limit is arbitrary. Plaintiff made herself available to her own neuropsychological over a period of 3 days. Further, by implementing a time limit the court only encourages Plaintiff to stall, delaying the examination further, until the time period expires.
- 12, 29, 30, & 31: This condition is asking the court to instruct Dr. Axelrod how to practice neuropsychology. If this information is relevant to his assessment, then Dr.

Axelrod should be permitted to ask it. If certain information is relevant to his opinions, he should be permitted to comment upon it. If Plaintiff believes that information is beyond the scope of his expertise, Plaintiff can bring a motion in limine with the district court.

- **16:** "The examination will not be painful, protracted or intrusive." While this is not a physical examination, these terms are subjective and intended only to create yet another reason for Plaintiff to terminate the examination before it is completed.
- 17, 18, & 26: These conditions are also intended to prevent an examination. The tests at issue are standardized and proprietary. Neuropsychologists cannot release the test without exposing themselves to potential liability and compromising the test's validity. Mr. Yusi and Keolis are happy to exchange raw data, but nothing more can be shared.
- 19, 20, & 27: These terms are ambiguous and appear to be another attempt to prevent Mr. Yusi and Keolis from using the data obtained to defend themselves. Further, by identifying the resulting testing as "confidential medical records," Plaintiff appears to be attempting to create a doctor-patient relationship where none can exist.
- 22: This term is unacceptable and hypocritical. Mrs. Felsner has placed her mental health at issue in this case. She has disclosed information about her mental health without any protective order, but now wants to hamstring Mr. Yusi & Keolis' ability to use the data they obtain. If Plaintiff believes a specific document should be sealed, she can bring an appropriate motion to do so. However, a blanket rule sealing this information is inappropriate.
- 23: The term allowing Plaintiff to unilaterally terminate the examination has no support in Rule 35, only NRS 52.380. Given the unending stream of excuses designed to frustrate this examination, Plaintiff can hardly be trusted to decide in "good faith" when an examination has become "abusive."
- **28:** This term is also designed to frustrate the examination. If Plaintiff believes there is some inadmissible evidence, she can file a motion in limine later. Mr. Yusi and Keolis

cannot and will not agree to prospectively exclude evidence that cannot even be identified yet.

a. Secondary gain is a trial issue.

Plaintiff's final term asks the court to again instruct Dr. Axelrod how to practice neuropsychology. She asks the court to preemptively bar him from discussing the neuropsychological diagnosis of secondary gain or malingering. These are potential issues within the DSM-5 that neuropsychologists evaluate. Further, the question at this point is whether an examination occurs and, if so, the terms for it. What opinions Dr. Axelrod can give at trial is an issue for the district court at a later date.

VII. A slight extension of discovery is necessary.

The opening motion noted Dr. Axelrod's soonest availability is December 19, 2020. Initial expert disclosures are due December 22, discovery closes on March 22, 2021 and the case is assigned to a June 28, 2021 trial group. Mr. Yusi and Keolis proposed that the initial expert disclosures be moved to January 8, 2021. This would allow the examination to proceed as scheduled but avoid resetting a trial date.

Plaintiff opposes this, asserting this slight extension is an abuse. Yet Plaintiff also has created a situation where, if the court agrees with her, no neuropsychological examination could ever occur. Further, if the court grants this motion or puts conditions on it, both parties will be able to object, delaying the examination even further. This facilitates Plaintiff's goal of preventing an examination by running out the clock.

III. The examination is appropriate and should be granted.

Mr. Yusi and Keolis have acted reasonably and responsibly. They requested a Rule 35 examination. They followed up with Plaintiff's counsel and received narrow objections, so a motion was filed to address those narrow objections. Plaintiff's response uses every excuse in the book to void Rule 35 or otherwise hamper Mr. Yusi & Keolis' ability to obtain the examination that Rule 35 allows them. Plaintiff's clear purpose is to prevent *any* examination or sabotage any examination that the court allows. This cannot be permitted, tolerated, or condoned. The Rule 35 examination is appropriate, supported, and should be ordered.

1	DATI	ED this 13th day of No	vember, 2020.
2			WILSON ELSER MOSKOWITZ EDELMAN & DICKER LEP
3			
4			/s/ Michael P. Lowry MICHAEL P. LOWRY, ESQ. 6689 Las Vegas Blvd. South, Suite 200
5			Las Vegas, Nevada 89119 Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC
7			
8			Certificate of Service
9	Pursu	ant to NRCP 5. I certify	y that I am an employee of Wilson Elser Moskowitz Edelman
10			mber 13, 2020, I served Edgardo Yusi & Keolis Transit
11			for Rule 35 Examination as follows:
12			
13			e deposited for mailing in the United States Mail, in a sealed a first class postage was prepaid in Las Vegas, Nevada;
14			by operation of the Court's electronic filing system, upon
15		each party in this cas Clerk;	se who is registered as an electronic case filing user with the
16	John B. Sho	ook. Esa.	Leonard T. Fink, Esq.
17	Shook & St	tone, Esq.	Chad Fuss, Esq.
18		Fourth Street	SPRINGEL & FINK
19	Las Vegas,	N V 89101	9075 W. Diablo Dr., Suite 302 Las Vegas, Nevada 89148
20		D	87 / / M* 1 1 1 7
21		В	Y: <u>/s/ Michael Lowry</u> An Employee of
22			WILSONELSER
23			WILSON ELSER MOSKOWITZ EDELMAN & DICKER LLP
24			
25			
26			
27			

Exhibit A

ELECTRONICALLY SERVED 10/29/2020 2:47 PM

1	SUPP	
2	JOHN B. SHOOK, ESQ. Nevada Bar No. 5499	
3	ROBERT ENGLISH, ESQ.	
4	Nevada Bar No. 3504 SHOOK & STONE, CHTD.	
5	710 South 4th Street	
	Las Vegas, NV 89101 Office: (702) 385-2220	
6	Attorneys for Plaintiffs DISTRIC	T COURT
7		
8	CLARK COUL	NTY, NEVADA
9	HEATHER FELSNER and ROGER FELSNER,	Case No.: A781000 Dept. No.:XXVII
10	·	Dept. NoAAVII
11	Plaintiff,	
12	VS.	
13	KEOLIS TRANSIT SERVICES, LLC.,	
14	Foreign Limited-Liability Corporation and EDGARDO PAGUIO YUSI; ALEXANDER	
15	DENNIS, INC., a Foreign Corporation, DOES II through X, inclusive; and ROE BUSINESS	
16	ENTITIES I through X, inclusive,	
17	Defendants.	
18		
19		D EARLY CASE CONFERENCE LIST OF
20	WITNESSES AND DOCUMEN	NTS PURSUANT TO NRCP 16.1
21	COMES NOW, Plaintiffs, HEATHER	and ROGER FELSNER, by and through their
22	attorney of record, JOHN B. SHOOK, ESQ. of	the law firm of SHOOK & STONE, CHTD., and
23	hereby submits the following PLAINTIFFS'	FIFTH SUPPLEMENT TO EARLY CASE
24	CONFERENCE LIST OF WITNESSES AND	DOCUMENTS PURSUANT TO NRCP 16.1 as
25	follows:	
26	///	
27	///	
28		

Case Number: A-18-781000-C

App0129

DOCUMENTS/TANGIBLE ITEMS PRODUCED

DOCUMENTS			
EXHIBITS	DESCRIPTION	BATES NOS.	
1.	Plaintiff's First Amended Complaint	FACOM000001- FACOM000013	
2.	Defendant Keolis Answer to Amended Complaint	ANSWER000001- ANSWER000006	
3.	Photos of Plaintiff's Injuries	INJURY000001- INJURY000006	
4.	Photos of inside of the bus	BUS000001- BUS000011	

MEDICAL RECORDS				
EXHIBITS	DESCRIPTION	BATES NOS.		
100.	Sunrise Hospital Medical Center	SUNRISERECS000001- SUNRISERECS000244		
101.	St. Joseph Mercy Oakland	SJMORECS000001- SJMORECS000067		
102.	Michigan Internal Medicine Associates	MIMIARECS000001- MIMIARECS000057		
103.	Neurodiagnostic & Sleep Disorder	NSDCRECS0000001- NSDCRECS0000032		
104.	Team Rehabilitation	TRPTRECS0000001- TRPTRECS0000037		
105.	Pueblo Medical Imaging	PMIRECS0000001- PMIRECS0000003		
106.	Updated Neurodiagnostic & Sleep Disorder	NSDCRECS0000033- NSDCRECS0000083		
107.	Enrico Fazzini, DO	FAZZINI000001- FAZZINI000007		
108.	Rehabilitation Institute of Michigan	VANGEL000001- VANGEL000015		
	MEDICAL BILLS			

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	EXHIBITS	DESCRIPTION	BATES NOS.
	200.	Sunrise Hospital Medical Center	SUNRISEBILLS000001- SUNRISEBILLS000010
١	201.	Radiology Specialists, Ltd.	RSBILLSS000001

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202.	Fremont Emergency Services	FERBILLSS000001- FERBILLSS000004
203.	St. Joseph Mercy Oakland	SJMOBILLS000001- SJMOBILLS000004
204.	Neurodiagnostic & Sleep Disorder	NSDCBILLS0000001- NSDCBILLS0000002
205.	Team Rehabilitation	TRPTBILLS0000001- TRPTBILLS0000004
206.	Pueblo Medical Imaging	PMIBILLS000001

Plaintiff specifically reserves her right to supplement this exhibit list with any and all other relevant documents and records which comes into her or any other party's possession during discovery in this matter, including but not limited to any additional medical records and bills for treatment of their injuries.

PROPOUNDED WITNESS LIST

- 1. HEATHER FELSNER c/o John B. Shook, Esq., SHOOK & STONE, CHTD., 710 South, Nevada 89501, (775) 323-2200. Plaintiff HEATHER FELSNER will testify as to the facts and circumstances surrounding the subject incident, her injuries, and to all other relevant matters.
- 2. ROGER FELSNER c/o John B. Shook, Esq., SHOOK & STONE, CHTD., 710 South, Nevada 89501, (775) 323-2200. Plaintiff ROGER FELSNER will testify as to the facts and circumstances surrounding the subject incident, and to all other relevant matters.
- 3. MIRACLE FELSNER c/o John B. Shook, Esq., SHOOK & STONE, CHTD., 710 South, Nevada 89501, (775) 323-2200. Plaintiff MIRACLE FELSNER will testify as to the facts and circumstances surrounding the subject incident, and to all other relevant matters.
- 4. Person Most Knowledgeable (PMK) of KEOLIS TRANSIT SERVICES, LLC. c/o Michael Lowry, Esq., 300 South Fourth Street, 11th Floor, Las Vegas, Nevada 89169, (702) 727-1400. Defendant KEOLIS TRANSIT SERVICES, LLC. will testify as to the facts and circumstances surrounding the subject incident and to all other relevant matters.
- 5. Person Most Knowledgeable (PMK) and/or Custodian of Records for SUNRISE HOSPITAL, 3186 South Maryland Parkway, Las Vegas, Nevada 89109. These witnesses will

testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary for Nevada. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.

6. Person Most Knowledgeable (PMK) and/or Custodian of Records for TEAM REHABILITATION PHYSICAL THERAPY, 17388 w. 13 Mile Road, Beverly Hills, MI 48025. These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary. The bases for witness' opinions are expected to include, but are not

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necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.

- 7. MALAZ ALMSADDI, M.D. and/or Person Most Knowledgeable (PMK) and/or Custodian of Records for NEURO AND SLEEP DISORDER CENTER, 2525 S. Telegraph Road, #200, Bloomfield Hills, MI 48302. These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.
- 8. ANDREW ZAZAIAN, DO. and/or Person Most Knowledgeable (PMK) and/or Custodian of Records for MICHIGAN INTERNAL MEDICINE ASSOCIATES, 1012 W. Huron Street, Waterford, MI 48328. These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care

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and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.

9. Person Most Knowledgeable (PMK) and/or Custodian of Records for ST. JOSPEH MERCY OAKLAND, 44405 Woodward Ave, Pontiac, MI 48431. These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.

10. Person Most Knowledgeable (PMK) and/or Custodian of Records for PUEBLO MEDICAL IMAGING, 2628 West Charleston Blvd., #B, Las Vegas, Nevada 89102. These

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witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary for Nevada. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs. Without waiving this objection(s), Please see attached video from Plaintiff's cell phone after the incident.

These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is

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reasonable and customary. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.

- 12. STEPHEN VANGEL, PH.D. and/or Person Most Knowledgeable (PMK) and/or Custodian of Records for REHABILITATION INSTITUTE OF MICHIGAN, 17388 42005 West 12 Mile Road, Novi, MI 48377. These witnesses will testify regarding the injuries sustained by Plaintiffs, the medical care and treatment rendered, the reasonableness and necessity of medical bills incurred due to this accident and Plaintiff's degree of recovery. Witnesses are expected to provide testimony regarding, but not necessarily limited to, their review of Plaintiffs' medical records; their examination of Plaintiffs; their opinion that Plaintiffs' past medical care and/or treatment was reasonable and necessary; and their opinion that Plaintiffs' need for future care and/or treatment is reasonable and necessary, including the reasonableness and necessity of treatment as is expected to be provided to Plaintiff by other medical providers. Witnesses are also expected to provide opinions regarding the causation of Plaintiffs' injuries; and they are expected to opine that the need for Plaintiffs' past and future medical treatment was caused by the incident as is at issue in this matter. They are further expected to provide opinions that the costs of Plaintiffs' past and expected future medical treatment is reasonable and customary. The bases for witness' opinions are expected to include, but are not necessarily limited to: their education, training and experience, the nature of the trauma Plaintiffs to which Plaintiffs was subjected because of Defendant's negligence, Plaintiffs' medical histories, Plaintiffs' symptomologies and diagnostic tests as have been performed on the Plaintiffs.
- 13. DAWN & JEFF TUNNICLIFF, 1540 Emmons Avenue, Birmingham, Michigan 48009. These witnesses will testify regarding how they knew Plaintiff before and after the accident. These witnesses may also testify regarding their knowledge of Plaintiff's injuries and the effects the injuries have had upon the Plaintiff in addition to all other relevant matters of which they have personal knowledge.

14. ALISON & MATHEW UZIEBLO, 613 Suffield Avenue, Birmingham, Michigan 48009. These witnesses will testify regarding how they knew Plaintiff before and after the accident. These witnesses may also testify regarding their knowledge of Plaintiff's injuries and the effects the injuries have had upon the Plaintiff in addition to all other relevant matters of which they have personal knowledge.

COMPUTATION OF DAMAGES

Medical Expenses

Plaintiff, HEATHER FELSNER, will be making a claim for the following medical expenses:

MEDICAL PROVIDER(S)	TOTAL CHARGES
American Medical Response	\$ 1,168.91
Sunrise Hospital	\$ 82,082.25
Fremont Emergency Services	\$ 1,233.00
Radiology Specialists, Ltd.	\$ 753.00
Michigan Internal Medicine Associates	\$ 454.12
St. Joseph Mercy Oakland	\$ 3,502.00
Neurodiagnostic & Sleep Disorder Center	\$ 1,795.00
Team Rehabilitation Physical Therapy	\$ 10,230.00
Pueblo Medical Imaging	\$6,600.00
Enrico Fazzini, DO	\$3,328.00
Total Medical Damages :	\$111,146.281

¹ Plaintiffs' medicals may increase as Plaintiff's continues to treat for her injuries related to the accident.

Pain and Suffering Plaintiff will be making a claim for general pain and suffering, in an amount to be determined at the time of trial. Plaintiff reserve the right to amend and/or supplement this computation of damages as discovery continues. DATED this 29th day of October, 2020. SHOOK & STONE, CHTD. /s/ John Shook, Esq. JOHN B. SHOOK, ESQ. Nevada Bar No. 5499 ROBERT ENGLISH, ESQ. Nevada Bar No. 3504 SHOOK & STONE, CHTD. 710 South 4th Street Las Vegas, NV 89101 Office: (702) 385-2220 Attorneys for Plaintiffs

1	CERTIFICATE OF SERVICE
2	Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this date, I served the
3	foregoing PLAINTIFFS' FIFTH SUPPLEMENT TO EARLY CASE CONFERENCE LIST
4	OF WITNESSES AND DOCUMENTS PURSUANT TO NRCP 16.1 by electronic transmission
5	through the Odyssey File & Serve system to the following parties:
6	
7	Michael Lowry, Esq. Wilson Elser Moskowitz Edelman & Dicker
8 9	6689 Las Vegas Blvd, #200 Las Vegas, Nevada 89119
10	Chad Fuss, Esq.
11	Springel & Fink 10655 Park Run Drive, #275
12	Las Vegas, Nevada 89144
13	
14	DATED this 29 th day of October, 2020.
15	/s/ Kiana O'Day
16	
17	An employee of Shook & Stone
18	
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Ciox Health

710 S 4TH ST

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500

LAS VEGAS, NV 89101-6707

Chin to:	
Ship to:	
Medical Records SHOOK AND STONE	



Electronic Delivery Service

Bill to:

Medical Records SHOOK AND STONE 710 S 4TH ST LAS VEGAS,NV 89101-6707 Invoice #: 0313485631
Date: 08/23/2020
Customer #: 2152150

https://edelivery.cioxhealth.com

Records from:

RIM NOVI 42005 W 12 MILE RD NOVI,MI 48377

Requested By: SHOOK AND STONE DOB: 10/20/1952

Patient Name: FELSNER HEATHER

Description	Quantity	Unit Price	Amount
Basic Fee			25.38
Retrieval Fee			0.00
Per Page Copy (Paper) 1	9	1.27	11.43
Electronic Data Archive Fee			2.00
Subtotal			38.81
Sales Tax			0.00
Invoice Total			38.81
Less Payment			-38.81
Balance Due			0.00
Please Note: Your medical record request has been delivered electronically to your Ciox eDelivery account.			
Terms: Net 30 days			

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Ciox Health

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500

Invoice #:	0313485631
Check #	
Payment Am	ount \$

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to https://paycioxhealth.com/pay/ or call 800-367-1500. Email questions to collections@cioxhealth.com.



April 28, 2020

VIA U.S. MAIL/FACSIMILE (248) 305-7556

Stephen Vangel, Ph.D. Rehabilitation Institute of Michigan 42005 W. 12 Mile Road Novi, MI 48377

Re:

Our Client

: Heather Felsner

Your Patient

: Heather Felsner : 10/20/1952

Date of Birth Date(s) of Service

: 02/21/2017- Present

Please provide status of

request. Granded to you 4/28/20. P15 all

Martha Bice Hully Florer Percolo

Dear:

I represent the above-named patient of yours, and as shown authorization, who has authorized you to produce their medical records and

702-385-2220

shall be any and all records and should include (but not be limited to), if applicative, an uccure or nurses' notes, charts, graphs; their hospital admission face sheet; Discharge Summary; Admission History and Physical; progress notes; consultations; radiology reports; lab values; graphic vital signs; anesthesia record; operative reports and notes; pathology reports; recovery room notes: medication records; outpatient records; emergency room records; special diagnostic tests; and fetal strips.

Pursuant to the HITECH Act, 42 U.S.C.A §17935(e)(1), and its implementing regulations, 45 C.F.R. 164.524 (c)(4)(i), we are requesting, in an electronic format only, a complete copy of the patient's medical records for the dates listed above. Please be aware that the HITECH Act applies to requests by third-parties, like our law firm, just the same as it applies to patients. The referenced status states that "if requested by an individual, a covered entity must transmit the copy of protected health information directly to another person designated by the individual." Federal Register January 25, 2013 Vol. 78 No. 17, Page 5634. You may send a CD. email the records and bills to emoreno@shookandstone.com, or fax to 702-778-0776.

We are not requesting paper copies. Please do not bill us for paper copies. The HITECH Act and its regulations do not allow you to bill for paper copies when an electronic copy has been requested. The Department of Health & Human Services (HHS) is authorized to investigate complaints of violation of the law by improperly applying the paper copies rate for electronic records.

If any of the above records and bills are available only as paper copies, and have never been made into an electronic format, please identify the record and provide the cost of copying. Please fax, email, or call us with the amount that you intend to charge before sending the records. Pursuant to NRS 629.061, be advised that we are limited to payment of \$.60 per page received. NRS 629.061 also states that providers of health care "shall make the health care records of a patient available for physical inspection by the patient or a representative with written authorization from the patient" and that those records must be made available "within 10

(702) 570-0000 shookandstone.com info@shookandstone.com

LAS VEGAS OFFICE 710 S. 4th St. Las Vegas, NV 89101

RENO OFFICE 338 Ryland St. Reno, NV 89501



working days after the request." Please be advised that if the total proposed charge for copies does not exceed \$25, you may send both the invoice and records/bills together, at which time we will remit payment. If you send us a bill for paper copies of electronic records, you should expect a complaint with HHS. If you follow the HITECH Act, we will pay our bill promptly.

FAILURE TO PRODUCE RECORDS TIMELY: Failure to timely produce records could result in a complaint to Department of Health & Human Services' Office of Civil Rights for Health Information Privacy or the state medical board.

Very truly yours,

SHOOK & STONE, CHTD.

Erick J. Moreno, Medical Records Department

Enclosure(s)



CERTIFICATE OF CUSTODIAN OF RECORDS

STATE OF)	
COUNTY OF) ss.	
, bei	ng duly sworn, deposes and says:
1. That the deponent is the	for the medical offices of Stephen
Vangel, Ph.D. and in such capacity is the Custodi	an of the Medical Records.
2. That the deponent has examined the or	iginal records on file regarding Heather Felsner,
Date of Birth - $10/20/1952$, SS #, and has made	de a true and exact copy of them and that the
reproduction of them attached hereto is true and e	omplete.
3. That the original of those records wa	is made at or near the time of the acts, events.
conditions, opinions or diagnoses recited therein	by or from information transmitted by a person
with knowledge in the course of a regularly con-	ducted activity of the deponent or the office or
institution in which the deponent is engaged.	
	Signature
SUBSCRIBED and SWORN to before me	
this, 20	
Notary Public in and for said County and State	
	A THE RESIDENCE OF THE PARTY OF

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION AND OTHER RECORDS

NAME: Heather Felsner	DOB: 10/20/1952 SSN:
	OPIZE THE USE OR DISCLOSURE OF THE ABOVE NAMED INDIVIDUAL'S
SHLWAC & STONE, CHTD 710 S. 4" STREET, LA	IS VEGAS, MEMADA 39107 p = 102-570-8000 f = 702-383-0394
and/or	
DISCLOSURE:	(OVIDER(S), AND/OR ORGANIZATION(S) ARE AUTHORIZED TO MAKE THE
1. Stephen Vangel. Ph.D.	<u> </u>
3. Rehabilitation Institute of Michigan	4
5.	4 5,
DATES REQUESTED: 02/21/2017- Present	
Any and all, but not limited to, the following informati	on are to be disclosed - NO EXCLUSIONS:
photographs, X-Rays/diagnostic studies, diagnostic studies, diagnostic studies, diagnostic studies, diagnostic	but not limited to: Medical Reports, Records/Notes, Itemized Billing, correspondence, noshic films, informary results, information regarding, HiV/AiDS, sexually transmued mation, references to drug or alcuhol use, and mental health treatment, etc.;
2. Personnel, Attendance, Employment, Payroll	Wase Records School Records and Ironscripts, etc.;
3. Insurance Records, beluding all Claims, Item	ized Pilling. Concepyudguce. Payments and all documents within the file. etc.:
4. Traffic Accident Reports, Police Photogreshi	s, and hivestication reasoling suv orininal and/or civil litigation matter, etc.;
PURPOSE: The above information is being obtain A copy or facsimile of this document shall be considered.	ined to assist said authorized cotifies in evaluation of my claim for benefits or damages. ed as effective and valid as the original.
writing, I understand that revecation will not apply to relaim nader my policy. Unless otherwise revoked, this	nhorization at any time. I understand it I revoke this Authorization I must do so in my Insurance Company when the law provides my insurer with the right to contest a Authorization will expire on the following date, event, or condition: <u>TO CONCLUSION</u> of or condition, this authorization will expire in one year.
Authorization and acknowledge receipt of a copy there	this Health information is voluntary and that I am antifed to a copy of this of, I can refuse to sign this Authorization. I understand any disclosure of information losure and the information may not be protected by federal confidentiality rules.
the same of the sa	ay not condinou treatment, payment, enrollment or eligibility for benefits.
Petiene Natural Parzut/Grazdian/Lega! Representative	Date: 4/28/2020



CERTIFICATION STATEMENT

Dear Requestor:

The enclosed medical records were provided to you by CIOX Health. We are under agreement with this medical facility to copy all authorized release of information requests.

This is to certify the attached copies of medical information are exact copies made by me from the original medical records on the following patient:

Name of patient: Heather Felsher
Facility name: Rehab Institute OF MI
Date of Birth or Social Security Number: 10/20/1952
Page count:
Certified by: Rebecca Wit-Chell (Print name of Ciox Health Representative)
Signature of Representative: Alega Matchess
Date copies made and certification signed (mm/dd/yy): 08/05/20



Facility: Ortho/Sports Med - Novi

Address: 261 Mack Ave

Detroit, MI 48201-

Patient Name: FELSNER, HEATHER

DOB: 10/20/1952 PTID: 41015200

FIN: 409001850646

PCP: NO ATTENDING PHYSICIAN (999904)

Attending: VANGEL PhD, STEPHEN J

Admit Date: 2/12/2020 Discharge Date: 2/22/2020

Medical Service: Physical Med & Rehabilitation

Name History

Patient names | Begin Date Time | End Effective Dt | Name Type | FELSNER, HEATHER | 12/20/2019 12:14 | Current

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity name above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Children's Hospital of Michigan — 313-745-5356

Detroit Receiving Hospital — 313-745-3285

Harper Hutzel Hospital — 313-745-8022

Sinai-Grace Hospital — 313-966-3155

Huron Valley-Sinai Hospital — 248-937-3365

Rehabilitation Institute of Michigan — 313-745-1172

DMC Surgery Hospital — 248-733-2359

Report Request ID: 90442843

Requester: MITCHELL, REBECCA

Printed On: 8/5/2020 15:16 EDT

Page 1 of 9

FIN: 409001850646

Progress Notes

DOCUMENT NAME: Progress Note

SERVICE DATE/TIME: 2/12/2020 00:00 EST

RESULT STATUS: Modified

PERFORM INFORMATION: VANGEL PhD, STEPHEN J (3/4/2020 16:33 EST); VANGEL

PhD, STEPHEN J (2/26/2020 14:22 EST)

SIGN INFORMATION: VANGEL PhD,STEPHEN J (3/4/2020 16:33 EST); VANGEL

PhD,STEPHEN J (2/26/2020 14:30 EST); VANGEL PhD,

STEPHEN J (2/26/2020 14:22 EST)

AUTHENTICATED BY: VANGEL PhD,STEPHEN J (3/4/2020 16:33 EST); VANGEL

PhD,STEPHEN J (2/26/2020 14:30 EST); VANGEL PhD,

STEPHEN J (2/26/2020 14:22 EST)

Addendum by VANGEL PhD, STEPHEN J on March 04, 2020 16:33 EST

Examinee was seen for:

96132: 60 minutes, 2/12/20, 1 unit.

96133: 286 minutes, 2/12/20, 2/26/20, 3/04/20, 5 units

96138: 30 minutes, 2/12/20, 1 unit 96139: 70 minutes, 2/12/20, 2 units.

DMC Psychology Rehab Progress Note

"If completed by a medical trainee this document will be reviewed and amended by a supervisor. *** This document should not be used for physician billing if completed by a MLP unless employed by/or under a shared services agreement with that physician" **

Patient: **FELSNER**, **HEATHER** MRN: R-960033359 FIN: 409001850646

Age: 67 years Sex: Female DOB: 10/20/1952

Associated Diagnoses: None
Author: VANGEL PhD, STEPHEN J

Document Created

Document Creation: 02/26/20 14:20

Date of Service

Date of Service: 02/12/2020.

Neuropsychology and Rehabilitation Psychology Assessment Report

EXAMINEE: Heather Felsner

REFERRING PHYSICIAN: Tariq Kakish, M.D.

CONSULTING PSYCHOLOGIST: Stephen J. Vangel Jr., Ph.D.

UNIT: DMC RIM NOVI CENTER

The examinee is a 67-year-old right -handed Korean female with 14 years of education in Korea.

PURPOSE OF ASSESSMENT: Evaluation to determine the nature and severity of cognitive difficulties following a traumatic brain injury and intracerebral hemorrhages from a fall in 2017. Examinee also describes significant emotional sequelae to this event.

Report Request ID: 90442843 Printed On: 8/5/2020 15:16 EDT

Requester: MITCHELL, REBECCA Page 2 of 9

FIN: 409001850646

Progress Notes

SUMMARY OF FINDINGS: Due to differences between the developmental histories of the examinee versus the normative sample for our tests, some of the usual predictive data of a neuropsychological evaluation are not available.

CONCLUSIONS: Cognitive Impairment (R41.89) due to Traumatic Brain Injury (S06.2X1S, S06.351S) is likely, based on imaging reports of hemorrhage sites, and cognitive difficulties as reported and seen on testing. The severity of cognitive impairment cannot be discerned, however, since other factors, e.g. strong negative mood states, are also likely affecting her cognition.

Anxiety disorder not otherwise specified (F41.9). Anxiety is a component in her experience of cognitive difficulty, making it more difficult for her to focus and react quickly or appropriately to the situation. She acknowledged some symptoms of posttraumatic stress disorder, which should be further evaluated in psychotherapy.

Dysthymia (F34.1). The examinee experiences symptoms of depression, but does not meet criteria for diagnosis of major depression. A constant state of sadness and anhedonia is present, without helplessness, hopelessness or suicidal ideation.

Headache pain (G44.329) is likely to be a contributor to her cognitive difficulties, times when it is present.

Please see the attached appendix to review the data used to reach these conclusions.

COGNITIVE PROBLEMS AND RELATED RECOMMENDATIONS:

Memory and Communication difficulties

- Recording important information in a notebook or calendar can be a helpful way to improve recall. This strategy is best used when the information is reviewed regularly. As such, she should use a recording system that allows her to keep the materials with her all the time.
 Family members can help by reminding her to use or check her memory book.
- The examinee may take more time to respond to information or come up with answers to questions. Family members can help by:
 - Having important conversations in an environment is that is quiet and not distracting.
 - o Keep sentences short and provide important information one piece at a time. Repeat information as needed.

Report Request ID: 90442843 Printed On: 8/5/2020 15:16 EDT

Requester: MITCHELL, REBECCA Page 3 of 9

FIN: 409001850646

Progress Notes

o Give her plenty of time to form her thoughts and respond to questions.

o Check for understanding by asking her to repeat back information.

Rehabilitation

- Evaluation by Occupational and Speech therapists with neurological rehabilitation experience is recommended, to determine if there are therapeutic options for improving functioning in cooking and other cognitive tasks, and increasing communication effectiveness.
- Evaluation by Physical Therapy is also recommended, to potentially address reported hemiplegia.

Emotional Status

- Psychotherapy with a psychotherapist who specializes in cognitive behavioral therapy is recommended. Targets of intervention may include learning skills for coping with negative emotions and distress, problem solving for handling interpersonal conflict, and increasing motivation to engage in adaptive activities (e.g. socializing, leisure, etc.).
- It may be beneficial to have some sessions that include her husband and daughter, in order to promote skills and practices to reduce interpersonal conflict at home.

Supervision

- The examinee may benefit from having someone provide assistance when she in engaged in a
 task or using an appliance that involves safety risk, such as using the stove. The person
 assisting should not take over tasks that she is doing safely, but should instead provide
 prompts if errors are made (e.g. food left cooking too long or not turning off a burner).
- The examinee may have difficulty remembering all the information she needs to make important decisions. She will benefit from having someone help her make big medical and financial decisions, by summarizing complex information and reminding her of details needed to make an informed decision.

Driving

- Aspects of testing performance are concerning for driving, and we recommend that she limit or discontinue driving for the immediate future.
- Anxiety is likely to be a factor in driving difficulty, and the recommended cognitive-behavioral psychotherapy is likely to help.

Report Request ID: 90442843 Printed On: 8/5/2020 15:16 EDT

Requester: MITCHELL, REBECCA Page 4 of 9

FIN: 409001850646

Progress Notes

 Thus, it may be more cost-effective for her to let others drive until she has made progress in psychotherapy, and then have a driving evaluation by an occupational therapist specialist.

Family Caregiving & Planning

- Family caregivers are encouraged to use positive coping strategies for stress, such as exercising, spending time with friends and family, and seeking social support as needed.
- Caregiver resources may also be accessed through local aging service providers, such as:
 Oakland County Area Agency on Aging (<u>www.aaa1b.com</u> or 800-852-7795).

Health Maintenance

- The examinee will benefit from discussion of diet with her physicians or dietician, in order to maintain optimal brain health.
- The examinee should engage in aerobic exercise (continuous movement, moderate intensity) for at least 30 to 45 minutes each day, to optimize brain health and improve mood.

A repeat neuropsychological assessment is recommended in one year, or earlier if needed by the treatment team.

We can assist in finding appropriate psychotherapeutic care if interested.

Please feel free to contact us with any questions at 248-305-7379 or 313-745-9763.

APPENDIX: DATA SUMMARY

History was obtained from the examinee, medical records, and collateral interview with her husband. The following details relevant to cognitive status were obtained:

PERTINENT HISTORY:

<u>Presenting Complaints</u>: Memory problems with learning and recall of new information, reduced alertness, reduced attention and concentration, reduced processing speed, possible reductions in initiation, probable perseveration, difficulty sequencing, reduced auditory comprehension, probable anomia and paraphasias, visual misperceptions versus hallucinations, physical changes in writing her name, occasional balance problems, weakness in arms and legs, tinnitus, reduced taste. Generally, they reported problems with food preparation, occasionally with dressing, financial management, and driving-secondary to anxiety as well as cognitive difficulty. She has withdrawn from social activity.

Report Request ID: 90442843

Requester: MITCHELL, REBECCA Page 5 of 9

Printed On: 8/5/2020 15:16 EDT

FIN: 409001850646

Progress Notes

Factors Pertinent to Cognitive Status:

- •The examinee fell from the upper deck of a bus to the lower deck when it started moving, resulting in a loss of consciousness of around 5 minutes and also orthopedic injury. This occurred while they were on vacation in 2017. She was taken to hospital where imaging revealed intracerebral hemorrhages. She was hospitalized for 3 days, and sent home to follow-up with a neurologist. There was no reported surgical intervention for the hemorrhages, and they reported they were advised to just wait for her recovery. She did have physical therapy for orthopedic injuries.
- •CT of the brain on 2/21/17 was reportedly consistent with midbrain (pons) focus of 5.8 mm, without shift or mass effect, a 4 mm focus in the posterior left parietal lobe, and a small hemorrhage along the left side of the tentorium.
- •CT on 2/23/17 was reportedly consistent with an increase in size of the left <u>occipital</u> hemorrhagic focus at 1.6 X 1.7 X 1.4 cm. The pontine lesion had resolved.
- CT on 2/24/17 was reportedly consistent with stability of the left temporal-occipital hemorrhage and left tentorial hemorrhage.
- •CT on 3/02/17 was reportedly consistent with stability and decrease in attenuation for the <u>parieto-occipital</u> hemorrhage.
- The examinee <u>denied</u> the current experience of pain, but has experienced repeated left parietal/occipital headaches on a weekly basis.
- The examinee <u>acknowledged</u> sleep disturbance. She did report that she has sleep difficulties 1-2 times per month, and gets about 5 hours of sleep on those nights. She did not report distress or difficulties resulting from decreased sleep.
- Current Medications: Effexor 37.5 mg daily.
- Family medical history includes myocardial infarction.

PSYCHOLOGICAL ASSESSMENT

- The examinee <u>acknowledged</u> anxiety, including symptoms of worry, hypervigilance, hyperarousal, anxious avoidance, intrusive memories, and nightmares. Anxiety is reported to interfere with driving and with sleep.
- The examinee <u>acknowledged</u> depressive symptoms of frequent sadness, anhedonia, sleep disturbance, and low motivation. She <u>denied</u> thoughts of death, suicidal ideation, hopelessness, hopelessness, and low self-esteem. She did state that she feels some part of her is missing.

Report Request ID: 90442843 Printed On: 8/5/2020 15:16 EDT

Requester: MITCHELL, REBECCA Page 6 of 9

FIN: 409001850646

Progress Notes

• The examinee <u>acknowledged</u> rare episodes of excess anger. Husband commented that the intensity of anger when it occurs is high enough that he is concerned.

The examinee <u>denied</u> the experience of delusional thinking and hallucinations, but did report the
frequent experience of perceiving faces peeking out at her at times when she is watching television
or otherwise engaged in her house. These are not quite in the periphery of her vision but are just
outside of the area upon which her vision is focused. She does not experience a compelling feeling
that they are real.

Social History: Education: 14 years, in Korea. Employment: Retail work, clerical work, co-owner of a store. Married: 30 years. Children: one daughter, age 16. Alcohol use: denied. Tobacco use: denied. Illicit substances use: denied.

NEUROPSYCHOLOGICAL ASSESSMENT

Assessment of this examinee was interpreted cautiously, due to differences between her developmental experience and that of the normative samples (born & raised in the U.S) for most tasks. Tests were deliberately omitted where culture and language differences would clearly result in distortion of interpretation. We chose test that have a minimal amount of instructions and verbal response requirements, except for one included to assess degree of English comprehension. The tests given were interpreted in comparison with multiple norm sets, including those of ethnic minorities, when possible. However, the reader should be aware that these procedures are not standardized for the examinee, and therefore the validity of test scores and impairment ratings remains in question. Test results were most often interpreted qualitatively rather than quantitatively.

The following neuropsychological test battery was administered:

Test	Raw Score	z-score	Description
WMS-IV Symbol Span (publisher norms <i>A</i> , <i>Ed</i>)	14.0	-0.67	average
WAIS-IV Coding (publisher norms A)	38.0	-1.00	below average
DVT Time (Heaton 2004 printed norms			
G,A,Ed,Et)	577"	-1.40	low
DVT Errors (Heaton 2004 printed norms			
G,A,Ed,Et)	7.0	0.20	average
NAB Shape Learning Immediate Recognition			
(NAB 2003 Manual <i>G,A,Ed</i>)	11.0	-1.20	below average
NAB Shape Learning Delayed Recognition (NAB			exceptionally
2003 Manual <i>G,A,Ed</i>)	2.0	-2.40	low
BDAE Complex Ideation (Heaton 2004 printed			exceptionally
norms <i>G,A,Ed,Et</i>)	7.0	-4.20	low
WAIS- IV Block Design (publisher norms A)	36.0	0.33	average
WCST Categories (Kongs 2000 publisher norms			
A,Ed)	3.0	-0.67	average

Report Request ID: 90442843 Printed On: 8/5/2020 15:16 EDT

Requester: MITCHELL, REBECCA Page 7 of 9

FIN: 409001850646

Progress Notes

WCST Perseverative Responses (Kongs 2000			
publisher norms A,Ed)	5.0	0.90	above average
WCST Perseverative Errors (Kongs 2000			
publisher norms <i>A,Ed</i>)	5.0	0.90	above average
WCST Learning to Learn (Kongs 2000 publisher			
norms <i>A,Ed</i>)	-4.4	-0.67	average
WCST Trials to 1st Category (Kongs 2000			
publisher norms <i>A,Ed</i>)	16.0	-0.67	average
WCST % Conceptual Level Responses (Kongs			
2000 publisher norms A , Ed)	42.0	-0.30	average
WCST Failure to Maintain Set (Kongs 2000			
publisher norms <i>A,Ed</i>)	1.0		
BSI-18 Total (Derogatis 2000 Community Norms)	28.0	1.70	elevated
BSI-18 Somatic (Derogatis 2000 Community			elevated
Norms)	8.0	1.80	
BSI-18 Depression (Derogatis 2000 Community			elevated
Norms)	10.0	1.50	
BSI-18 Anxiety (Derogatis 2000 Community			elevated
Norms)	10.0	1.60	

Additionally, the Behavior Rating Inventory of Executive Functioning – Informant Report (Roth, Isquith, Gioia 2005 norms *A*)

and Neurobehavioral Functioning Inventory (publisher norms) were completed by her husband.

Presentation: The examinee was alert and cooperative with the assessment process. She was conventionally dressed and groomed. There was no observed difficulty in walking. Motor behavior during the evaluation was unremarkable. Speech was not fluent, with pauses before speaking, and a slow pace of her expression. No paraphasic errors observed. Prosody was unremarkable. Affect was restricted in range, with rare smiling and laughter. Eye contact was normal. Thought processes during interview were logical. Thought content was generally appropriate to situation, and free from confusion, confabulation, delusions, or evidence of hallucinations, with exception of some misunderstanding or confusion with interview questions.

Psychometric assessment of **Validity** and **Effort** was not completed, secondary to potential cultural or language confounds yielded no evidence of incomplete effort during this evaluation.

Performance on assessment of **Attention** abilities ranged from the low-score to average-score range. Lower performance occurred on timed tasks, suggesting greater difficulty with processing speed, though her performance was quite accurate.

· Symbol span performance was within the average range.

• Processing Speed performance was within the below average-score range on a timed graphomotor coding task.

Report Request ID: 90442843 Printed On:
Requester: MITCHELL,REBECCA Page 8 of 9

Printed On: 8/5/2020 15:16 EDT

FIN: 409001850646

Progress Notes

 Sustained attention performance yielded accuracy within the average range, and completion time within the low-score range, suggesting a strategy that sacrificed speed for accuracy.

Performance on assessment of **Learning and Memory** was within the below average-score range for immediate recognition of visual information, and performance was not benefitted by repeated exposure to stimuli. Delayed recognition performance for the visual stimuli was within the exceptionally low-score range.

Language assessment performance was within the exceptionally low-score range on a measure of English comprehension abilities. She evidenced significantly more difficulty on questions pertaining to longer passages that had been read to her.

Visuospatial and Construction performance was within the average range based on measure of physical construction of abstract designs.

Executive Functioning performance was within the average range overall based on a card sorting task that requires abstract reasoning and shifting of a cognitive set. Her performance did not have an unusual number of perseverative errors. She acquired an understanding of the task demands at an average rate. She demonstrated one failure to maintain cognitive set, which occurred after several ambiguous correct responses.

The examinee's husband completed an informant-report regarding the behavioral aspects of executive functioning. The resulting profile was notable for concerns regarding with flexible cognitive shifting from one behavior to another, initiation of behavior, working memory, as well as planning, organizing, and monitoring behavior to complete a goal.

Assessment of **Emotional Functioning** indicated that the examinee was experiencing clinically significant psychological distress related to depression, anxiety, and somatic complaints.

Informant Report of concerns regarding **Neurobehavioral Functioning** was completed by the examinee's husband. The resulting profile was notable for concerns regarding depressive symptoms, communication difficulties, and aggressive behavior.

Report Request ID: 90442843

Requester: MITCHELL, REBECCA

Printed On: 8/5/2020 15:16 EDT Page 9 of 9

Exhibit B

Nevada Rules of Civil Procedure Revision Committee Summary July 26, 2017 Meeting

The fifth meeting of the Nevada Rules of Civil Procedure Committee (Committee) was held on July 26, 2017 at 3:00 p.m. The meeting was video conferenced among the State Bar of Nevada Office in Reno, the Supreme Court conference room in Las Vegas, and the Supreme Court conference room in Carson City. Present in Reno were Discovery Commissioner Wesley Ayres, Graham Galloway, Bill Peterson, Todd Reese, and Don Springmeyer. Present in Carson City were Kevin Powers and Justice Mark Gibbons. Present in Las Vegas were Justice Kristina Pickering, Discovery Commissioner Bonnie Bulla, George Bochanis, Judge Elissa Cadish, Steve Morris and Dan Polsenberg.

The Committee first approved the June 21, 2017 meeting minutes.

The Committee then discussed publicity for NRCP revision process. Justice Pickering advised the Committee that the Supreme Court's website for the Committee would soon be populated and that the State Bar would be contacted to run a notice of the Committee's work in the Nevada Lawyer and to send an email to members of the State Bar. An article written by Kristen Martini would also be running in the Writ, a Washoe County Bar publication, and in the Communiqué, a Clark County Bar publication.

The Committee then discussed the impact of the NRCP revisions on the Nevada Justice Court Rules of Civil Procedure. Many of the NRCP are adopted wholesale in the NJCRCP. Justice Gibbons will notify the Chief Justice of the concerns, with a view toward possibly appointing a committee to examine the NJCRCP in light of any changes to the NRCP.

Discussion then turned to the subcommittees and subcommittee reports and rule recommendations.

1) Discovery Subcommittee (NRCP 16, 16.1, 26-37, 45)

Chair: Graham Galloway

Members: Steve Morris, Commissioner Wes Ayres, Commissioner Bonnie Bulla, Dan Polsenberg, George Bochanis, Don Springmeyer, Bill

Peterson

The Committee first confirmed that NRCP 16 has been assigned to the Discovery Subcommittee. The Committee then discussed the proposed draft amendments to NRCP 16.1 and 35 submitted by the Discovery Subcommittee.

As to NRCP 16.1, the subcommittee recommended that "data compilations" be changed to "electronically stored information" to be consistent with other jurisdictions. Discussion then turned to the standard appropriate for a party's initial disclosure obligation. The subcommittee recommended changing the current broad initial disclosure requirement to a narrower requirement that the party disclose any information that the party "may use to support its claims or defenses, including for impeachment or rebuttal." Some present offered that this was a significant change, in that a party would have no obligation to disclose information that hurts his claims or defenses, only information the party intends to use to support his litigation position or to impeach his opponent. Supporters of the change noted that affirmative discovery requests can flesh out information; the change just concerns initial disclosures. The Committee discussed that, if the change is made, the advisory committee notes should make clear what the limitations are.

The Committee also noted that initial disclosure obligations do not apply when cases are before the probate commissioner but should apply when a probate case reaches district court and discussed whether NRCP 16.1 and the NRCP need revision to make this clear. The Committee noted that NRCP 3 and 81 come into play because probate is a statutory proceeding commenced by petition.

The Committee decided that further discussion was needed and that drafter's notes in rule 16.1 and or 81 may be warranted along with a change to NRCP 3 to include "petitions" and "applications" in NRCP3's language. The Committee passed on this rule pending further examination by the Discovery Subcommittee and the Everything Else Subcommittee on NRCP 3 and 81.

As to NRCP 35, the Committee discussed the observer requirement and whether that person could be an interested party or an attorney. The subcommittee reported that the Audio Recording provision was new. The Committee also expressed concern about the language in NRCP 35(b)(1) and (3), which was taken directly from the FRCP counterpart, noting that the language was confusing regarding who would be requesting what from whom, and what exams must be produced. The Committee also discussed how this

rule would apply to minors and interact with other rules applicable to minors, and the Committee recommended adding to the drafter's note to address this concern. The Committee also noted that NRCP 35(a)(2)(B) allowed the court to impose conditions on the examination to protect minors. The subcommittee will reconsider the rule, make alterations, and present the rule at the August meeting.

2) Time and Service of Process Subcommittee (NRCP 4, 4.1, 5, 6) (includes all e-service rules, calculation of time, and time to perform acts throughout the NRCP)

Chair: Judge Elissa Cadish

Members: Justice Kristina Pickering, Don Springmeyer, Dan

Polsenberg, Todd Reese, Kevin Powers

Judge Cadish reported that FRCP 4.1 has been assigned to the Time and Service of Process Subcommittee for consideration.

3) Huneycutt Subcommittee (NRCP 62.1, NRAP 12.1, *Huneycutt v. Huneycutt*, 94 Nev. 79, 575 P.2d 585 (1978) and progeny)

Chair: Racheal Mastel

Members: Justice Kristina Pickering, Justice Mark Gibbons, Todd

Reese, Dan Polsenberg

The Committee then discussed the proposed draft addition of NRCP 62.1 and NRAP 12.1 and accompanying draft committee notes submitted by the Huneycutt Subcommittee. The Committee generally approved of the rules and comment, but discussed altering language in the drafter's note regarding whether *Huneycutt* and its progeny would be overruled by the adoption of these rules, and discussed needed changes to the language of the rule reference federal courts. The subcommittee will make the alterations requested and present the rules at the August meeting.

4) Everything Else Subcommittee (renamed from the "No Brainer" Subcommittee) (All NRCP Rules not otherwise accounted for)

Chair: Justice Kristina Pickering

Members: Justice Mark Gibbons, Todd Reese

The Committee discussed the proposed draft amendments to NRCP 5.1, 5.2, 7, 7.1, 8, 9, and 11 submitted by the Everything Else Subcommittee. The Committee approved the recommendation to reject FRCP 5.1. The Committee considered FRCP 5.2, and advised against incorporating the Rules on Sealing and Reacting Court Records (SRCR) into Rule 5.2 because the SRCR apply more broadly than the NRCP do. The Committee approved rejecting the text of FRCP 5.2, but advised adding Rule 5.2 to the NRCP with language directing practitioners to the SRCR for rules regarding sealing and redaction. The Subcommittee will redraft NRCP 5.2 and submit it to the Committee for its consideration at the August meeting. The Committee approved NRCP 7, 7.1, and 11 as proposed. The Committee agreed with changes proposed by Racheal Mastel to Rules 7 and 8, leaving in the federal language regarding pleading the jurisdiction of the court. With that change, the Committee approved NRCP 7 and 8.

A discussion was then held of issues of general concern to the Committee members. Concern was voiced with the ambitious pace of this Committee and the scheduling conflicts occurring with the subcommittees. This issue will be revisited in August. Justice Gibbons advised the Committee that Committee meetings are scheduled for August 16, 2017 at 3:00 pm, and September 27, 2017 at 3:00 pm.

There being no further business to come before the Committee, the meeting was adjourned at 5:00 p.m.

Respectfully submitted, Kristina Pickering and Mark Gibbons Co-Chairs

Exhibit C

Nevada Rules of Civil Procedure Revision Committee Summary September 27, 2017 Meeting

The seventh meeting of the Nevada Rules of Civil Procedure Committee (Committee) was held on September 27, 2017 at 3:00 p.m. The meeting was video conferenced between the State Bar of Nevada Office in Reno and the Supreme Court conference rooms in Las Vegas and Carson City. Present in Reno were Discovery Commissioner Wesley Ayres, Graham Galloway, Bob Eisenberg, Dan Polsenberg, and Don Springmeyer. Present in Carson City were Judge Jim Wilson, Kevin Powers, and Todd Reese. Present in Las Vegas were Justice Mark Gibbons, Justice Kristina Pickering, Judge Elissa Cadish, Discovery Commissioner Bonnie Bulla, Judge Kim Wanker, Professor Tom Main, George Bochanis, Steve Morris, and Rachael Mastel.

The Committee first approved the August 16, 2017 meeting minutes.

The Committee then welcomed Judge James E. Wilson, who was recently appointed to the Committee. Judge Wilson will join the discovery; NRCP 4, 5, 6; and style subcommittees.

The Committee then discussed publicizing its work and seeking comment from practitioners. It was agreed that, unless otherwise approved by the subcommittee chair, comments on a rule being developed by a subcommittee should not be sought from the bar until the subcommittee has finished their work with the rule. This will allow the subcommittee to completely vet and develop their work and to prevent an incomplete rule from being scrutinized by the bar. After a subcommittee has presented a proposed rule to the committee, however, then the committee members are encouraged to seek comment on the rule from any desired sources. This will enable the committee to have as much input as possible when considering the Rules.

The Committee then discussed the subcommittee rule recommendations.

1) NRCP 68 Subcommittee

Chair: Dan Polsenberg

Members: Don Springmeyer, Prof. Thomas Main

The subcommittee reported that it left "before trial" as is because a better alternative could not be found and that they fixed the time before trial at 21 days. The subcommittee also reported that they added a section to NRCP 68(d) to clarify that a party may pay the amount of the offer within 21 days without an adverse judgment. Todd Reese suggested adding, and will draft, language to NRCP 68(f) to clarify how to calculate the penalty when multiple offers have been given. The Committee also discussed the conflict in NRCP 68 (d) between obtaining a judgment after 14 days but having 21 days to pay without entry of a judgment. The subcommittee will redraft that subsection of the rule. The Committee passed the rule to the November meeting, and the subcommittee will consider language changes to the rule.

2) Everything Else Subcommittee (All NRCP Rules not otherwise accounted for)

Chair: Justice Kristina Pickering

Members: Justice Mark Gibbons, Todd Reese

The Committee then discussed the revised proposed draft amendments to NRCP 5.2, 22, and 25 submitted by the Everything Else Subcommittee. The Committee approved the drafts of NRCP 5.2 and 22. When discussing NRCP 25, the Committee expressed concerns regarding who may file a notice of death, what the purpose of the district court noting the death on the record is, and whether the notice of death trigger a trap for the unwary with the 90 day period to substitute a person after the notice is filed. The Committee discussed whether the dismissal after 90 days should be mandatory or discretionary. The subcommittee will reconsider and redraft the rule, taking into consideration the Committee's concerns.

3) Class and Derivative Actions Subcommittee (NRCP 23, 23.1, 23.2)

Chair: Prof. Thomas Main

Members: Dan Polsenberg, Don Springmeyer

The Class and Derivative Actions Subcommittee reported that it would present proposed rules at the next Committee meeting. (In November as the October meeting will focus on discovery.)

4) <u>Time and Service of Process Subcommittee (NRCP 4, 4.1, 5, 6)</u>

Chair: Judge Elissa Cadish

Members: Justice Kristina Pickering, Judge Jim Wilson; Don

Springmeyer, Dan Polsenberg, Racheal Mastel, Todd Reese, Kevin

Powers

The Committee then discussed the proposed draft of NRCP 5 submitted by the Time and Service of Process Subcommittee. The Committee approved NRCP 5 as proposed.

5) NRCP 12 and 56 Subcommittee (NRCP 8, 12, and 56)

Chair: Judge Elissa Cadish

Members: Justice Kristina Pickering, Judge Wanker, Prof. Thomas Main

The Committee then discussed the proposed draft of NRCP 8, 12, and 56 submitted by the NRCP 12 and 56 Subcommittee. The Advisory Committee Note added to NRCP 8 was approved. The Committee discussed the addition to NRCP 12 of the provisions for public entities, officers, and political subdivisions to answer or respond and whether they should have 45 or 60 days to or answer respond. The Committee approved the rules with a 45 day time period subject to syncing the public entities, officers, and political subdivisions provisions with NRCP 4. The Committee also discussed subsections (d) and (e) of NRCP 56, indicating that they did not alter and were consistent with existing law. The Committee approved NRCP 12 and 56 and the Advisory Committee Note proposed for NRCP 12.

6) <u>Discovery Subcommittee (NRCP 16, 16.1, 26-37, 45)</u>

Chair: Graham Galloway

Members: Steve Morris, Commissioner Wes Ayres, Commissioner

Bonnie Bulla, Dan Polsenberg, George Bochanis, Don Springmeyer, Bill

Peterson

The Committee then discussed the proposed draft amendments to NRCP 16.1, 26, 30, 34, and 35 submitted by the Discovery Subcommittee. As to Rule 35, Rachael Mastel reported that the family law bar suggested developing their own rule to address the unique problems regarding medical exams in family law. Bob Eisenberg sent the committee feedback from other practitioners on

the rule. Bob also stated that he did appreciate the work of the discovery subcommittee, but that he did not support the rule as written. His concerns are, among other things, the presence of an observer and the recording of the medical exam. Consideration of the rule was passed to the next meeting, pending further public comment on the rule and the development of a proposed alternative by Bob Eisenberg. The Committee briefly discussed NRCP 16.1, its approach to initial disclosures, and its approach to the testimony of treating physicians. The Committee also discussed whether Rule 26 should refer to NRCP 16.2 and 16.205. The Committee also briefly discussed NRCP 30 and 34, not mentioning any serious concerns. Because time remaining was short, the co-chairs advised the Committee to review the discovery rules and to be prepared to discuss them at the next meeting. This set of rules will be first on the next meeting agenda to afford sufficient time for their discussion.

A discussion was then held of issues of general concern to the Committee members.

Justice Gibbons advised the Committee that the next Committee meetings are scheduled for October 25, 2017 at 3:00 pm, and November 29, 2017 at 3:00 pm at the usual times and locations. The next Committee meeting in October will focus exclusively on discovery.

There being no further business to come before the Committee, the meeting was adjourned at 5:03 p.m.

Respectfully submitted, Kristina Pickering and Mark Gibbons Co-Chairs

Exhibit D

Nevada Rules of Civil Procedure Revision Committee Summary October 25, 2017 Meeting

The eighth meeting of the Nevada Rules of Civil Procedure Committee (Committee) was held on October 25, 2017 at 3:00 p.m. The meeting was video conferenced between the State Bar of Nevada Office in Reno and the Supreme Court conference rooms in Las Vegas and Carson City. Present in Reno were Discovery Commissioner Wesley Ayres, Graham Galloway, Bob Eisenberg, and Bill Peterson. Present in Carson City were Justice Mark Gibbons, Judge Jim Wilson, Kevin Powers, and Todd Reese. Present in Las Vegas were Justice Kristina Pickering, Judge Elissa Cadish, Judge Kim Wanker, Discovery Commissioner Bonnie Bulla, George Bochanis, Steve Morris, Rachael Mastel. Dan Polsenberg, Don Springmeyer, and Professor Thom Main.

The Committee first approved the September 27, 2017 meeting minutes.

This meeting focused on discovery. The Committee discussed the following subcommittee rule recommendations.

1) <u>Discovery Subcommittee (NRCP 16, 16.1, 26-37, 45)</u>

Chair: Graham Galloway

Members: Steve Morris, Commissioner Wes Ayres, Commissioner Bonnie Bulla, Dan Polsenberg, George Bochanis, Don Springmeyer, Bill Peterson

The Committee discussed the proposed draft amendments to NRCP 16.1, 26, 30, 34, and 35 submitted by the Discovery Subcommittee. As to Rule 35, Bob Eisenberg presented an opposing proposed amendment. The Committee also considered the opposing views submitted by plaintiff and insurance defense counsel regarding Rule 35. Graham Galloway discussed the language in the committee note regarding the location of the exam, indicating that he agreed that the language should be changed so that the location will be in Nevada, unless otherwise stipulated or ordered. The Committee also discussed that this provision was substantive and should be in the text of the rule. The committee then discussed audio and video recordings and observers. The issue is, generally, how to address issues that arise during an examination and whether a person subject to an exam should have a right to a recording or an observer, or whether a court should be required to order a recording or

observer, and if so whether that should be for just cause. Commissioner Bulla emphasized that the committee draft was a compromise position. Several members of the subcommittee felt that exams should be video recorded, but Commissioner Bulla noted her opposition to video recording and her concerns that such videos might end up on the internet, compromising the examinee's privacy. The committee and the subcommittee agreed with the language in Bob Eisenberg's draft that observers should not obstruct the exam and that minors and incompetent persons should be entitled to a parent or guardian as an observer. Judge Cadish commented that a person subject to an exam might have a right to an audio recording but that the court might be required to order an observer. The Committee also acknowledged its lack of understanding whether doctors would refuse to perform exams if recorded or if an observer was present, or if performing an exam with a recording or observer might violate doctors' ethical rules. The committee noted that some attorneys were contacting doctors to get their input on this question. The Committee also discussed the lack of an insurance defense lawyer on the subcommittee and on the committee as a whole. Dan Polsenberg also noted that the draft from Bob Eisenberg was inconsistent on who would be requesting what, and Bob agreed that revisions were appropriate. The Committee passed on Rule 35 to allow Bob Eisenberg to work with the subcommittee to edit their respective drafts as needed, and to attempt to work out a compromise version or to present competing version to the committee at the next meeting.

The Committee next discussed NRCP 26, noting some discrepancy with the cross-citations to Rules 16.2 and 16.205. Subject to correcting those citations, Justice Pickering moved to recommend the rule, the motion was seconded by Justice Gibbons, and the Committee voted to recommend the rule.

The Committee next discussed Rule 30. The subcommittee noted that the rule tracked FRCP 30 including the limitation of 10 depositions absent stipulation or leave of court. The subcommittee noted that Rule 30(h) was kept from the existing rule, and that the rule was not intended to change "7 hours of testimony" referring to 7 hours on the record or the holding in *Coyote Springs Inv., LLC v. Eighth Judicial Dist. Court,* 131 Nev., Adv. Op. 18, 347 P.3d 267 (2015), concerning privileges during breaks in the deposition. Subject to minor edits to the committee note, Don Springmeyer moved to recommend the rule, Judge Cadish seconded, and the Committee voted to recommend the rule.

The Committee next discussed Rule 34, specifically the edited language in Rule 34(b)(2)(E)(i) pertaining to production of documents as they are kept in the usual course of business, unless that form of production is unreasonably burdensome for the discovering party. The Committee recognized that while the producing party should not be permitted to simply dump documents on the discovering party, neither should the discovering party be permitted to require the producing party to organize the documents in a form preferred by the discovering party when the documents are produced in an organized form. Commissioner Bulla stressed that some form of cost shifting or further request for organization was required to address discovery abuses. The Committee passed on Rule 34 so that the discovery subcommittee could address the language in Rule 34(b)(2)(E)(i).

The Committee passed on Rule 16.1 so that the subcommittee could make further edits to the rule.

A discussion was then held of issues of general concern to the Committee members. The Committee Members noted that the link on the Supreme Court's website to the Committee information was difficult to find, and the Committee asked if it could be made easier to find. The Supreme Court staff and Justices will investigate this. Bob Eisenberg asked what materials he could print for presentations concerning the Committee. Any materials that are posted on the website are publicly disseminated, and may certainly be used. These include the minutes, agendas, and recommended rules. Similar to disclosure of other materials, drafts in subcommittee should not be disclosed to allow the subcommittees to perform their work, but any drafts circulated to the committee as a whole may be used. The Justices cautioned the committee not to disclose information about pending cases when discussing hypotheticals. George Bochanis and Graham Galloway agreed to work on redrafting Rule 25 with the Everything Else subcommittee.

Justice Gibbons advised the Committee that the next Committee meeting is scheduled for November 29, 2017 at 3:00 pm at the usual locations, and that the Justices would set a December meeting.

There being no further business to come before the Committee, the meeting was adjourned at 5:00 p.m.

Respectfully submitted, Kristina Pickering and Mark Gibbons Co-Chairs

Exhibit E

Nevada Rules of Civil Procedure Revision Committee Summary December 20, 2017 Meeting

The tenth meeting of the Nevada Rules of Civil Procedure Committee (Committee) was held on December 20 at 3:00 p.m. The meeting was video conferenced between the State Bar of Nevada Office in Reno and the Supreme Court conference rooms in Las Vegas and Carson City. Present in Reno were Discovery Commissioner Wes Ayres, Graham Galloway, Bob Eisenberg, and Bill Peterson. Present in Carson City were Justice Mark Gibbons, Justice Kristina Pickering, Judge Jim Wilson, Kevin Powers, and Todd Reese. Present in Las Vegas were Judge Elissa Cadish, Judge Kim Wanker, Discovery Commissioner Bonnie Bulla, Don Springmeyer, Racheal Mastel, and Don Polsenberg.

The Committee first approved the November 29, 2017 meeting minutes with minor edits.

The various subcommittees reported that they would attempt to have Rules 4, 6, 23.1, 23.2, the rest of the discovery rules, the judgment and post-judgment rules, NRAP 26, and NEFCR 9 for the committee's consideration at the January committee meeting. Regarding NEFCR 9, the subcommittee reported that the clerk's offices shed light on the procedure determining when electronic service is given and that the rules would need to be adjusted to reflect the procedure.

The Committee discussed the following subcommittee rule recommendations.

1) <u>Discovery Subcommittee (NRCP 16, 16.1, 26-37, 45)</u>

Chair: Graham Galloway

Members: Judge Jim Wilson, Steve Morris, Commissioner Wes Ayres, Commissioner Bonnie Bulla, Dan Polsenberg, George Bochanis, Don Springmeyer, Bill Peterson, and Loren Young

The Committee discussed the proposed draft amendments to NRCP 16.1, 27, 28, 29, 35, and 37 submitted by the Discovery Subcommittee. As to Rule 16.1, the subcommittee indicated that there was a majority and minority position regarding broader or more restrictive initial disclosure requirements. The committee passed this rule to the January meeting so that additional committee members could be present for the discussion.

The committee briefly discussed Rule 35, noting that three final proposals were complete and would be submitted to the Supreme Court. The co-chairs asked the proponents of the proposals to draft summary statements advocating for their proposal.

The committee also discussed Rule 37, noting the change in language in NRCP 37(a)(4) to account for documents not in compliance with Rule 34(b)(2)(E)(i). The rule was approved as written.

The committee next discussed Rules 27, 28, and 29. The discovery committee proposed to adopt the federal rules without change for use in Nevada. The committee expressed concern about whether Rule 29(b)'s language concerning "any form of discovery" would permit stipulations regarding depositions and whether that language conflicted with the existing rule or the Eighth Judicial District Court Rules. After discussion, the committee believed that there was no conflict, or that any conflict could be resolved. Justice Gibbons moved to recommend the rules as written, the motion was seconded by Justice Pickering, and the Committee voted to recommend the rules.

2) Class and Derivative Actions Subcommittee (NRCP 23, 23.1, 23.2)

Chair: Dan Polsenberg

Members: Don Springmeyer and Professor Thomas Main

The Committee next discussed competing proposals regarding Rule 23. Dan Polsenberg proposed adopting FRCP 23, Don Springmeyer proposed retaining the existing NRCP 23 with edits, and Professor Main is agnostic on the proposals. The Committee discussed sending both proposals to the Supreme Court, but noted the new appellate procedure in FRCP 23(f). Nevada does not currently have an "appeal by permission" type of appeal and this would necessitate adopting new appellate rules. Dan Polsenberg agreed to draft two alternative proposals, one retaining the new type of permissive appeal and one with an appeal as of right. Pending the edited rules, the rule was passed to the next meeting.

3) NRCP 25 Subcommittee (NRCP 25 and NRAP 43)

Chair: Todd Reese

Members: Justice Kristina Pickering, Graham Galloway, George

Bochanis, and Loren Young

The Committee next discussed NRCP 25 and NRAP 43. Todd Reese explained that the rule was adapted from the FRCP and the existing NRCP to give more flexibility to the district courts in dealing with a party's death and to avoid the mandatory dismissal penalty. The rule's provisions are also garnered from the NRAP and other states rules. The rule is not intended to violate due process or change probate law. Justice Pickering noted that the Rule is set for review by probate attorneys to make sure that its provisions to not conflict with probate law. Concerns were also raised regarding whether provisions of the rule permitting an action to proceed despite the party's death would conflict with Rule 17(a). The Committee passed on the rule pending review.

4) Everything Else Subcommittee

Chair: Justice Kristina Pickering Members: Justice Mark Gibbons, Todd Reese

The Committee discussed the proposed draft amendments to NRCP 38, 39, 40, 43, 44, 48, and 49 submitted by the Everything Else Subcommittee. The committee discussed edits to Rule 38, 40, and 43. The committee also discussed the passive wording of Rule 48, discussing where a jury of 8 persons was authorized. Rule 48 was passed for redrafting and research. Justice Gibbons moved to recommend the remaining rules, Judge Wilson seconded the motion, and the committee voted to recommend the rules.

A discussion was then held of issues of general concern to the Committee members. Justice Gibbons advised the Committee that the next Committee meetings are scheduled for January 17, 2018, and February 21, 2018, at 3:00 pm. The Reno location of the January meeting will be at a Washoe County District Court Room. The other locations will be at the usual locations.

There being no further business to come before the Committee, the meeting was adjourned at 4:35 p.m.

Respectfully submitted, Kristina Pickering and Mark Gibbons Co-Chairs

Exhibit F

MINUTES OF THE MEETING OF THE ASSEMBLY COMMITTEE ON JUDICIARY

Eightieth Session March 27, 2019

The Committee on Judiciary was called to order by Chairman Steve Yeager at 8:04 a.m. on Wednesday, March 27, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblyman Steve Yeager, Chairman
Assemblywoman Lesley E. Cohen, Vice Chairwoman
Assemblywoman Shea Backus
Assemblyman Skip Daly
Assemblyman Chris Edwards
Assemblyman Ozzie Fumo
Assemblywoman Alexis Hansen
Assemblywoman Lisa Krasner
Assemblywoman Brittney Miller
Assemblywoman Rochelle T. Nguyen
Assemblywoman Sarah Peters
Assemblyman Tom Roberts
Assemblywoman Jill Tolles
Assemblywoman Selena Torres
Assemblyman Howard Watts

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None



STAFF MEMBERS PRESENT:

Diane C. Thornton, Committee Policy Analyst Bradley A. Wilkinson, Committee Counsel Lucas Glanzmann, Committee Secretary Melissa Loomis, Committee Assistant

OTHERS PRESENT:

Alison Brasier, representing Nevada Justice Association

Graham Galloway, representing Nevada Justice Association

George T. Bochanis, representing Nevada Justice Association

David Sampson, Attorney, Law Offices of David Sampson, Las Vegas, Nevada

Dane A. Littlefield, President, Association of Defense Counsel of Nevada

Kevin Higgins, Chief Judge, Sparks Justice Court; and representing Nevada Judges of Limited Jurisdiction

John Tatro, Senior Judge; and representing Nevada Judges of Limited Jurisdiction

Richard Glasson, Judge, Tahoe Justice Court; and representing Nevada Judges of Limited Jurisdiction

Ann E. Zimmerman, Judge, Las Vegas Township Justice Court; and representing Nevada Judges of Limited Jurisdiction

Paul C. Deyhle, General Counsel and Executive Director, Commission on Judicial Discipline

Jerome M. Polaha, Judge, Second Judicial District Court

John J. Piro, Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office

Kendra G. Bertschy, Deputy Public Defender, Washoe County Public Defender's Office

John T. Jones, Jr., Chief Deputy District Attorney, Clark County District Attorney's Office; and representing Nevada District Attorneys Association

Chairman Yeager:

[Roll was taken. Committee protocol was explained.] Today, we have three bills on the agenda. I will now open the hearing on Assembly Bill 285.

Assembly Bill 285: Enacts provisions relating to a mental or physical examination of certain persons in a civil action. (BDR 4-1027)

Alison Brasier, representing Nevada Justice Association:

What I would like to do is explain what these examinations are in their current form. They are unique to personal injury litigation. I want to lay the foundation for what these examinations are and then turn it over to my colleagues in Carson City to explain more about the history of how we got here and what this bill proposes to do.

Assembly Committee on Judiciary March 27, 2019 Page 3

What we are talking about in this bill is commonly referred to as a "Rule 35" examination. They are very unique to personal injury cases because these examinations happen when someone is alleging injury. When a person alleges an injury, he or she can be forced to appear at an examination by an expert witness who is hired by the insurance company and to whom that claimant has no relationship. Under the current state of our rules, that claimant—the victim—has no right to have an observer present. They do not have a right to record what happens. What we have seen is, if there is a dispute in what happens in the examination, most of the time deference is given to the person who is being presented to the judge or jury as an expert witness rather than the victim or plaintiff who was forced to present at that examination. That is the current state of the law. The reason I used the word "unique" at the beginning of my testimony is because the way it currently stands in these forced examinations, the claimant has no rights as part of that examination.

When we look at it in different contexts, we would never expect people to submit to an examination under this current set of conditions. Outside of litigation, if you have an important medical examination, it would be commonplace for you to bring a friend or family member with you, maybe to ease anxiety and to make sure you are capturing all the important information. If you went to a doctor who said, "No, you do not have any right to have someone present with you during this examination," you would have the choice to pursue another doctor if you did not feel comfortable in that scenario. Under the current rules for these Rule 35 examinations, that is not the situation for personal injury victims.

Also, this is very unique to Nevada personal injury cases. Washington, California, and Arizona—all of our neighboring states—currently allow what this bill proposes. They allow an observer to be present during the examination and they also allow a recording to happen. Nevada is really an outlier with our western neighbors as far as not providing these protections for the injured party during the examination.

Additionally, in the workers' compensation context in Nevada, observers are allowed to be present during workers' compensation examinations. Again, this is really an outlier for Nevada personal injury cases where we do not already have these protections afforded to the claimants. I will turn it over to my colleagues to explain why that is important and how we got here.

Graham Galloway, representing Nevada Justice Association:

The origins of this bill flow from a committee formed by the Supreme Court of Nevada two years ago to review, revise, and update our *Nevada Rules of Civil Procedure* (NRCP)—the rules that govern all civil cases. The committee was made up of two Nevada Supreme Court justices, various district court judges from throughout the state, a number of attorneys who represent the various fields of practice in the civil side of litigation, and a member of the Legislative Counsel Bureau. The committee was broken down into subcommittees, and I chaired the subcommittee that handled this Rule 35 medical examination issue. Our subcommittee recommended substantial changes to the rule. Mr. Bochanis was a member of the committee. We voted 7-to-1 to make substantial changes, the changes that are set forth or embodied in the bill before you, Assembly Bill 285. Unfortunately, when our

Assembly Committee on Judiciary March 27, 2019 Page 4

recommendations went to the full Supreme Court of Nevada, they rejected our changes for reasons we are still not clear on. At that point, we reassessed our position.

Contrary to the opponents of this bill who want to say this is a procedural matter, this is not a procedural matter; it is a substantive right. It is the right to protect and control your own body. The scenario we often see in this situation is that our clients are going through a green light or sitting at a stop sign, and somebody blasts through the light and clocks them, injuring them. They are then required to go to an examination by an expert who is hired by the defense. These are experts that are trained, sophisticated, and weaponized. They put our clients through an examination and, in the process, the clients are interrogated. Our clients have to go through this without any representation.

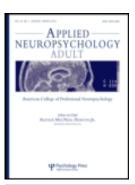
This is not a criminal situation, but in the criminal field, you often hear the terms "right to counsel," "right of cross examination," and "due process." Those terms do not necessarily transfer over into the civil arena. In the civil arena, we have what is called "fundamental fairness." Is it fundamentally fair that an injured person is required to go to a hired expert—an expert whose sole goal is to further the defense side of the litigation—have their body inspected, have their body examined, and then be interrogated without there being a lawyer present to represent that individual? There is nothing in the law in any arena where that occurs except for the personal injury field. That is what <u>A.B. 285</u> is designed to do: bring some fundamental fairness to the process and to level the playing field. It is not a procedural rule. That is how it is being characterized by the opponents of this bill. It is a fundamental right that you should have representation in such an important situation. I will turn it over to my colleague who will explain the nuts and bolts of the bill.

George T. Bochanis, representing Nevada Justice Association:

This bill is very important to individuals who are being subjected to these insurance company examinations. The reason we are before you today is because this bill protects substantive rights. This is not a procedural rule, which you would usually find within our NRCP. Our *Nevada Rules of Civil Procedure* involve things such as how many years someone has to file a lawsuit and how many days someone has to file a motion or an opposition to a motion. This bill does not involve those types of issues but, instead, involves a substantive right of a person during an examination by a doctor whom he did not choose, does not know, and has no relationship with whatsoever, a doctor who was chosen by an insurance defense attorney. This is a doctor who is going to handle this patient. It is not really a patient because there is no doctor-patient relationship. This examinee is going to be touched and handled by this doctor with whom he has zero relationship. It is being forced upon him as part of this examination. That is why this is a substantive right, and this is why we are before you here today.

What I would like to discuss with you are the two components of this bill. The first is that we are requesting that an observer be present during these types of insurance company evaluator examinations. That observer can be anyone; it can be a spouse, parent, friend, or it could be the person's attorney or a person from that attorney's staff. Really, when you look at the current rule, the attorney/observer portion of it is really the only difference between the

Exhibit G



Applied Neuropsychology: Adult



ISSN: 2327-9095 (Print) 2327-9109 (Online) Journal homepage: http://www.tandfonline.com/loi/hapn21

Policy Statement of the American Board of Professional Neuropsychology regarding Third Party Observation and the recording of psychological test administration in neuropsychological evaluations

Alan Lewandowski, W. John Baker, Brad Sewick, John Knippa, Bradley Axelrod & Robert J. McCaffrey

To cite this article: Alan Lewandowski, W. John Baker, Brad Sewick, John Knippa, Bradley Axelrod & Robert J. McCaffrey (2016) Policy Statement of the American Board of Professional Neuropsychology regarding Third Party Observation and the recording of psychological test administration in neuropsychological evaluations, Applied Neuropsychology: Adult, 23:6, 391-398, DOI: 10.1080/23279095.2016.1176366

To link to this article: http://dx.doi.org/10.1080/23279095.2016.1176366

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GUEST EDITORIAL

Policy Statement of the American Board of Professional Neuropsychology regarding Third Party Observation and the recording of psychological test administration in neuropsychological evaluations

Alan Lewandowski^a, W. John Baker^b, Brad Sewick^c, John Knippa^d, Bradley Axelrod^e, and Robert J. McCaffrey^f

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General

Neuropsychologists are frequently presented with requests from parents, attorneys, nurse case managers, insurance representatives, school personnel, allied health professionals, family members, or other interested parties who have some type of relationship with a patient or client examinee to directly observe or record the administration of psychological and neuropsychological tests. Consequently, a number of practice concerns have been raised that include, but are not limited to, the effects on the examinee's performance and the neuropsychologist administering the assessment, violations of testing guidelines, the impact on standardization procedures, the appropriateness of applying test findings to normative samples established under standardized circumstances, and test security. These requests can become even more problematic and complicated when the request occurs within the adversarial process associated with the legal system, such as competency hearings, custody evaluations, divorce proceedings, civil litigation, and criminal investigations (Bush, Pimental, Ruff, Iverson, Barth & Broshek, 2009; Duff & Fisher, 2005; Howe & McCaffrey, 2010; Lynch, 2005; McCaffrey, Fisher, Gold, & Lynch, 1996; McCaffrey, Lynch, & Yantz, 2005; McSweeny et al., 1998; Sweet, Grote, & Van Gorp, 2002).

Definition of Third Party Observation

Third Party Observation (TPO) is defined in this practice guideline as the direct or indirect presence of an individual other than the patient or client and the psychologist or their technician administering a published psychological test in order to obtain objective data under standardized conditions for clinical, counseling, or forensic purposes in order to render

clinical conclusions, opinions, interpretations, or recommendations based on the data collected. Direct presence means a person(s) physically present in the room other than the psychologist or his/her technician and the examinee. Indirect presence means viewing through a window, two-way mirror, use of any camera, or audio or video recording device, or any electronic or communication device. The act of recording includes the on-site transcription by a court recorder or reporter during an examination by either direct or indirect involvement (Barth, 2007; Constantinou, Ashendorf, & McCaffrey, 2002; Constantinou, Ashendorf, McCaffrey, 2005; Eastvold, Belanger, & Vanderploeg, 2012; McCaffrey, Fisher, Gold, & Lynch, 1996).

Ethical considerations

The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (hereafter called the Ethics Code) helps guide the thinking and behavior of psychologists, and provides direction with regard to clinical practice standards. Relevant to TPO and the Ethics Code are both the General Principles and a number of the Ethical Standards.

Within the Ethics Code a series of General Principles are outlined with the intent of guiding psychologists to practice at the highest professional level. Relevant to TPO are General Principle: A (Beneficence and Nonmaleficence), B: (Fidelity and Responsibility), C (Integrity), and D (Justice).

In contrast to the General Principles, the Ethics Code offers specific standards that represent obligations to which psychologists are bound, and consequently form the basis for ethical violations and consequently the basis for sanctions. Most relevant to TPO are Ethical Standards 2 (Competence) and 9 (Assessment). (American Psychological Association, 2010).



Principle A: Beneficence and nonmaleficence

Principle A is applicable and is described as follows:

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with (American whom they work Psychological Association, 2010, p. 3).

It is incumbent on neuropsychologists to be vigilant regarding the impact of their professional opinion on others, particularly with regard to diagnostic testing. Scientific and professional judgments and conclusions should be based on data from neuropsychological assessments gathered in a standardized manner and, therefore, without the influence of extraneous factors that might influence the collection of behavior samples. Neuropsychologists must always be mindful that their verbal and written opinions affect the medical, social, and legal lives of others and, therefore, must safeguard those with whom they interact professionally to do no harm.

Principle B: Fidelity and responsibility

Principle B is applicable and is described as follows.

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm.

Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage (American Psychological Association, 2010, p. 3).

It is the responsibility of all psychologists who elect to perform diagnostic testing, to do so within the established parameters of the instrument(s) they employ and therefore in a standardized manner. Whether or not a neuropsychologist is engaged in a patient-doctor relationship, acting as an independent clinician, a clinician for an institution, state or federal agency, or an independent examiner for an insurance carrier or legal counsel, a professional obligation exists to uphold standards for the delivery of scientific work commensurate with the responsibilities to the profession, community, and society in general.

Principle C: Integrity

Principle C is applicable and is described as follows.

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques (American Psychological Association, 2010, p. 3).

The practice and promotion of clinical assessment requires that neuropsychologists present themselves and their work to others in an accurate and honest manner and avoid any misrepresentation of their findings. A considerable body of research supports that TPO can affect the accuracy of test findings, and to purposefully disregard its potential impact can be construed as a misrepresentation of the data

Principle D: Justice

Principle D is applicable and is described as follows.

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices (American Psychological Association, 2010, p. 3-4).

In an attempt to provide fair and just treatment to all patients and clients, neuropsychologists do not modify assessment procedures or alter their work on the basis

of personal opinion or professional bias, nor do they neglect to maintain an awareness of their competency level and the limitations of their expertise. To this end, the American Psychological Association (APA), psychological state organizations, and neuropsychological specialty organizations, provide multiple continuing education opportunities for neuropsychologists to learn, maintain, and improve their professional expertise, and avoid practices that are irregular or not commensurate with accepted clinical practice. Given the body of literature that exists regarding observer effects, it is incumbent on neuropsychologists who provide evaluations to make clear to patients, clients, families, and other professionals that they do not endorse TPO and to try to avoid this type of intrusion in the assessment.

Ethical standard 2: Competence

Ethical Standard 2 is applicable to TPO and the recording of test administration. Section 2.04, Bases for Scientific and Professional Judgments states the following:

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (American Psychological Association, 2010, p. 5; see also Standards 2.01e, Boundaries of Competence).

Ethical standard 2.04

Ethical Standard 2.04 requires neuropsychologists to conduct their practice within the boundaries of scientific knowledge. Texts on psychological testing have long cited the need to conduct testing in a distractionfree environment (Anastasi & Urbina, 1997). For example, the Wechsler Adult Intelligence Scale-Third Revision (WAIS-III) requires that, "As a rule, no one other than you and the examinee should be in the room during the testing" (1997, p. 29). The manual further directs, "Attorneys who represent plaintiffs sometimes ask to observe, but typically withdraw this request when informed of the potential effect of the presence of a third person" (Wechsler, 1997, p. 29). The requirement to avoid interference from others is noted in the Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV), which advises that no one other than the examiner and the examinee should be in the room during test administration (Wechsler, 2003, p. 23).

The concept of being free from distractibility is also emphasized in the Wechsler Adult Intelligence Scale-Fourth Revision (WAIS-IV) that instructs the examiner to provide a physical environment "free from distractions and interruptions" and stresses that "External distractions must be minimized to focus the examinee's attention on the tasks presented and not on outside sounds or sights, physical discomfort, or testing materials not in use" (Wechsler, 2008, p. 24). This is also emphasized in the administration manual for the Rey Complex Figure Test (Meyers, 1995, p. 6). Similarly, the scoring manual for the California Verbal Learning Test-Second Edition (CVLT-II) instructs that only the examiner and examinee be present in the room during testing (Delis et al., 2000, p. 8). By eliminating the presence of third parties, the examiner eliminates potential interference and the possibility of their distracting from or influencing the testing process, hence variables that are inconsistent with test standardization.

Most test manuals specify that the examiner is responsible for ensuring that the testing environment is quiet and free from distractions (Meyers, 1995; Williams, 1991; Urbina, 2014) and are often very specific about the testing room being limited to "A table or desk and two chairs" (Meyers, 1995). Similarly, the manual for the California Verbal Learning Test- Second Edition (CVLT-II) states "as a rule, no one other than you and the examinee should be in the room during testing" (Delis, Dramer, Kaplan & Ober, 2000, p. 8). As described above, these instructions serve to emphasize the importance of controlling distraction as an important factor in assessment.

Ethical standard 9: Assessment

Ethical Standard 9 is applicable to TPO and recording. In Section 9.01, Bases for Assessments, the code notes "(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings" (American Psychological Association, 2010, p. 12; see also Standard 2.04, Bases for Scientific and Professional Judgments).

Test results generated by nonstandard methods that negatively impact the validity of the findings are insufficient. In forensic settings, neuropsychologists are often required to use their findings in comparison with other evaluations. The ability to compare separate data sets, when one evaluation was conducted following proper testing procedures and the other evaluation had inherent threats to validity such as a third party observer is dubious.

Under 9.01:

(a) the psychologist cannot provide opinions or evaluative statements because TPO presence yields the evaluation of questionable validity. (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to



support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (American Psychological Association, 2010, p. 12; see also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results). (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

Section 9.02: Use of assessments

Section 9.02 describes the following:

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques. (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation. (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues (American Psychological Association, 2010, p. 12).

Section 9.02 (a) suggests that tests administered by a neuropsychologist in a manner that is inconsistent with the standardization of the instrument and contrary to the test manual, may be in violation of this standard. When an exception exits, it is incumbent on the neuropsychologist to provide a rationale or need that supports altering standardization in the report. Otherwise, TPO is contrary to this standard.

Section 9.06: Interpreting assessment results

Section 9.06 describes the following:

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations (American Psychological Association, 2010, p. 13; see also Standards 2.01b and c, Boundaries of Competence).

Many authors and organizations (Anastasi & Urbina, 1997; National Academy of Neuropsychology, 2000a; Oregon Psychological Association, 2012; Michigan Psychological Association, 2014) emphasize that, during test development, procedures are standardized without the presence of an observer. Subsequently the data obtained outside of those parameters lacks corresponding assurance of validity and interpretive significance.

Section 9.11: Maintaining test security

Section 9.11 raises the importance of maintaining test security. "Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code" (American Psychological Association, 2010, p. 13). Test security is a critical issue, as it addresses the prevention of unnecessary exposure of psychometric materials that can result in diminishing a test's ability to accurately distinguish between normal and abnormal performance.

Several professional organizations have emphasized the importance of maintaining test security. The APA, the National Academy of Neuropsychology (NAN), and several state associations (among others) emphasize test security as essential to the practice of psychology, and that it is incumbent on neuropsychologists to protect the integrity of psychological test materials (American Psychological Association, 1999; National Academy of Neuropsychology, 2003; Michigan Psychological Association, 2014).

Other state and national psychological organizations as well as a number of authors have raised concerns about the potential for testing material to be used inappropriately by attorneys or become part of the public domain (American Academy of Clinical Neuropsychology, 2001; American Psychological Association, 1999; Bush et al., 2009; Canadian Psychological Association, 2009; Essig, Mittenberg, Petersen, Strauman, & Cooper, 2001; Kaufman, 2005, 2009; McCaffrey et al., 1996; Michigan Psychological Association, 2014; Morel, 2009; National Academy of Neuropsychology, 1999; Oregon Psychological Association, 2012; Victor & Abeles, 2004; Wetter & Corrigan, 1995). Public accessibility allows individuals involved in litigation to self-educate or be coached as to how to perform on certain measures or how to selectively pass or fail key components of the neuropsychological evaluation and thus invalidate the results of the assessment. As a result, several psychological organizations have taken a formal position against the presence of TPO during assessment.

The National Academy of Neuropsychology (Axelrod et al., 2000) advises that TPO is inconsistent with psychological guidelines and practices, as it threatens the validity, reliability, and interpretation of test scores. The position of the academy is that TPO should be avoided whenever possible outside of necessary situations involving a nonforensic setting where the observer is both neutral and noninvolved (e.g., student training or an interpreter). This view is also held by the Canadian Psychological Association (CPA) that advises "It is not permissible for involved third parties to be physically or electronically present during the course of neuropsychological or similar psychological evaluations of a patient or plaintiff" (CPA, 2009).

The American Academy of Clinical Neuropsychology (AACN; 2001) has taken the position that "it is not permissible for involved third parties to be physically or electronically present during the course of an evaluation assessment of a plaintiff patient with the exception of those situations specified below" (p. 434). Exceptions are described that include as an example, the assessment of young children who require the presence of a family member.

The executive committee of the Oregon Psychological Association (2012) adopted a clear and unequivocal policy that the observation by a third party compromises test validity and security and therefore advises against the presence of TPO during assessment. Similarly, the Michigan Psychological Association Ethics Committee has advised against TPO for the same reasons (Michigan Psychological Association, 2014).

Research evidence

In support of professional ethics, there is a significant body of research indicating that TPO cannot be assumed as inconsequential to test findings. A review of the pertinent literature overwhelmingly supports the negative consequences of either direct or indirect TPO or recording on the behavior of both the examiner and the examinee, and the validity of findings obtained in a neuropsychological assessment.

It is self-evident that neuropsychological evaluations be conducted in a standardized fashion consistent with the publisher's directives to ensure valid and reliable results. Consistent with other major neuropsychological organizations, it is the position of the American Board of Professional Neuropsychology that altering test procedures to accommodate observation or recording compromises test standardization and affects the subsequent data set obtained. As there is no basis for accepting as valid an assessment under nonstandard (observed or recorded) conditions, it is questionable if findings reflect a reasonable degree of certainty or fall within an accepted range of probability. Test results therefore lack the normal and accepted parameters of validity and, more importantly, do not reflect the expected standards of psychological care. Given current research it is not surprising that most publishers of psychological tests have cautioned against TPO in their instruction manuals and national organizations have advised against TPO (National Academy of Neuropsychology, 2000a; Committee on Psychological Tests and Assessment, 2007).

The issue of TPO has been investigated by numerous researchers, including an early case study by Binder and Johnson-Greene (1995). Multiple studies have established and replicated the dubious validity of data obtained during recorded or observed evaluations. A considerable amount of research now exists demonstrating the deleterious effect on data obtained during nonstandard evaluations involving executive functioning (Horowitz & McCaffrey, 2008), attention and processing speed (Binder & Johnson-Greene, 1995; Kehrer, Sanchez, Habif, Rosenbaum, & Townes, 2000), and memory/recall of information (Eastvold et al., 2012; Gavett, Lynch, & McCaffrey, 2005; Lynch, 2005; Yantz & McCaffrey, 2005). Eastvold et al. (2012) meta-analysis found negative effects on multiple cognitive measures and that attention, learning, and memory (delayed recall) were most adversely impacted by the presence of an observer.

Exceptions to TPO

Third party assistant (TPA)

In selected circumstances, the presence of an unbiased, impartial, and neutral third party observer may be necessary to proceed with or complete a neuropsychological assessment. In these cases, rather than an involved third party observing or monitoring the behavior of the test administrator or examinee, the third party holds a neutral position and acts in an indirect manner to assist or expedite the completion of the assessment. Given this significant difference of purpose, we suggest that the presence of an uninvolved and neutral observer during an evaluation is more accurately identified as a third party assistant (TPA).

A TPA may be deemed appropriate in clinical examinations in which the examiner is acting as a clinical treater with an established patient-doctor relationship, as opposed to an independent psychological examination for an insurance company or a forensic assessment in civil or criminal proceedings. A TPA may be appropriate in a testing situation in which the presence of a parent, family member, guardian, family friend, or interpreter is necessary, and without whose presence the examination could not proceed because of a mental disability or clinical limitation that requires an accommodation. Examples might include a child with suspected or diagnosed autism, developmental disorders affecting intelligence, confirmed brain injury that precludes independent living, children who are either too young or severely anxious that they cannot be left alone, elderly adults with compromised cognition who are unwilling to participate without the presence of a trusted family member or friend, or patients who have a thought disorder impacting reality testing, among others.

Alternatively, there are cases in which a language barrier precludes valid test administration. While the preference is for the examination to be conducted in the examinee's native language, in some these cases an interpreter may be necessary because a native speaking psychological examiner is not available or within a practical distance. In these situations, to avoid potential conflicts of interest, if it is at all possible the interpreter should have no relationship (i.e., such as family member, close friend or social affiliation) to the person being examined.

Similarly, if an examinee is deaf or hearing impaired, an individual versed in American Sign Language (ASL) or a member of the deaf community would be necessary to complete an examination. Absent a qualified examiner fluent in sign language, a certified specialist or ASL interpreter may be needed.

Training presents another situation in which a TPA is considered appropriate. Not unlike medical students, psychology students and technicians learning the administration of psychology test procedures require direct observation, practice, and supervision to ensure accuracy and competence.

In the aforementioned cases, the examiner is ethically required to document in the neuropsychological report the use of a TPA and any deviations of standardization or modifications in test administration. The limitations of normative data with subsequent impact on the generalization of findings should be clearly noted.

Forensic examinations, independent medical examinations, and acting as an expert witness

Neuropsychologists who choose to perform forensic assessments are ethically required to be aware of the specialty guidelines pertinent to this area of expertise. In order to avoid potential conflict, neuropsychologists who regularly provide forensic consultations should inform referral sources that if TPO or recording develops as an issue or is required by legal proceedings, they may elect to remove themselves from the assessment.

When retained as an expert witness in forensic situations, neuropsychologists should resist demands for TPO if requested by opposing counsel, retaining counsel, or the court. The neuropsychologist should educate the court or those involved as to the APA Ethics Code and the existing scientific research that supports the negative effects of this type of intrusion. However, it is recognized that often in forensic situations professional ethics and the adversarial nature of the legal system may not agree. If attempts to educate those involved fail and counsel insists, or the court directs to proceed with TPO, the neuropsychologist can consider removing himself/herself from the assessment.

In those exceptions in which a neuropsychologist is compelled by the court to evaluate with a TPO because of existing state statutes or if the neuropsychologist is placed in a situation whereby withdrawing will bring clear and substantial harm to the examinee, the manner in which test validity and clinical findings are affected and may be compromised should explicitly documented. The neuropsychologist should then follow existing recommendations and guidelines for protecting test security including requesting that test material and intellectual property be provided only to another licensed psychologist who would be bound by the same duty to protect.

If this is not possible, the neuropsychologist should request a protective order specifically prohibiting either party from copying test material or intellectual property, using them for any other purpose than the matter at hand, and directing that they be returned uncopied directly to the psychologist or destroyed in a manner verifiable by the psychologist.

Conclusion

Requests for TPO frequently create an ethical dilemma for neuropsychologists as any observation or recording of neuropsychological tests or their administration has the potential to influence and compromise the behavior of both the examinee and the administrator, threatens the validity of the data obtained under these conditions by, and consequently limits normative comparisons, clinical conclusions, opinions, interpretations, and recommendations. For these reasons, APA ethical standards support the position that TPO in neuropsychological testing should be avoided.

Ethical standards of practice compel neuropsychologists to avoid or resist requests for conducting assessments complicated by TPO, except for those situations



as described. Neuropsychologists should therefore not engage in, endorse, abet, or conduct assessments complicated by TPO or recording of any kind other than under the order of a court after all reasonable alternatives have been exhausted. It would be entirely appropriate for a neuropsychologist to decline to perform an examination under these conditions.

As an exception, TPA is acceptable under infrequent clinical circumstances that necessitate the involvement of an assistant or in a rare forensic case that might require a neutral or uninvolved party such as a language interpreter. A neuropsychologist is obligated to clarify in the report the rationale for the use of TPA, identify what procedures and standards have been modified, and how or to what degree the findings, results, and conclusions may be impacted. This should include limitations in the generalization of the diagnostic data and the impact on assessment's findings.

In summary, it is the position of the American Board of Professional Neuropsychology that it is incumbent on neuropsychologists to minimize variables that might influence or distort the accuracy and validity of neuropsychological assessment. Therefore, it is the recommendation of the American Board of Professional Neuropsychology that neuropsychologists should resist requests for TPO and educate the referral sources as to the ethical and clinical implications.

References

- American Academy of Clinical Neuropsychology. (2001). Policy statement on the presence of third party observers in neuropsychological assessments. The Clinical Neuropsychologist (Neuropsychology, Development and Cognition: Section D), 15, 433-439. doi:10.1076/clin.15.4.433.1888
- American Psychological Association. (1999). Test security: Protecting the integrity of tests. American Psychologist, 54, 1078. doi:10.1037/0003-066x.54.12.1078
- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct: 2002. American Psychologist, 2002, 16. doi:10.1037/e305322003-001. Retrieved from http://apa.org/ethics/code/index.aspx
- Anastasi, A., & Urbina, S. (1997). Psychological testing (7th ed.). Upper Saddle River, NJ: Prentice Hall.
- Axelrod, B., Barth, J., Faust, D., Fisher, J., Heilbronner, R., Larrabee, G., ... Silver, C. (2000). Presence of third party observers during neuropsychological testing: Official statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15, 379-380. doi:10.1016/s0887-6177(00)00053-6
- Barth, R. J. (2007). Observation compromises the credibility of an evaluation. The Guides Newsletter, (July/August) 1-9.
- Binder, L. M., & Johnson-Greene, D. (1995). Observer effects on neuropsychological performance: A case report. The Clinical Neuropsychologist, 9, 74-78. doi:10.1080/ 13854049508402061

- Bush, S., Pimental, P., Ruff, R., Iverson, G., Barth, J., & Broshek, D. (2009). Secretive recording of neuropsychological testing and interviewing: Official position of the National Academy of Neuropsychology. Archives of Clinical *Neuropsychology*, 24, 1–2.
- Canadian Psychological Association. (2009). The presence of involved third party observer in neuropsychological assessments. Retrieved from http://www/cpa.ca/aboutcpa/ policystatements/#Thirdparty
- Committee on Psychological Tests, & Assessment. (2007). Statement on third party observers in psychological testing and assessment: A framework for decision-making. American Psychological Association. Retrieved from http://www.apa. org/science/programs/testing/third-party-observers.pdf
- Constantinou, M., Ashendorf, L., & McCaffrey, R. J. (2002). When the third party observer of a neuropsychological evaluation is an audio-recorder. The Clinical Neuropsychologist (Neuropsychology, Development and Cognition: Section D), 16, 407-412. doi:10.1076/clin.16. 3.407.13853
- Constantinou, M., Ashendorf, L., & McCaffrey, R. J. (2005). Effects of a third party observer during neuropsychological assessment: When the observer is a video camera. Journal of Forensic Neuropsychology, 4, 39-48. doi:10.1300/ j151v04n02_04
- Delis, D., Kramer, J., Kaplan, E., & Ober, B. (2000). California Verbal Learning Test-Second Edition: Adult version. San Antonio, TX: The Psychological Corporation.
- Duff, K., & Fisher, J. M. (2005). Ethical dilemmas with third party observers. Journal of Forensic Neuropsychology, 4, 65-82. doi:10.1300/j151v04n02_06
- Eastvold, A. D., Belanger, H. G., & Vanderploeg, R. D. (2012). Does a third party observer affect neuropsychological test performance? It depends. The Clinical Neuropsychologist, 26, 520–541. doi:10.1080/13854046.2012.663000
- Essig, S., Mittenberg, W., Petersen, R., Strauman, S., & Cooper, J. (2001). Practices in forensic neuropsychology: Perspectives of neuropsychologists and trial attorneys. Archives of Clinical Neuropsychology, 16, 271-291. doi:10.1016/s0887-6177(99)00065-7
- Gavett, B. E., Lynch, J. K., & McCaffrey, R. J. (2005). Third party observers: The effect size is greater than you might think. Journal of Forensic Neuropsychology, 4, 49-64. doi:10.1300/j151v04n02_05
- Horowitz, J., & McCaffrey, R. J. (2008). Effects of a third party observer and anxiety on tests of executive function. Archives of Clinical Neuropsychology, 23, 409-417. doi:10.1016/j.acn.2008.02.002
- Howe, L. L. S., & McCaffrey, R. J. (2010). Third party observation during neuropsychological evaluation: An update on the literature, practical advice for practitioners, and future directions. The Clinical Neuropsychologist, 24, 518-537. doi:10.1080/13854041003775347
- Kaufman, P. M. (2005). Protecting the objectivity, fairness, and integrity of neuropsychological evaluations in litigation: A privilege second to none? Journal of Legal Medicine, 26, 95-131. doi:10.1080/01947640590918007
- Kaufman, P. M. (2009). Protecting raw data and psychological tests from wrongful disclosure: A primer on the law and other persuasive strategies. The Clinical Neuropsychologist, 23, 1130-1159. doi:10.1080/13854040903107809

- Kehrer, C. A., Sanchez, P. N., Habif, U., Rosenbaum, G. J., & Townes, B. (2000). Effects of a significant-other observer on neuropsychological test performance. The Clinical Neuropsychologist (Neuropsychology, Development and Cognition: Section D), 14, 67-71. doi:10.1076/1385-4046 (200002)14:1;1-8;ft067
- Lynch, J. K. (2005). Effects of a third party observer on neuropsychological test performance following closed head injury. Journal of Forensic Neuropsychology, 4, 17-25. doi:10.1300/j151v04n02 02
- McCaffrey, R. J., Fisher, J. M., Gold, B. A., & Lynch, J. K. (1996). Presence of third parties during neuropsychological evaluations: Who is evaluating whom? The Clinical Neuropsychologist, 10, 435-449. doi:10.1080/13854049608406704
- McCaffrey, R. J., Lynch, J. K., & Yantz, C. L. (2005) Third party observers: Why all the fuss? Journal of Forensic Neuropsychology, 4, 1-15. doi:10.1300/j151v04n02_01
- McSweeny, A. J., Becker, B. C., Naugle, R. I., Snow, W. G., Binder, L. M., & Thompson, L. L. (1998). Ethical issues related to the presence of third party observers in clinical neuropsychological evaluations. The Clinical Psychologist, 12, 552-559. doi:10.1076/clin.12.4.552.7245
- Meyers, J., & Meyers, K. (1995). Rey Complex Figure Test and Recognition Trial, Lutz, FL: Psychological Assessment Resources.
- Michigan Psychological Association. (2014). Ethical considerations regarding third party observation (TPO) and recording of psychological test administration for licensed psychologists practicing in the State of Michigan. Retrieved from http://www.michiganpsychologicalassociation.org/
- Morel, K. R. (2009). Test security in medicolegal cases: Proposed guidelines for attorneys utilizing neuropsychology practice. Archives of Clinical Neuropsychology, 24, 635-646. doi:10.1093/arclin/acp062
- National Academy of Neuropsychology. (1999). Test security. Official position statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15, 383-386. Retrieved from http://nanonline.org/paio/ security.shtm
- National Academy of Neuropsychology. (2000a). Presence of third party observers during neuropsychological testing: Official statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15, 379-380. doi:10.1016/s0887-6177(00)00053-6. Retrieved from http://nanonline.org/paio/thirdparty.shtm

- National Academy of Neuropsychology. (2000b). Test security. Official position statement of the National Academy of Neuropsychology, Archives of Clinical Neuropsychology, 15, 383-386. doi:10.1016/s0887-6177(00)00055-x
- National Academy of Neuropsychology. (2003). Test security: An update. Retrieved from http://nanonline.org/docs/ PAIC/PDFs/NANTestSecurityUpdate.pdf
- Oregon Psychological Association. (2012). Statement opposing the presence of third party observers and recording neuropsychological and psychological assessments performed in the state of Oregon. Retrieved from http://www.opa.org/associations/ 2508/files/Statement%20Opposing%20the%20Presence% 20of%20Third%20Party%20Observers%202-12.pdf
- Sweet, J. J., Grote, C., & Van Gorp, W. (2002). Ethical issues in forensic neuropsychology. In S. S. Bush & M. L. Drexler (Eds.), Ethical issues in clinical neuropsychology (pp. 103-133). Lisse, The Netherlands: Swets & Zeitlinger.
- Urbina, S. (2014). Essentials of ethical test use. Psychological Testing-Second Edition (pp. 298–299). Hoboken, NJ: Wiley.
- Victor, T. L., & Abeles, N. (2004). Coaching clients to take psychological and neuropsychological tests: A clash of ethical obligations. Professional Psychology: Research and Practice, 35, 373-379. doi:10.1037/0735-7028.35.4.373
- Wechsler, D. (1997). Wechsler Adult Intelligence Scale-Third Edition: Administration and Scoring Manual. San Antonio, TX: The Psychological Corporation.
- Wechsler, D. (2003). Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV): Administration and Scoring Manual. San Antonio, TX: The Psychological Corporation.
- Wechsler, D. (2008). Wechsler Adult Intelligence Scale-Fourth Edition: Administration and Scoring Manual. San Antonio, TX: The Psychological Corporation.
- Wetter, M. W., & Corrigan, S. K. (1995). Providing information to clients about psychological tests: A survey of attorneys' and law students' attitudes. Professional Psychology: Research and Practice, 26, 474-477. doi:10.1037/ 0735-7028.26.5.474
- Williams, J. (1991). Memory Assessment Scale. Odessa, FL: Psychological Assessment Resources.
- Yantz, C. L., & McCaffrey, R. J. (2005). Effects of a supervisor's observation on a memory test performance of the examinee: Third party observer effect confirmed. Journal of Forensic Neuropsychology, 4, 27-38. doi:10.1300/ j151v04n02_03

Exhibit H



Ethics Committee

The Michigan Psychological Association membership represents the interests of psychologists and the mental health needs of the public by maintaining the highest standards of psychology through the promotion of professional excellence, leadership, scholarship, advocacy and training.

Michigan Psychological Association Recommendations for Ethical Standards of Practice

Ethical Standard of Practice 5

Title: Ethical Considerations Regarding Third Party Observation (TPO) And Recording Of Psychological Test Administration For Licensed Psychologists Practicing On The State of Michigan

Date: Adopted by the Ethics Committee at the February 2014 meeting, Alan Lewandowski, Ph. D., Chair

1. General

- 1.1. Licensed psychologists practicing in the State of Michigan are frequently presented with requests from parents, attorneys, nurse case managers. insurance representatives, school personnel, allied health professionals, family members or other interested parties who have some type of relationship with a patient or client examinee to directly observe or record the administration of psychological tests. Consequently, this has raised a number of legitimate ethical concerns for psychologists that include, but are not limited to, the effects on the examinee's performance and the psychologist administering the test, violations of testing guidelines, the impact on standardization procedures, the appropriateness of applying test findings to normative samples established under standardized circumstances, and test security. These requests can become even more problematic and complicated when the request occurs within the adversarial process associated with the legal system, such as competency hearings, custody evaluations, divorce proceedings, civil litigation, and criminal investigations (McSweeny et al., 1998; Sweet, Grote, & Van Gorp, 2002; Duff & Fisher, 2005; McCaffrey, Fisher, Gold, & Lynch, 2005; Howe & McCaffrey, 2010).
- 1.2. The purpose of this document is to clarify the ethical issues involving the observation of psychological testing by third parties. The position adopted by the Michigan Psychological Association Ethics Committee regarding this topic is based on a consensus of the existing literature and provides guidance for all psychologists licensed in Michigan from an ethical perspective.

2. Definition Of Third Party Observation

- 2.1. Third Party Observation (TPO) is defined in this practice guideline as the direct or indirect presence of an individual other than the patient or client and the psychologist or their technician administering a published psychological test in order to obtain objective data under standardized conditions for clinical, counseling, or forensic purposes in order to render clinical conclusions, opinions, interpretations, or recommendations based on the data collected.
- 2.2. Direct presence means a person(s) physically present in the room other than the psychologist or his/her technician and the examinee.
- 2.3. Indirect presence means viewing through a window, two-way mirror, use of any camera, or audio or video recording device, or any electronic or communication device. The act of recording includes the on-site transcription by a court recorder during an examination by either direct or indirect involvement (McCaffrey, Fisher, Gold, & Lynch, 1996; Constantinou, Ashendorf, & McCaffrey, 2002; Constantinou, Ashendorf, & McCaffrey, 2005; Barth, 2007; Eastvold, Belanger, & Vanderploeg, 2012).

3. Ethical Considerations

- 3.1. The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (hereafter called the Ethics Code) helps guide the thinking and behavior of psychologists, and provides direction with regard to clinical practice standards. Relevant to TPO in the Ethics Code are both the General Principles and a number of the Ethical Standards.
- 3.2. Within the Ethics Code a series of General Principles are outlined with the intent of guiding psychologists to practice at the highest professional level. Relevant to TPO are General Principle: A (Beneficence and Nonmaleficence), B: Fidelity and Responsibility), C (Integrity), and D (Justice).
- 3.3. In contrast to the General Principles, the Ethics Code offers specific standards that represent obligations to which psychologists are bound, and consequently form the basis for ethical violations and consequently the basis for sanctions. Most relevant to TPO are Ethical Standards 2 (Competence) and 9 (Assessment). (American Psychological Association, 2010).

4. Principle A: Beneficence and Nonmaleficence

4.1. Principle A is applicable and is described as follows: "Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work."

4.2. It is incumbent on psychologists to be vigilant about the impact of their professional opinion on others, particularly with regard to diagnostic testing. Psychologists' scientific and professional judgments and conclusions should be based on data from psychological assessments gathered in a standardized manner, and therefore without the influence of extraneous factors that might influence the collection of behavior samples. Psychologists must always be mindful that their verbal and written opinions affect the medical, social, and legal lives of others, and therefore must safeguard those with whom they interact professionally to do no harm.

5. Principle B: Fidelity and Responsibility

- 5.1. Principle B is applicable and is described as follows. "Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage."
- 5.2. It is the responsibility of all psychologists who elect to perform diagnostic testing, to do so within the established parameters of the instrument(s) they employ and therefore in a standardized manner. Whether or not a psychologist is engaged in a patient-doctor relationship, acting as an independent clinician, a clinician for an institution, state or federal agency, or an independent examiner for an insurance carrier or legal counsel, a professional obligation exists to uphold standards for the delivery of scientific work commensurate with the responsibilities to the profession, community and society in general.

6. Principle C: Integrity

- 6.1. Principle C is applicable and is described as follows. "Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques."
- 6.2. The practice and promotion of clinical assessment requires that psychologist present themselves and their work to others in an accurate and honest manner, and to avoid any misrepresentation of their findings. TPO alters the accuracy of test findings, and to ignore the considerable body of evidence supporting this fact, results in conscious misrepresentation.

7. Principle D: Justice

- 7.1. Principle D is applicable and is described as follows. "Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices."
- 7.2. In an attempt to provide fair and just treatment to all patients and clients, psychologists do not modify assessment procedures or alter their work on the basis of personal opinion or professional bias, nor do they neglect to maintain an awareness of their competency level and the limitations of their expertise. To this end both APA and MPA provide multiple continuing education opportunities for psychologists to learn, maintain, and improve their professional expertise, and avoid practices that are irregular or not commensurate with accepted clinical practice. Given the body of literature that exists regarding the negative effects of TPO, it is incumbent on psychologists who provide assessment services to not avoid this practice, but make clear to patients, families, and co-professionals that they do not condone the use of TPO.

8. Ethical Standard 2: Competence

8.1. Ethical Standard 2 is applicable to TPO and the recording of test administration. Section 2.04, Bases for scientific and Professional Judgments describes the following: Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries

of Competence)."

8.2. Ethical Standard 2.04. Ethical Standard 2.04 requires psychologists to conduct their practice within the boundaries of scientific knowledge. Texts on psychological testing have long cited the need to conduct testing in a distraction-free environment (Anastasia and Urbina, 1997). With the publication of the Wechsler Adult Intelligence Scale-Third Revision (WAIS-III) the Wechsler manuals have since stipulated "no one other than you and the examinee should be in the room during the testing session." Administration further states, "Attorneys who represent plaintiffs sometimes ask to observe but typically withdraw this request when informed of the potential effect of the presence of a third person." (WASI, WASI-II, WAIS-III, WISC-III, WMS-III, WAIS-IV, WMS-IV). Some test manuals indicate that the testing room should be quiet and distraction free limited to "A table or desk and two chairs, one for the examiner and one for the subject." (WCST) Similarly, the manual for the California Verbal Learning Test- Second Edition (CVLT-II) states "as a rule, no one other than you and the examinee should be in the room during testing."

9. Ethical Standard 9: Assessment

- 9.1. Ethical Standard 9 is applicable to TPO and recording. In Section 9.01, Bases for Assessments, the code notes "(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)"
- 9.2. Test results generated in nonstandard methods that negatively impact the validity of the findings are insufficient. In forensic settings, psychologists are often required to use their findings in comparison with other evaluations. The ability to compare separate data sets, when one evaluation was conducted following proper testing procedures and the other evaluation had inherent threats to validity such as a third party observer is dubious. Under 9.01 (a) the psychologist cannot provide opinions or evaluative statements because TPO presence yields the evaluation of questionable validity.
- 9.3. (b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

- 9.4. (c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations."
- 9.5. Section 9.02: Use of Assessments. Section 9.02 describes the following: "(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques. (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation. (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues."
- 9.6. Section 9.02 (a) indicates that test or instruments used in a manner inconsistent with the standardization of the measure and contrary to the test manual violate this standard. As such, TPO is contrary to this standard.
- 9.7. Section 9.06: Interpreting Assessment Results. Section 9.06 describes the following: "When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence)."
- 9.8. Many authors and organizations (Anastasi and Urbina, 1997; National Academy of Neuropsychology, 2000; Oregon Psychological Association, 2012) emphasize that during test development procedures are standardized without the presence of an observer and subsequently that data obtained outside the parameters of those procedures lack validity and affect interpretation.
- 9.9. <u>Section 9.11: Maintaining Test Security</u>. Section 9.11 raises the importance of maintaining test security. "Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code."
 - 9.9.1. Test security is a critical issue, as it addresses the prevention of unnecessary exposure of psychometric materials that would result in diminishing a test to accurately distinguish between normal and abnormal performance.

- 9.9.2. Several professional organizations have offered an opinion with regard to maintaining test security to include the APA. The APA describes test security as an important issue in the practice of psychology and states that it incumbent on psychologists to protect the integrity of psychological test materials (APA, 1999).
- 9.9.3. Other state and national psychological organizations as well as a number of authors have raised concerns about the potential for testing material to be used inappropriately by attorneys or become part of public domain where anyone could access this information (Wetter & Corrigan, 1995; McCaffrey et al., 1996; National Academy of Neuropsychology, 1999; American Psychological Association, 1999; American Academy of Clinical Neuropsychology, 2001; Essig, Mittenberg, Petersen, Strauman, & Cooper, 2001; Victor & Abeles, 2004; Kaufman, 2005; Kaufman, 2009; Morel, 2009; Oregon Psychological Association, 2012). Public accessibility would allow clients involved in litigation to be coached on how to perform on certain measures or give patients the opportunity to learn test material prior to an assessment, both of which would invalidate the results of a psychological assessment. As a result, several psychological organizations have taken a formal position against the presence of TPO during assessment.
- 9.9.4. The National Academy of Neuropsychology (Axelrod et al., 2000) advises that TPO is inconsistent with psychological guidelines and practices and as a result threatens the validity, reliability, and interpretation of test scores. The position of the National Academy of Neuropsychology is that TPO should be avoided whenever possible outside of necessary situations involving a non-forensic setting where the observer is both neutral and non-involved.
- 9.9.5. The American Academy of Clinical Neuropsychology (AACN) has taken the position that "it is not permissible for involved third parties to be physically or electronically present during the course of an evaluation assessment of a plaintiff patient with the exception of those situations specified below" (page 434). Exceptions are described as including young children who require the presence of a family member, etc.
- 9.9.6. The executive committee of the Oregon Psychological Association (2012) adopted a clear and unequivocal policy that the observation of a third party compromises test validity and security and therefore advises against the presence of TPO during assessment. Similarly, the Michigan Psychological Association Ethics Committee has advised against TPO for the same reasons.

10. Research Evidence

- 10.1. In addition to national, local and professional standards of ethical practice, a significant body of research evidence supports the negative impact of TPO. A review of the pertinent literature overwhelmingly supports that both direct and indirect TPO and recording affect the behavior of both the examiner and the examinee, and subsequently the validity of findings obtained in a psychological assessment with by limiting data interpretation and conclusions.
- 10.2. It is self evident that psychological evaluations must be conducted in a standardized fashion consistent with the publisher's directives to ensure valid and reliable results. The consensus among reasonable psychologists is that any attempt by an examiner to modify test procedures or alter administration to accommodate observation or recording compromises test standardization. As a result, findings are likely to be invalid and cannot be determined to reflect a reasonable degree of certainty or fall within an accepted range of probability, as there is no basis for validating an assessment under these (observed or recorded) conditions. Test results therefore lack the normal and accepted parameters of validity and more importantly, do not reflect normal standards of psychological care. Not surprisingly, most publishers of psychological tests have cautioned against TPO in their instruction manuals and national organizations have advised against TPO (National Academy of Neuropsychology, 2000; Committee on Psychological Tests and Assessment. 2007).
- 10.3. The issue of TPO has been investigated by numerous researchers beginning with a case study by Binder and Johnson-Greene (1995).
 - 10.3.1. A substantial amount of research supports that the presence of an observer negatively affects the data obtained during an assessment, and these significant negative effects on test results have been consistently reproduced in all studies.
 - 10.3.2. More specifically, research has shown a significant impact on test performance on measures involving areas of executive functioning (Horowitz & McCaffrey, 2008), attention and processing speed (Binder & Johnson-Greene 1995; Kerher, Sanchez, Habif, Rosenbaum, & Townes, 2000), and memory/recall of information (Gavett, Lynch, & McCaffrey 2005; Lynch, 2005; Yantz & McCaffrey, 2005; Eastvold et al., 2012). Eastvold, Belanger and Vanderploeg's (2012) meta analysis found negative effects on multiple cognitive measures and that attention, learning and memory (delayed recall) were most adversely impacted by the presence of an observer.

11. Exceptions To TPO

- 11.1. Third Party Assistant (TPA). In selected circumstances, the presence of a third party may be necessary to proceed with or complete a psychological assessment. In these cases rather than an involved third party observing or monitoring the behavior of the test administrator or examinee, the third party holds a neutral position and acts in an indirect manner to assist or expedite the completion of the assessment. Given this significant difference of purpose, we suggest that the presence of an additional party during an evaluation in these circumstances is more accurately identified as a third party assistant (TPA).
- 11.2. A TPA may be deemed appropriate in clinical examinations in which the examiner is acting as a clinical treater with an established patient-doctor relationship, as opposed to an independent psychological examination for an insurance companies or a forensic assessment in civil or criminal proceedings. A TPA may be appropriate in a testing situation in which the presence of a parent, family member or family friend is necessary, and without whose presence the examination could not proceed because of a variety of mental disabilities that require accommodations. Examples include patients diagnosed with autism or developmental disorders affecting intelligence, confirmed brain injury that precludes independent living, children who are either too young or too anxious to be left alone, elderly adults with compromised cognition who are unwilling to participate without the presence of a trusted family member or friend, patient's who have a thought disorder impacting reality testing, etc.
- 11.3. Alternatively, there are cases in which a language barrier precludes valid test administration. While the preference is for the examination to be conducted in the examinee's native language, in some these cases an interpreter may necessary because a native speaking psychological examiner is not available or within a practical distance. To avoid conflicts, the interpreter should have no relationship (such as family member) to the person being examined.
- 11.4. Similarly, if an examinee is deaf or hearing impaired an individual versed in American Sign Language (ASL) or a member of the deaf community would be necessary to complete an examination. Absent a qualified examiner fluent in sign language, a certified specialist may be necessary.
- 11.5. Student training presents another situation in which a TPA is considered appropriate. Not unlike the training of medical students in procedures, psychology students require direct observation and practice in the administration of psychological test procedures.
- 11.6. In the above cases, the examiner is ethically required to document in the procedures section of the psychological report of any deviations of standardization or modifications in test administration. Clear note must be made of the limitations of normative data with subsequent impact on the generalization of findings.

12. Forensic Examinations, Independent Medical Examinations, and Acting as an Expert Witness

- 12.1. Psychologists who chose to perform forensic assessments are ethically required to act in a proactive manner and be aware of the pertinent specialty guidelines pertinent to this area of expertise. In forensic situations when retained as an expert witness and in which TPO is requested by opposing counsel or directed by the court, the psychologist should educate the court as to the Ethical Principles of Psychologists and Code of Conduct of the APA, the Michigan Psychological Association Standards of Ethical Practice, and the scientific basis for the negative effects (invalid data) of these intrusions. If counsel or the court insists the psychologists should terminate test administration, and if necessary, seek legal counsel from their own personal attorney.
- 12.2. It is recognized that often in forensic situations psychological ethics and the adversarial nature of the legal system may not coincide. If directed by the court to proceed with TPO, the psychologist should remove himself/herself form the assessment. Psychologists who regularly provide forensic consultations are expected to inform referral sources ahead of time that if TPO or recording develops as an issue during legal proceedings, they are ethically required to remove themselves from the assessment and assisting as an expert witness.
- 12.3. In the very rare exception that the psychologist is *compelled* by the Court to evaluate with a TPO, or if the psychologist is in a situation wherein withdrawing will bring clear and substantial harm to the examinee, the psychologist should explicitly document the manner in which the validity of results may be compromised and following existing recommended guidelines for protecting test security including requesting that the test material and intellectual property be provided only to another licensed psychologist who would be bound by the same duty to protect. Alternatively, with a protective order the psychologist should secure an agreement specifically prohibiting either party from copying test material or intellectual property, using them for any other purpose than the matter at hand, and requiring that they be destroyed at the close of the matter.

13. Conclusion

13.1. TPO and/or any recording of psychological tests or their administration has the potential to influence or compromise the behavior of the examinee and the administrator, the validity of the data obtained under these conditions, and consequently any and all subsequent clinical conclusions, opinions, interpretations, or recommendations. Ethical standards of practice require that psychologists do not engage in or conduct assessments complicated by TPO or recording unless justified by the exceptions described above.

- 13.2. Psychological testing involving TPO should always be avoided. A psychologist who allows TPO and/or any recording of the administration of psychological tests compromises the behavior of the examinee and the administrator, the validity of the data obtained under these conditions and consequently, any and all subsequent clinical conclusions, opinions, interpretations, or recommendations. Ethical standards of practice require that psychologists do not engage in, endorse, or conduct assessments complicated by TPO or recording of any kind. In contrast, TPA is acceptable but only under exceptions involving the most extreme or rare circumstances that require, and is justified only by clinical (not forensic) exception.
- 13.3. It is the recommendation of the Ethics Committee of the Michigan Psychological Association that psychologists who find themselves in a position in which TPO is requested or advocated, should decline the request and educate the referral source as to the ethical and validity implications. If a referral source or interested party insists on TPO or recording, such as in legal matters, psychologists should extricate themselves from the situation and document the reason for termination.
- 13.4. In the case of TPA, the psychologist must clarify in the report the rationale for use of TPA, what procedures and standards have been modified, how, and to what degree, and the impact of the findings, results, and conclusions. This should include limitations in the generalization of the diagnostic data and the impact on assessment's findings.

14. References

- 14.1. American Psychological Association. (1999). Test Security: Protecting the integrity of tests. *The American Psychologist*, 54, 1078.
- 14.2. American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Retrieved from http://apa.org/ethics/code/index.aspx
- 14.3. Anastasi, A. & Urbina, S. (1997). *Psychological Testing (7th edition).* Upper Saddle River (NJ): Prentice Hall
- 14.4. American Academy of Clinical Neuropsychology (2001). Policy statement on the presence of third party observers in neuropsychological assessments. *The Clinical Neuropsychologist*, 15, 433-439.
- 14.5. Axelrod, B., Barth, J., Faust, D., Fisher, J., Heilbronner, R., Larrabee, G., Pilskin, N., Silver, C.; Policy and Planning Committee, National Academy of Neuropsychology (2000). Presence of third party observers during neuropsychological testing: Official statement of the National Academy of Neuropsychology. *Archives of Clinical Neuropsychology*, 15, 379-380.
- 14.6. Barth, R.J. (2007). Observation compromises the credibility of an evaluation. *The Guides Newsletter*, July/August, 1-9.

- 14.7. Binder, L.M., & Johnson-Greene, D. (1995). Observer effects on neuropsychological performance: A case report. *The Clinical Neuropsychologist*, 9, 74-78.
- 14.8. Committee on Psychological Tests and Assessment, American Psychological Association. (2007). Statement on third party observers in psychological testing and assessment: A framework for decision-making. Retrieved from http://www.apa.org/science/programs/testing/third-partyobservers.pdf.
- 14.9. Constantinou, M., Ashendorf, L., & McCaffrey, R. (2002). When the third party observer of a neuropsychological evaluation is an audio-recorder. *The Clinical Neuropsychologist.* 16, 407-412.
- 14.10. Constantinou, M., Ashendorf, L., & McCaffrey, R. (2005). Effects of a third party observer during neuropsychological assessment: When the observer is a video camera. In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology*, 4, 39-48.
- 14.11. Duff, K., & Fisher, J. (2005). Ethical dilemmas with third party observers. In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology*, 4, 65-82.
- 14.12. Eastvold, A.D., Belanger, H.G., Vanderploeg, R.D. (2012). Does a third party observer affect neuropsychological test performance? It depends. *The Clinical Neuropsychologist*, 26, 520-541.
- 14.13. Essig, S., Mittenberg, W., Petersen, R., Strauman, S., & Cooper, J. (2001). Practices in forensic neuropsychology: Perspectives of neuropsychologists and trial attorneys. *Archives of Clinical Neuropsychology*, 16, 271-291.
- 14.14. Gavett, B., Lynch, J., & McCaffrey, R. (2005). Third party observers: The effect size is greater than you might think. In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology,* 4, 49-64.
- 14.15. Horowitz, J.E., & McCaffrey, R.J. (2008). Effects of a third party observer and anxiety on tests of executive function. *Archives of Clinical Neuropsychology*, 23, 409-417.
- 14.16. Howe, L.L.S., & McCaffrey, R.J. (2010). Third party observation during neuropsychological evaluation: An update on the literature, practical advice for practitioners, and future directions. *The Clinical Neuropsychologist*, 24, 518-537.
- 14.17. Kaufman, P. (2005). Protecting the objectivity, fairness, and integrity of neuropsychological evaluations in litigation: A privilege second to none? *Journal of Legal Medicine*, 26, 95-131.
- 14.18. Kaufman, P. (2009). Protecting raw data and psychological tests from wrongful disclosure: A primer on the law and other persuasive strategies. *The Clinical Neuropsychologist*, 23, 1130-1159.
- 14.19. Kehrer, C., Sanchez, P., Habif, U., Rosenbaum, J.G., & Townes, B. (2000). Effects of a significant-other observer on neuropsychological test performance. *The Clinical Neuropsychologist*, 14, 67-71.

- 14.20. Lynch, J. (2005). Effects of a third party observer on neuropsychological test performance following closed head injury. In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology*, 4, 17-26.
- 14.21. McCaffrey, R.J., Fisher, J.M., Gold, B.A., & Lynch, J.K. (2005) Third party observers: Why all the fuss? In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology*, 4, 1-16.
- 14.22. McCaffrey, R.J., Fisher, J.M., Gold, B.A., & Lynch, J.K. (1996). Presence of third parties during neuropsychological evaluations: Who is evaluating whom? *The Clinical Neuropsychologist*, 10, 435-449.
- 14.23. McSweeny, A.J., Becker, B.C., Naugle, R.I., Snow, W.G., Binder. L.M., & Thompson, L.L. (1998). Ethical issues related to the presence of third party observers in clinical neuropsychological evaluations. *The Clinical Psychologist*, 12, 552-559.
- 14.24. Morel, K. M. (2009). Test security in medicolegal cases: Proposed guidelines for attorneys utilizing neuropsychology practice. *Archives of Clinical Neuropsychology*, 24, 635-646.
- 14.25. National Academy of Neuropsychology. (1999). Test Security. Official position statement of the National Academy of Neuropsychology. Retrieved from http://nanonline.org/paio/security.shtm
- 14.26. National Academy of Neuropsychology. (2000). Test Security. Official position statement of the National Academy of Neuropsychology. *Archives of Clinical Neuropsychology*, *15*, 383-386.
- 14.27. National Academy of Neuropsychology. (2003). Test Security: An update. Retrieved from http://nanonline.org/docs/PAIC/PDFs/NANTestSecurityUpdate.pdf
- 14.28. National Academy of Neuropsychology. (2000). Presence of third party observers during neuropsychological testing: Official statement of the National Academy of Neuropsychology. Retrieved from http://nanonline.org/paio/thirdparty.shtm
- 14.29. Oregon Psychological Association. (2012). Statement opposing the presence of third party observers and recording neuropsychological and psychological assessments performed in the State of Oregon. Retrieved from http://www.opa.org/associations/2508/files/Statement%20Opposing%20the%20 Presence%20of%20Third%20Party%20Observers%202-12.pdf
- 14.30. Sweet, J.J., Grote, C., & Van Gorp, W. (2002). Ethical issues in forensic neuropsychology. In S.S. Bush & M.L. Drexler (Eds.). *Ethical Issues in Clinical Neuropsychology* (pp. 103-133). Lisse, Netherlands: Swets & Zeitlinger.
- 14.31. Victor, T. & Abeles, N. (2004). Coaching clients to take psychological and neuropsychological tests: A clash of ethical obligations. *Professional Psychology: Research and Practice*, 35, 373-379.
- 14.32. Wetter, M., & Corrigan, S. (1995). Providing information to clients about psychological tests: A survey of attorneys' and law students' attitudes. *Professional Psychology: Research and Practice*, 26, 474-477.

Ethical Standard of Practice 5
Ethical Considerations Regarding Third Party Observations (TPO)

14.33. Yantz, C., & McCaffrey (2005). Effects of a supervisor's observation on a memory test performance of the examinee: Third party observer effect confirmed. In R. McCaffrey (Guest Ed.) Special Issue: Third party observers. *Journal of Forensic Neuropsychology*, 4, 27-38.

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TRAN 1 2 **EIGHTH JUDICIAL DISTRICT COURT** 3 CIVIL/CRIMINAL DIVISION 4 **CLARK COUNTY, NEVADA** 5 6 HEATHER FELSNER, CASE NO. A-18-781000 ROGER FELSNER, DEPT. NO. XXVII 7 Plaintiffs, 8 VS. 9 KEOLIS TRANSIT SERVICES, LLC, et al, 10 Defendants. 11 BEFORE THE HONORABLE ERIN TRUMAN, DISCOVERY COMMISSIONER 12 THURSDAY, NOVEMBER 19, 2020 13 TRANSCRIPT RE: 14 EDGARDO YUSI & KEOLIS TRANSIT SERVICES, LLC'S MOTION FOR RULE 35 EXAMINATION 15 16 APPEARANCES: (Via BlueJeans Videoconference) 17 For the Plaintiffs: JOHN B. SHOOK, ESQ. 18 19 For Defendants Edgardo Yusi and Keolis Transit Services, LLC: MICHAEL P. LOWRY, ESQ. 20 For Defendant Alexander Dennis, Inc.: DAVID S. SCHOPICK, ESQ. 21 22 23 24 RECORDED BY: Francesca Haak, Court Recorder

App0204

1	LAS VEGAS, NEVADA, THURSDAY, NOVEMBER 19, 2020, 10:19 A.M.
2	* * * *
3	DISCOVERY COMMISSIONER: All right. Our next motion on for a hearing
4	today is in the matter of Felsner versus Keolis Transit. This is defendants' motion
5	for a Rule 35 exam.
6	If I could have counsel for the plaintiff identify him or herself, followed
7	by counsel for the defendant.
8	MR. SHOOK: Yes, Your Honor. This is John Shook on behalf of the
9	Felsners.
10	DISCOVERY COMMISSIONER: Thank you, Mr. Shook.
11	MR. LOWRY: Michael Lowry on behalf of
12	DISCOVERY COMMISSIONER: And for defendant?
13	MR. LOWRY: I'm sorry. Michael Lowry on behalf of Mr. Yusi and Keolis.
14	There is another defendant. They haven't filed anything concerning this motion
15	and I don't know if they plan to be here.
16	MR. SCHOPICK: I'm here. David Schopick for [inaudible].
17	DISCOVERY COMMISSIONER: I can't hear you, Mr. Schopick.
18	MR. SCHOPICK: Sorry. David Schopick.
19	DISCOVERY COMMISSIONER: Who do you represent?
20	MR. SCHOPICK: Alexander Dennis, Inc.
21	DISCOVERY COMMISSIONER: Okay.
22	All right. Again, Plaintiff Felsner claims she has an ongoing brain
23	injury as a result of the fall, and the defendant is seeking to conduct a Rule 35

examination. It's my understanding that there are certain parameters that are

at issue and whether or not it's appropriate for the examination to go forward.

So counsel, would you like to begin?

MR. LOWRY: Yes, Your Honor. I did pay attention to your Ferrellgas hearing just now, so I have an idea of where you may be going with this. I think one distinction between this file and Ferrellgas is whether we even get to plaintiff's rather lengthy objections. Plaintiff did not raise any of these during the 2.34 conference. And I think Valley Health provides us with the basis to say if you are unwilling or unable to raise your objections in good faith during the 2.34 conference, then you should not be presenting these objections for the first time after the motion has been filed. That's why the motion was drafted the way it was. Mr. Shook and I had our telephone call and we talked about the two issues that were noted in the motion. We couldn't resolve them, so I did my declaration and I filed my motion and we move on. And then we get the opposition that barely even gives lip service to the topics that were raised in the meet and confer.

So if the goal is for us to have meaningful meet and confers where there is an actual opportunity to resolve the issues before we get to the discovery commissioner, then the Court needs to be willing to take a stand and say no, you are not allowed to present these arguments because under <u>Valley Health</u> you never put them out there under the meet and confer. Before I get to the other arguments, I figured I at least ought to raise that. Otherwise, I think I have an idea how you are going to rule and I can address that in a moment.

DISCOVERY COMMISSIONER: Okay. And I think just as a way of procedure I need to also say that there was a request that a slight extension of discovery is necessary. Any change to the disclosure deadlines or any discovery

extensions must be brought before the district court judge. That's no longer appropriate before the discovery commissioner. And so any change that's being sought, whether by way of stipulation or by motion, needs to be brought before the district court judge. So I won't be handling that portion of the motion where it was requesting an extension of the disclosures to January 8th.

MR. LOWRY: Understood.

DISCOVERY COMMISSIONER: I'm not saying that I think it's an inappropriate request. I'm just saying that that needs to be brought before the district court judge.

MR. LOWRY: Okay. I understand that. So I guess that leaves us back at that meet and confer.

DISCOVERY COMMISSIONER: Okay. So let me give Mr. Shook a chance to respond. So which -- based on your understanding, then, so that I'm clear, Mr. Lowry, first, what issues do you believe are appropriately before -- which parameters do you believe are appropriately before me versus the ones that you think are not?

MR. LOWRY: Sure. So the issues that are appropriately before you are the ones that are raised in the original motion, and then if you have our reply they're addressed in topic or section 2, and that's pages 2 and 3 of the brief. That was -- the objections were about whether Mrs. Felsner could be required to drive from her home in the Detroit area to Ann Arbor to attend the examination, and then there was an argument about prior testing, that we learned about only in the opposition, had occurred in February of 2020. And so we consider that fail because her condition, her mental condition and her injuries change over time. That's just not making an

allegation that she's fibbing or anything, I'm just saying that over time your body changes. And so the need for current data is there, just like an ongoing physical examination after a surgery or to assess someone's pain condition, they change over time. And so that's the point.

DISCOVERY COMMISSIONER: All right. Let me turn to -- anything you'd like to add, Mr. Schopick, or I'll turn the time over to Mr. Shook if there's nothing from you, Mr. Schopick.

MR. SCHOPICK: Yeah, we don't have any comment.

DISCOVERY COMMISSIONER: Okay. Mr. Shook.

MR. SHOOK: Yes, Your Honor. So with regard to the meet and confer, we did meet and confer. It was relatively brief. We advised Mr. Lowry that we didn't feel like a Rule 35 exam was appropriate, considering the testing that occurred in February of this year and that it would be duplicative. And that from review of the raw data from that neuropsych exam as part of her treatment and a review of her medical records and taking her deposition, which they have not done yet, it would be appropriate to not have an IME, a Rule 35 exam on this particular plaintiff.

So we addressed it. We advised him that we felt like it was unnecessary. We were at loggerheads and so a motion was appropriate. So I don't believe it would be procedurally proper to preclude us from bringing arguments when the rule does not require us to stipulate. It does require counsel to seek an order if they feel like it's appropriate.

With regard to the 52.380 substantive right that it provided that an observer must be present if requested and that it be audiotaped if requested and that good cause not be shown. We agree with Your Honor and what you laid out

previously. Dr. Axelrod has opined and we provided his affidavit that confirmed that he felt like he could not provide -- he could not ethically go forward and that his data would be invalid if he tested.

And so considering the proportionality of what would be involved for Ms. Felsner to travel to Dr. Axelrod's office to take a test that occurred eight months ago, considering her limited Korean language or English skills, she's a Korean speaker, considering that she has a documented brain injury that is confirmed, we showed the CT scans and Dr. Vangel's report confirms that she has a brain injury, and considering that Dr. Axelrod's own documentation that was attached to Mr. Lowry's motion that a third party observer is appropriate in certain circumstances, particularly when you have someone that suffers from severe anxiety, which Dr. Vangel said she does, a person that is elderly wouldn't feel comfortable, a person that has a documented brain injury that precludes her ability to live independently. Here we've got a person that is not able to drive, and so in this situation we've got either an order or the husband to transport her or she gets on a bus. Obviously that's not going to be very pleasant for this person that just fell down the stairs of a bus.

So with regard to all of this, we feel like it's probably going to be a moot point. I doubt Dr. Axelrod is going to go forward, considering his affidavit regarding his stance. But if -- and so because of that, because we feel like he's probably not going to go forward, it may be better to continue the discussion on which conditions would apply until after we have confirmation.

DISCOVERY COMMISSIONER: Well, I think I'd like to go through the parameters today and I think the fact that there was no agreement reached on the

examination itself doesn't mean that the parameters all had to be addressed in the 2.34. I think it's preferable, but I'm going to at least go through those with you.

So I'm going to go through all of those. Whether or not Dr. Axelrod agrees to go forward or not, I do think there is good cause to warrant a Rule 35 exam in this case. I am going to let the defendant select the examiner. I think it is appropriate for -- typically the plaintiff would be required to come to the state of Nevada. I think under the circumstances it's quite a generous offer to allow it to go forward close to her home and I'm going to accept that on behalf of the defendants that it will go forward in the state of Michigan. I think within an hour drive of her location is appropriate. She's free to select and pay for the transportation she desires to get her there, but I don't think that that is burdensome to require her to travel no more than one hour for the examination by vehicle, okay, because I do think it's appropriate for the defendants to be able to get their own test data to defend their position in this case.

So with regard to the parameters, I'll just go through them. The examination will be coordinated with counsel. And it says conducted no later than December 19th. I'm fine with that. Number 2, any information that the examiner would like the plaintiff to fill out needs to be provided to plaintiff's counsel 10 days prior to the examination.

MR. LOWRY: Commissioner, I may be able to help you. In the reply I listed the terms that I actually had a problem with.

DISCOVERY COMMISSIONER: Okay.

MR. LOWRY: I didn't know if that would shorten your list or not. I know you have other matters as well.

DISCOVERY COMMISSIONER: Okay. So which ones -- I guess I didn't have that documented. Okay.

MR. LOWRY: On page 11 of the reply we go through the terms with which I had a problem.

DISCOVERY COMMISSIONER: Okay. Why don't you tell me the numbers of those.

MR. LOWRY: Sure. Number 1, because I read that as requiring the examination to go on December 19 or be it waived. And from your comment just now I understand that's not how you interpret Number 1.

DISCOVERY COMMISSIONER: No.

MR. LOWRY: The next one is --

DISCOVERY COMMISSIONER: Okay.

MR. LOWRY: The next one is Number 3, and that was due to the ethical bar -- [inaudible] --

DISCOVERY COMMISSIONER: I understand.

MR. LOWRY: -- neuropsychologists. And I understand based on your ruling you're not persuaded by the ethical bars on that, so you're going to --

DISCOVERY COMMISSIONER: Well, you know, it's a very complicated issue with psychological evaluations and I certainly understand that the doctors have their positions on that. I just am compelled to follow what the law is in the state of Nevada, and under NRS 52.380 an observer can be present. That's Number 3. And the examination may be audio recorded. I understand that that may eliminate some physicians or psychologists from wanting to do the evaluation, but I think under the law that I am instructed to follow I am going to allow those two parameters,

that an observer may be present and the exam may be audio recorded.

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So what was the next number?

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MR. LOWRY: There was 3 and 4. You just took care of Number 4. Number 5, it sought to bar me from attending the examination. And we're arguing that that goes to the structural bias consistent -- that NRS 523.80 is specifically designed to create. The plaintiff and her lawyer can attend this but the defense, who's paying for the examination, cannot attend.

DISCOVERY COMMISSIONER: And I am not going to allow the defense counsel to attend the examination.

MR. LOWRY: I have not had this particular issue come up. Is there -- do you have -- why? I guess is my question.

DISCOVERY COMMISSIONER: Well, the statute doesn't allow for the defendant to have an observer because the defendant is the one undertaking the examination, and so obviously you selected the person that you would like to do that. The doctor can have a staff member assist, but there's nothing within Rule 35 or NRS 52.380 that allows the defense counsel to attend. And it does allow a recording which defense counsel is able to obtain, but I am not going to authorize the defense counsel to be present.

MR. LOWRY: Thank you. The next one was Number 7 and it was when the report had to be provided.

DISCOVERY COMMISSIONER: The report will be -- what I'm going to say is that the production of the report must follow NRCP 35. It must be submitted timely under Rule 35 and/or the initial expert disclosure deadline, whichever comes first.

MR. LOWRY: That's fine. That's what we had proposed in our reply. The next two were -- I combined two of them. They would have been topics 8 and 24. They seemed related to me. The plaintiff wanted to peremptorily bar defendants from obtaining a second examination, if necessary. Now, clearly, is a second examination common? Certainly not. But I can't predict the future, just like Mr. Shook and the Court can't predict the future, but I don't want to be barred from it at this point automatically. If we need -- believe another examination is necessary, certainly we'd have to bring a motion, but I don't want that to be just automatically barred.

DISCOVERY COMMISSIONER: No. And I think any request for further evaluation or examination of the plaintiff will be brought by motion to the Court.

I think that's what's appropriate.

MR. LOWRY: Thank you. Request Number 9 --

DISCOVERY COMMISSIONER: And depending on the circumstances, each will be evaluated individually. Number 9.

MR. LOWRY: Topic 9 wanted to bar Dr. Axelrod from requesting any type of identification from the plaintiff. I thought that was just simply unreasonable because the examiner does need to confirm who this person is and that I am examining the person I'm supposed to examine. So asking her to produce some type of photographic government-issued identification seems pretty reasonable to me.

DISCOVERY COMMISSIONER: And I think that's appropriate. I think the examinee should present government-issued photo identification on the day of the examination.

MR. SHOOK: And to confirm that, a photograph will not be taken?

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DISCOVERY COMMISSIONER: No photograph will be taken, but a photocopy of the driver's license or passport or other government-issued I.D. can be taken.

MR. LOWRY: Okay. That's fine. Number 10, the plaintiffs wanted to put an arbitrary time limit on how long the examination can take. I'm not the physician. I can't tell you what he's going to encounter if this examination can go forward, so the time limit seems arbitrary. If the physician runs into a limit where he's unable to complete it, we're going to have to address that at that point, but I also don't want to be saying you have eight hours, cram as much in there as you possibly can. And if that's not enough time, then my clients are denied the opportunity to proceed to obtain that data.

MR. SHOOK: Your Honor --

DISCOVERY COMMISSIONER: I'm going to say -- I think what's appropriate, and I'll let Mr. Shook respond, but I think what's appropriate is for a reasonable time for the psychological evaluation to go forward. If there is any objection, then the Court can be contacted or a further motion can be brought. But I am not going to limit -- you know, maybe that's something that we need to get from the doctor as to how long he anticipates it will happen. But sometimes, you know, with a neuropsychological evaluation those may last a significant period of time.

And so what was the parameter that you were seeking to have put on it, Mr. Shook?

MR. SHOOK: Eight hours, Your Honor. We believe that -- you know, we've

got a balancing of the liberty interest, essentially, and the defendant's right to get his expert up to speed. Eight hours, you know, is appropriate. It's approximately how long the testing with Dr. Vangel. And also consider in particular this case you've got a Korean -- a primary Korean speaker. Many of the tests that Dr. Vangel maybe would have otherwise and said he would have provided or given he didn't do because of the language and cultural issues. We think that that same limitation would apply, at least if Dr. Axelrod is considering that. And so it should limit the amount of time. Eight hours should be a reasonable and proportional amount of discovery to get what he needs.

MR. LOWRY: Commissioner, she -- [inaudible].

DISCOVERY COMMISSIONER: It should be, but there may be some extenuating circumstances that occur that day, you know, and so I'm not willing to put it in an order what it will be at this point, not knowing what may happen. I think it's appropriate to say that the examination shall go forward on one day and then if additional time is needed, additional time will be sought from the Court with supporting information from the examiner. And I don't think it should be ruled out that that might need to be considered.

MR. LOWRY: That's fair. Number -- I also then grouped Numbers 12, 29, 30 and 31 together. They seem to be instructing Dr. Axelrod how to --

DISCOVERY COMMISSIONER: I'm sorry, 12 -- what was the next one?

MR. LOWRY: 12 and then the three together, 29, 30 and 31.

DISCOVERY COMMISSIONER: Okay.

MR. LOWRY: They are -- to me they seem to be instructing Dr. Axelrod how to practice and trying to limit his opinions or his questioning. And to save us

some time, I believe from the prior case, the Ferrellgas one that you just ruled on, he can ask these questions. It's a little bit more difficult to limit a neuropsychological examination as opposed to a physical examination where, say, you've got a shoulder problem, well obviously he shouldn't be examining the legs. But with neuropsychological it's a bit more difficult. And so I think the ruling was you would leave that to the examiner's discretion. And if I misspoke, I'm sure you'll clarify me.

DISCOVERY COMMISSIONER: All right. Let me -- go ahead, Mr. Shook. MR. SHOOK: Your Honor, if we could deal with them one at a time.

So 12 deals with inquiring of the health of family members, of other people. And so we're talking about asking about medical conditions for family members. That seems to be appropriate to me to limit that to general questions regarding the treatment and mental or medical conditions of other family members because they're not at issue and you've got privacy issues with regard to other family members. So I think 12 is appropriate.

DISCOVERY COMMISSIONER: I think 12 can be limited to the examiner. I'm not going to limit it to Dr. Axelrod. But the examiner is permitted to generally inquire regarding the mental health of family members because he's only evaluating the mental, psychological condition. I don't think their physical medical conditions are reasonably related to his inquiry. So I think that the mental or psychological conditions of other family members, without asking who the specific person is. For example, I think it's appropriate if he were to understand that there's a history of some kind of medical -- mental, psychological condition within the family. I think that's appropriate.

I think that it also should be -- with regard to 29, secondary gain and

malingering will be addressed by the trial judge. I am just going -- the only limitation I'm going to state with regard to 29 through 31 is the examiner will offer -- only offer opinions that are within the examiner's area of expertise. Failure to do so may result in limitation of testimony by the trial judge; limitation or exclusion, for that matter. So I'm just going to say the examiner will not offer opinions outside the examiner's area of expertise.

MR. LOWRY: Commissioner, do you just want that language in the Report and Recommendation?

DISCOVERY COMMISSIONER: Yes. The examiner will not offer opinions outside of the examiner's area of expertise.

MR. LOWRY: Okay.

DISCOVERY COMMISSIONER: By doing so, the examiner may face limitation or exclusion of the examiner's testimony at the time of trial.

MR. LOWRY: All right. 16, this is something I would normally see in a physical examination and it makes sense in that context. We're dealing with a neuropsychological --

DISCOVERY COMMISSIONER: I think it can just say -- I don't think that this would be an issue, but it should just say no physically-invasive testing will be performed.

MR. LOWRY: Thank you. I can do that.

DISCOVERY COMMISSIONER: Because certainly I think a psychological evaluation is somewhat invasive just in and of itself, but no physically-invasive testing will be performed.

MR. LOWRY: Correct. 17 --

DISCOVERY COMMISSIONER: Number 17, the expert will follow Rule 35 in production of the report, and the report will be due as required by Rule 35 or the disclosure deadline, whichever comes first.

MR. LOWRY: So I had one additional issue with 17, 18, and then it also goes to 26. But specifically with psychology and neuropsychologists, the testing that they use is standardized, so historically these are copyrighted and if they get out into the public sphere not only do the examiners face potential liability, but it also could compromise the test. So exchanging --

DISCOVERY COMMISSIONER: Yes. I think the data should only be released to plaintiff's expert only.

MR. LOWRY: Thank you. That's -- yeah, okay.

MR. SHOOK: Your Honor, if we don't have an expert, can we not get the data?

DISCOVERY COMMISSIONER: Didn't you have a doctor who performed the same tests?

MR. SHOOK: He's a treater. He's not a retained expert.

DISCOVERY COMMISSIONER: Oh, he's a non-retained expert, then, I would assume.

MR. SHOOK: He is.

DISCOVERY COMMISSIONER: So the treating -- okay, so the treating provider, the non-retained or retained expert is who it is to be disclosed to, not to counsel. It goes to the doctor who performed the same tests --

MR. LOWRY: Okay.

DISCOVERY COMMISSIONER: -- or similar tests.

about the data? Are you saying that he can't tell me what the data said?

DISCOVERY COMMISSIONER: He can tell you what his analysis of it is, but I don't think it's appropriate for him to release it because it's my understanding that that data is to stay confidential.

MR. SHOOK: Normally -- my understanding is, and this is what, you know, the articles that were attached to the reply brief said, normally the data can be released to counsel to -- with a proviso that it be destroyed at the end, that it be kept privileged, that it be filed under seal if it needs to be. But I feel like we are -- you know, we're allowed to see the data so that we can prepare cross-examination, so we can understand the basis for the opinion. I mean, let's say this treating expert, Dr. Vangel, you know, he's off base in his analysis. I have no way to assess what his interpretation of the raw data is unless I have the raw data.

DISCOVERY COMMISSIONER: But your expert will. Your expert has that ability.

MR. SHOOK: Well, I don't have an expert. That's the point, is that Dr. Vangel is a treater.

DISCOVERY COMMISSIONER: You have a treating physician.

MR. SHOOK: Again, and so this treating physician was not selected by me, so I don't know if this treating expert is competent, so I need that. I mean, I guess the bottom line is for fundamental fairness is to allow us to see the raw data. We can provide protection for this, but to never have the raw data --

DISCOVERY COMMISSIONER: Mr. Shook, how do you looking at the data -- I mean, I'm assuming that you're not a psychological expert. How are you looking at raw data going to be able to interpret it or utilize it without having someone interpret it for you?

MR. SHOOK: Well, I would say I have not seen the questions, but let's assume that a question says something like, you know, I have anxiety in X situation. Understanding that, how that would be a positive answer or a negative answer, it is necessary for me to sort of evaluate and cross-examine the other expert, even, perhaps. I feel like it's --

DISCOVERY COMMISSIONER: Mr. Lowry.

MR. LOWRY: So I think, Commissioner, I agree with your analysis that the raw data has to go between the trained psychologists that will be in this case one way or the other. And if one of them or both of them are off base in some interpretation of the raw data, then they are the ones that are going to have to inform Mr. Shook and I of those problems because neither of us have any background in psychology that would qualify us to interpret these data. Even the raw data themselves, we don't know why a certain question is on the test. We don't know that it is designed to measure --

DISCOVERY COMMISSIONER: Okay.

MR. LOWRY: -- or frequently the questions are tied together. So exchanging the data between the experts or the treaters seems to be an appropriate solution that we've used for years.

DISCOVERY COMMISSIONER: And that's what I'm going to limit it to.

Mr. Shook, you're going to have an audio recording, but the raw data numbers are only to be released to either a treating or non-treating expert. I'm sorry, a retained or a non-retained expert. The raw data will only be released to a retained or non-retained expert. Certainly you will have access to the audio recording of the examination.

MR. SHOOK: And just -- and I'm not familiar. Is it true that the audio recording picks up the question that's asked, or is it simply a written test?

MR. LOWRY: They're either written or on a computer, so it's not -- some of them. If the others are orally done, then, yeah, they'd be recorded and you'd be able to hear those.

DISCOVERY COMMISSIONER: Anything that's oral will be recorded.

Anything that's written will not. But the raw data is only going to be released to a professional, a psychological professional.

MR. LOWRY: Okay.

DISCOVERY COMMISSIONER: All right. What's the next issue?

MR. LOWRY: Let's see. 22, plaintiff wanted to seal everything, and that's just not how we operate in this court. We do not automatically seal documents. So if there are certain documents that come out in the case the plaintiff needs to be sealed, then she can file the appropriate motion to do so. But imposing a blanket --

DISCOVERY COMMISSIONER: I think that the psychological evaluation -I think the psychological evaluation and the report related to her psychological
evaluation is appropriately sealed.

MR. LOWRY: She hasn't even sealed her own psychological evaluations that have been disclosed in this case.

MR. SHOOK: Your Honor --

MR. LOWRY: How is that not hypocritical?

DISCOVERY COMMISSIONER: Okay. All right. Well, let me then restate it. It will not be attached to any filed document.

MR. LOWRY: Thank you.

DISCOVERY COMMISSIONER: Mr. Shook, go ahead.

MR. SHOOK: We actually did take measures to protect that report. It wasn't attached and we delivered it to you individually. We can certainly seal that. That was my intent was not to disclose that, if you see the way I wrote the report or the motion. So we feel it's appropriate to seal this type of document.

DISCOVERY COMMISSIONER: I'm not going to say it is sealed, but I am going to say that the report of her psychological evaluation will not be attached to any publicly-filed document.

MR. LOWRY: Oh, publicly. Just making my notes here, Commissioner. 23, we interpreted this term as giving the plaintiff a unilateral right to terminate the examination at any point, and neither Rule 35 or NRS 52.380 allow that to happen.

DISCOVERY COMMISSIONER: Well, I'm going to say that the plaintiff can certainly terminate an examination at any time. You know, I'm not saying that anyone has to be held hostage. But if they do so, they do so at their own risk and there has to be good cause and a reasonable basis for doing so or there may be sanctions that are applied. So I'm not going to -- I mean, I think that it just needs to say that -- I don't think this is an appropriate writing of it. I just think that the examination will go forward with one day and reasonable breaks, including a lunch break will be given.

MR. LOWRY: Okay. Then we get to 28. This looks to be one that I think you addressed in your Ferrellgas motion -- [inaudible].

DISCOVERY COMMISSIONER: I'm not going to -- I'm not going to say what will be admissible or not admissible at the time of trial. That will be an issue

that has to be dealt with by motions in limine by the district court judge regarding admissibility.

MR. LOWRY: Okay. That reaches the end of the terms and I appreciate Your Honor's time. I now need to do -- as a result of the rulings I need now to request a complete stay of discovery because I have an examination scheduled for December 19 with a neuropsychologist who says ethically he cannot abide by what is now the Court's ruling that an observer must attend because of the statute. And, one, I don't know that I can find someone to replace him. And, two, even if I could, I'm a little worried about whether I can agree to that because now I have an ethical guideline that says these physicians are not able to do that. So what we --

DISCOVERY COMMISSIONER: Okay. Well, like I said earlier, the stay of discovery, you're going to have to file that before the district court judge. I am not going to stay discovery deadlines. You can certainly go forward or not go forward within the time frame that you have left, but if you're seeking a stay of discovery that will have to be filed with the district court judge.

MR. LOWRY: Okay. Well --

MR. SHOOK: Your Honor, one issue -- sorry.

MR. LOWRY: I thought that was all the issues, but I think Mr. Shook now -- he has another one.

MR. SHOOK: Your Honor, so we saw where they noted the tests that are typically conducted by Dr. Axelrod, but it's not a guarantee. We'd like to know exactly what he plans to give, which tests, and actually laid out.

DISCOVERY COMMISSIONER: That will be in his report what was conducted at the time. He can do anything that is reasonably part of a neuro-

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psychological examination, and everything he does shall be contained -- he needs to spell out in his report.

MR. SHOOK: So, Your Honor, that is the concern is that he's having her do tests that are not reasonable and appropriate, considering her cultural background, as Dr. Vangel wrote. Some of these tests have a -- you know, obviously they've got a U.S. normative data set that they've come up with this sort of right answers for. Here you've got a woman that, you know, is not that. She grew up in Korea, 14 years there, and limited English skills.

DISCOVERY COMMISSIONER: That goes to the weight of his testimony and whether it should be considered. That doesn't really go to the discoverability or the ability of him to -- or the reasonableness of him undertaking the testing. So I think that what he -- I'm not going to limit -- I'm not an expert in the field and I'm not going to limit what he believes is reasonable to his evaluation, but certainly that's a matter for cross-examination at the time of trial or a motion in limine.

So that's going to be the recommendation, gentlemen. I'm going to ask Mr. Lowry to prepare the Report and Recommendation. Please circulate that to Mr. Shook and to Mr. Schopick for their review as to form and content.

Anything else anyone would like to add?

MR. SHOOK: No, Your Honor.

MR. LOWRY: Mr. Schopick, do you even want your copy of this, since you didn't have anything to say?

MR. SCHOPICK: I assume I'd get a copy just of the ruling.

MR. LOWRY: I couldn't hear you.

DISCOVERY COMMISSIONER: Since he participated in the hearing,

1	I would ask that he have a copy to sign off on as to review as to form and content.
2	MR. LOWRY: Understood. Thank you, Commissioner. Have a good day.
3	DISCOVERY COMMISSIONER: Thank you, gentlemen. Have a great day
4	and stay well.
5	MR. LOWRY: Thank you.
6	MR. SHOOK: Thank you. Bye.
7	(PROCEEDINGS CONCLUDED AT 10:55 A.M.)
8	* * * *
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10	ATTEST: I do hereby certify that I have truly and correctly transcribed the audio/video proceedings in the above-entitled case to the best of my ability.
11	Note that BlueJeans technical glitches may result in the audio-video distortion and/or dropped audio in the recording.
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Plaintiffs.

KEOLIS TRANSIT SERVICES, LLC, Foreign

Limited-Liability Corporation and EDGARDO PAGUIO YUSI; ALEXANDER DENNIS,

INC., a Foreign Corporation; DOES II through X, inclusive; and ROE BUSINESS ENTITIES I

Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

HEATHER FELSNER and ROGER FELSNER, Case No.: A-18-781000-C

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Hearing Date: November 19, 2020, 9:30 a.m.

Defendants.

Attorney for Plaintiffs: John Shook of Shook & Stone 18

Attorney for Mr. Yusi & Keolis Transit Services, LLC: Michael Lowry of Wilson Elser 19

DISTRICT COURT

CLARK COUNTY, NEVADA

Dept. No.: 27

Examination

Discovery Commissioner's Report &

Recommendations re Edgardo Yusi & Keolis

Transit Services, LLC's Motion for Rule 35

Moskowitz Edelman & Dicker 20

through X, inclusive,

Attorney for Alexander-Dennis, Inc.: David Schopick of Springel & Fink

I. **Findings** 22

> Defendants Mr. Yusi and Keolis (collectively "Mr. Yusi") moved for a Rule 35 neuropsychological examination of Heather Felsner. She opposed. Defendant Alexander Dennis took no position on the matter. The parties raised numerous issues.

First, a Rule 35 neuropsychological examination is appropriate in this case based upon the allegations Mrs. Felsner has presented. Rule 35 allows Mr. Yusi to select an appropriately

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App0227

qualified examiner. Mrs. Felsner does not dispute that the proposed examiner, Dr. Axelrod, is appropriately qualified.

II. Recommendations

a. Travel Objection

Mr. Yusi would be permitted to require Mrs. Felsner to come to Las Vegas for a Rule 35 examination. However, he have proposed Dr. Axelrod, who is located in Ann Arbor, Michigan. Mrs. Felsner resides in Southfield, Michigan. Mr. Yusi estimates it is 41.5 miles from her home to Dr. Axelrod's office. Mrs. Felsner objects to this travel and notes she has been advised to discontinue driving due to her injuries.

Mrs. Felsner resides with her husband, who is also a party to this case. There is no indication he has any driving restrictions. In the circumstances of this case, a drive of up to 60 minutes is not unreasonable.

b. Examination is Not Duplicative

Mrs. Felsner also objects to the examination generally as duplicative of testing she received from her own physician in February, 2020. Time has passed though and Rule 35 allows defendants to obtain their own data in this particular circumstance, when good cave is found.

c. The Meet & Confer

Mr. Yusi asserts that Plaintiff presents several objections not discussed during the meet and confer required by EDCR 2.34(d). He argues these objections should not be heard because they were not raised during the meet and confer, and argue this is similar to the logic from *Valley Health*. The court disagrees and heard Mrs. Felsner's other objections on the merits.

d. NRS 52.380 is Constitutional & Control

Mrs. Felsner intends to invoke NRS 52.380(1) and (2) to have an observer attend the Rule 35 examination with her. She also intends to invoke NRS 52.380(3) to audio record the examination. Mr. Yusi argues NRS 52.380 conflicts directly with Rule 35, is an unconstitutional procedural statute, and it should not apply. The court disagrees. NRS 52.380 created a substantive right and abrogates Rule 35 to the extent the two conflicts.



Mr. Yusi contend ethical prohibitions barring neuropsychologists from conducting an examination with a third-party observer like NRS 52.380 allows. Specifically, Dr. Axelrod signed an affidavit indicating he could not perform an examination with an observer present. These ethical prohibitions do not overcome the substantive right NRS 52.380 created. If Dr. Axelrod is unable or unwilling to perform the examination, Mr. Yusi may locate another appropriately qualified examiner.

e. Plaintiff's proposed conditions.

Mrs. Felsner's opposition proposed 31 requirements as a condition of any Rule 35 examination. Mr. Yusi objected to certain of them, identified in italics below.

- 1. The examination will be coordinated with Plaintiff's counsel provided that it be conducted no later than December 19, 2020. Mr. Yusi was concerned this term would require them to conduct the examination on December 19 and if not then the opportunity to examine would be lost. This is not how the court reads this term.
- 2. Plaintiff shall not be required to fill out any patient information forms of any type whatsoever, including, but not limited to "new patient" forms, insurance forms, identification forms, authorizations for records, arbitration forms, waivers and releases and will not be asked to do so by the defense medical professional or his/her staff.
- Mr. Yusi objected to this term because it conflicts with Rule 35. However the court concludes NRS 52.380(1) and (2) ereate a substantive right that allows Plaintiff do to as term 3 proposes. NRS 52.380(1) and (2) control, not Rule 35. Accordingly, this Court finds this condition appropriate.
- 4. The exam may be audio recorded at Plaintiffs discretion. The defense medical professionals and their staff will accommodate all reasonable requests to accomplish this recording, including, but not limited to taking any necessary breaks during the examination; taking a break if technical difficulties arise. Mr. Yusi objects for the same reasons as term 3. The court disagrees with those reasons because NRS 52.380(3)

- controls and specifically allows for recording. Accordingly, this Court finds this condition appropriate.
- 5. Defense counsel may not attend the exam. Mr. Yusi asserts if Mrs. Felsner's lawyer can attend the examination, then so should their lawyer. The court disagrees. Neither Rule 35 nor NRS 52.380 allow a defendant's lawyer to attend an examination.
- 6. Liability questions may not be asked and the examiner will not offer any opinions as to liability. The parties agree to this condition.
- 7. A copy of the report should be forwarded to Plaintiffs' counsel upon receipt by

 Defendants. The court agrees with Mr. Yusi and Keolis as to term 7. NRCP 35(b)(1)

 governs this topic.
- 8. This will be the only psychological, neuropsychological, psychiatric defense medical exam allowed to the defendants in this case. The court agrees with Mr. Yusi as to this term. He will not be automatically precluded from a second Rule 35 examination in this case. However, absent a stipulation of the parties to a second examination, a motion requesting a second examination would be necessary.
- other identification information from the Plaintiff, including, but not limited to license, Note Wish this term. Social Security number and home address. The court agrees with Mr. Yusi as to term 9.

 The examiner may request that Mrs. Felsner present government issued photographic identification so as to identify herself. The examiner may make a photocopy of the identification provided so as to document it. The examiner may not photograph Mrs. Felsner.
- 10. Dr. Axelrod shall conduct the examination of Mrs. Felsner, which total examination (from start to finish and including any written testing) may take up to 8 hours with Plaintiff able to take reasonable and appropriate breaks as needed. The reasonable and appropriate break periods will not be included in the 8 hours. Said oral examination shall not delve into unrelated areas. The court agrees with Mr. Yusi and Keolis as to term 10. The examination will take place in 1 day. There will be appropriate breaks and

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- a lunch break. If the examiner is unable to complete the examination in one day, further motion practice may be necessary.
- 11. Any persons assisting Dr. Axelrod must be fully identified by full name and title in the doctor's report. This is agreed to by the parties and title in the
- 12. Dr. Axelrod is permitted to inquire concerning the general health of family members and the existence of medical or mental conditions and whether treatment was received; however, Plaintiff is not to be questioned regarding the specifics of any treatment, names of treating physicians and details of the medical or mental conditions as the rights of privacy of third parties are in issue. The examiner may ask generally about the mental or psychological health of Mrs. Felsner's family members.

 The examiner may not ask about their physical health though. Mrs. Felsner is not required to specifically identify the family members discussed though.
- 13. Plaintiff is not to be questioned concerning her conversations with her attorneys, or any person affiliated with her attorneys or her attorney's office, including but not limited to Shook and Stone, John Shook or Robert English.
- 14. Plaintiff is not to be questioned concerning his attorney's evaluation of any of Plaintiffs claims against any of the Defendants, nor is Plaintiff to be questioned about any discussions Plaintiff has had with his counsel regarding such evaluations, as that is invasive of the attorney-client and attorney work product privileges.
- 15. The parties agree that the full and entire scope of this examination shall consist of a clinical interview and the following psychological tests: This examination shall consist of a clinical interview and written and oral tests as shall be reasonable and appropriate.

 The examination is limited to the examiner's area of expertise. Failure to limit the examination to this area may lead to the examiner's testimony being limited or excluded from trial.
- 16. The evaluation will not involve any physical examination. There will be no blood tests or other intrusive medical studies or procedures. Plaintiff will not be required to submit to the taking of any x-rays, CT scans, MRIs or other diagnostic test or procedure. The

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trusive. Th	ne court re	writes this	term as

examination will not be painful, protracted or intrusive. The court rewrites this term as follows: "The examination will not be physically painful, protracted or intrusive."

- 17. At the conclusion of any psychological testing of Plaintiff, a copy of the actual tests, test answers, interpretative materials used, reports of tests, raw data generated, scoring and all test results regarding Plaintiff shall be forwarded to Plaintiffs attorney with the report. With respect to the raw data generated and all test results regarding Plaintiff (hereinafter "Data"). The court agrees with Mr. Yusi and Keolis as to terms 17, 18, 19, 20, 26, & 27. The raw data the examiner obtains will be shared with Mrs. Felsner's own psychological treating or retained physicians. However, the tests themselves may not be shared with anyone other than the parties' mutual psychological experts because they are proprietary.
- 18 Access to Data and testimony concerning Data is limited to Plaintiff, Plaintiffs' counsel, Defendants' counsel, and experts designated by the parties who are professionally qualified to use and interpret the Data;
- 19 Use of Data is limited to only that which is required for the resolution of the pending action:
- the court three (20) Data will be affixed with a label or legend indicating that Data is subject to the terms of this Stipulation and may be used only for limited purposes in connection with this action;
- 21. At the conclusion of the proceeding, any Data in Defendant's counsel's possession will be destroyed, along with all copies thereof, save the Data in possession of Dr. Axelrod; and
- 22. The record will be sealed to the extent any portion of Data are disclosed in pleadings, testimony, exhibits, or other documents which would otherwise be available for public inspection. The only limit the court places on the report and data from the examination is that it may not be filed in a public documents.
- 23. Plaintiff shall be entitled to take reasonable breaks during the examination process, including, but not limited to taking a lunch break, rest breaks and bathroom breaks.

 If at any time during the proceedings, Plaintiff feels in good faith that the proceeding has become abusive, she will immediately notify her counsel or other designated

representative in order to try to resolve the matter at that time. Plaintiff has the right to terminate the proceeding and seek a protective order from the Court. If the parties are unable to resolve the issue, should the Court order that the examination be reconvened, Defendants will have up to 8 hours, not including reasonable and appropriate breaks and lunch, to complete the examination originally ordered by the Court, but not any additional time. The court notes only that if either side terminates the examination the party terminating must have good cause or a reasonable basis to terminate.

- 24. Defendants may not schedule any other examinations by any other doctors or other the foregoing provision is in dispute persons in the same areas of this examination. The court agrees with Mr. Yusi as to this term. They will not be automatically precluded from a second Rule 35 examination in this case. However, absent a stipulation of the parties to a second examination, a motion requesting a second examination would be necessary.
- 25. Defendants are to immediately transmit a copy of this Order to Dr. Axelrod to promptly advise him that he must comply with the limitations imposed by this Order.
- 26. Defendants shall produce to Plaintiffs counsel the written reports of Dr. Axelrod (and any interpretive materials and related reports of psychological testing whether done by computer scoring, hand scoring or anyone else) by email, overnight delivery or personal delivery no later than 30 days after the examination or by the initial expert disclosure date, whichever is earlier, excepted as limited by provisive 17 to
- 27. The tests taken by Plaintiff as part of the examination, along with any notes and/or written reports and/or records maintained in any format, including electronic data, by Dr. Axelrod are confidential medical records relating to Plaintiff's mental health. These records are confidential and shall not be subject to distribution without the written authorization of the Plaintiff to anyone except for counsel for Defendants, counsel's experts or consultants, counsel's staff, defendants, and the insurance carriers, who shall treat these documents as confidential and subject to a protective order. Said records may be used by defense counsel in preparation for trial, in trial

and in other proceedings	in this	matter,	but for	no	other	purpose	unrelated	to	this
litigation.									

- 28. Plaintiff reserves the right to argue that any information acquired or learned or any evaluation made in violation of this agreement will not be admissible in evidence for any reason. The parties further agree that the court may, upon motion at trial, strike, preclude or limit any testimony of the examiner as appropriate and Plaintiff is not waiving his right to such relief by agreeing to this examination. The parties reserve the right to seek whatever sanctions they deem appropriate. The court agrees with Mr. Yusi and Keolis as to term 28. Mrs. Felsner may raise this issue with the district court at a later date if she believes necessary.
- 29. The examiner will not offer any secondary gain, malingering or veracity opinions. A to topics 29, 30, and 31, the examination is limited to the examiner's area of expertise.

 Failure to limit the examination to this area may lead to the examiner's testimony being limited or excluded from trial.
- 30. The examiner will not offer any opinions as to criticism of any of Plaintiffs treatment because it was on a lien (this does not include the reasonableness of the costs for treatment).
- 31. The examiner will not offer any opinions as to Plaintiffs decision to retain counsel for the subject incident.

f. Current Discovery Schedule

Mr. Yusi moved for a slight extension of discovery based upon a December 19 examination and the current December 22 initial expert disclosure deadline. The Discovery Commissioner will hot as it should be brought before the trial ruse earnot hear this aspect of the motion. It must instead be brought to the district court. The same analysis applies to Mr. Yusi's request at the end of the hearing to stay discovery pending a resolution of their objection to aspects of this report and recommendation.

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The Discovery Commissioner, met with counsel for the parties, having discussed the issues noted above and having reviewed any materials proposed in support thereof, hereby submits the above recommendations concerning Edgardo Yusi & Keolis Transit Services, LLC's Motion for Rule 35 Examination in A-18-781000-C:

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/s/ Michael Lowry

MICHAEL P. LOWRY, ESQ.

Nevada Bar No. 10666

6689 Las Vegas Blvd. South, Suite 200 Las Vegas, Nevada 89119

Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

/s/ John Shook

JOHN B. SHOOK, ESQ. Nevada Bar No. 5499

710 S. 4th St.

Las Vegas, Nevada 89101

Attorney for Heather & Roger Felsner

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SPRINGEL & FINK, LLP

It is so recommended.

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/s/ David Schopick

DAVID S. SCHOPICK, ESQ. Nevada Bar No. 6119

9075 W. Diablo Dr., Ste. 302

Las Vegas, Nevada 89148

Attorneys for Alexander Dennis, Inc.

DISCOVERY COMMISSIONER

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NOTICE

Pursuant to NRCP 16.3(c)(2), you are hereby notified that within fourteen (14) days after being served with a report any party may file and serve written objections to the recommendations. Written authorities may be filed with objections, but are not mandatory. If written authorities are filed, any other party may file and serve responding authorities within seven (7) days after being served with objections.

Objection time will expire on +20. 18 2021

9 A copy of the foregoing Discovery Commissioner's Report was:

Mailed to Plaintiff/Defendant at the following address on _____

COMMISSIONER DESIGNEE

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WILSON ELSER

MICHAEL P. LOWRY, ESQ.

Nevada Bar No. 10666

E-mail: Michael.Lowry@wilsonelser.com 6689 Las Vegas Blvd. South, Suite 200

Las Vegas, NV 89119

through X, inclusive,

Tel: 702.727.1400/Fax: 702.727.1401

Plaintiffs.

KEOLIS TRANSIT SERVICES, LLC, Foreign

Limited-Liability Corporation and EDGARDO

INC., a Foreign Corporation; DOES II through X, inclusive; and ROE BUSINESS ENTITIES I

PAGUIO YUSI; ALEXANDER DENNIS,

Defendants.

Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

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DISTRICT COURT

CLARK COUNTY, NEVADA

HEATHER FELSNER and ROGER FELSNER, Case No.: A-18-781000-C

Dept. No.: 27

Бери 110.. 27

Edgardo Yusi & Keolis Transit Services, LLC's Objection to Discovery Commissioner's Report & Recommendation

Hearing Requested

Mr. Yusi and Keolis (collectively "Mr. Yusi") requested a neuropsychological examination of Heather Felsner per Rule 35. The Discovery Commissioner agreed an examination was appropriate, but put conditions upon the examination per NRS 52.380 that make it impossible for Mr. Yusi to obtain the examination. Mr. Yusi objects to the report and recommendation.

DATED this 5th day of February, 2021.



/s/ Michael P. Lowry
MICHAEL P. LOWRY, ESQ.
6689 Las Vegas Blvd. South, Suite 200
Las Vegas, Nevada 89119
Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

Memorandum of Points & Authorities

I. Plaintiff alleges ongoing symptoms related to this case.

This personal injury case concerns an event that occurred on February 21, 2017. The complaint was filed on September 12, 2018. The parties agree that Mrs. Felsner alleges she suffered a brain injury as a result of a fall and that she alleges ongoing deficits from this injury. When the Rule 35 psychological examination was requested, initial expert disclosures were due December 22, 2020. Mr. Yusi proposed Dr. Axelrod, a licensed, practicing psychologist in Michigan where Mrs. Felsner lives. Mrs. Felsner did not dispute that Dr. Axelrod is an appropriately qualified examiner. The crux of the dispute in this objection are conditions the Discovery Commissioner put on the examination per NRS 52.380.

a. Procedural history below.

Mr. Yusi requested a Rule 35 psychological examination in a motion filed on October 16, after the meet and confer process was completed. The motion indicated Mr. Yusi had located an examiner and proposed that the examination occur on December 19, 2020. Plaintiffs' opposed on various grounds. Two of those grounds were raised during the EDCR 2.34(d) meet and confer process, but the rest were not. The Discovery Commissioner ultimately agreed an examination is appropriate, but put conditions on the examination that make an examination impossible to obtain.

Mr. Yusi's motion was heard on November 19, 2020. In the meantime, the district court granted Mr. Yusi's motion to extend discovery. The district court rejected Mr. Yusi's proposed discovery schedule though, instead extending the initial expert disclosure deadline from December 19, 2020 to February 22, 2021. The discussion during the hearing was that this extension would allow sufficient time for Mr. Yusi's anticipated objection to be heard. But the Report & Recommendations was not filed until February 4, 2021. As of filing this objection, Mr. Yusi has asked Plaintiffs to agree to extend but has not yet received their response.

II. The standard of review is unknown.

The standard of review for this objection is unknown. NRCP 16.1(d) establishes the general parameters for resolving discovery disputes, but is silent as to the standard of review.

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NRCP 16.3, which creates the discovery commissioner position and generally establishes its powers and duties, is also silent. EDCR 2.34 also governs discovery disputes, but is silent as to the standard of review.

Applied here, Mr. Yusi believes a de novo standard of review applies. The primary issue in this objection is the constitutionality and application of NRS 52.380. These are questions of law and statutory construction that an appellate court would review de novo. After deciding those questions de novo, it is unknown whether a Discovery Commissioner's report and recommendation is itself subject to de novo review or abuse of discretion.

III. The recommendation erred by considering objections that were not raised during the EDCR 2.34(d) meet and confer process.

Mr. Yusi complied with EDCR 2.34(d)'s requirements for the parties to meet and confer before filing a discovery motion. His motion attached an email thread between counsel and a declaration describing a subsequent call. Plaintiff did not object to the accuracy of the email thread or the declaration. The objections Plaintiff raised during the EDCR 2.34(d) conference as to a Rule 35 examination were 1) requiring Mrs. Felsner to drive from her home to Dr. Axelrod's office; and 2) that some unknown and unidentified testing was duplicative of prior work. Mr. Yusi's motion addressed those objections. Plaintiff's opposition addressed those arguments as a side issue, instead arguing multiple new objections that were not raised during the meet and confer process.

In response, Mr. Yusi noted that *Valley Health* concluded "neither this court nor the district court will consider new arguments raised in objection to a discovery commissioner's report and recommendation that could have been raised before the discovery commissioner but were not."²

A contrary holding would lead to the inefficient use of judicial resources and allow parties to make an end run around the discovery commissioner by making one set of arguments before the commissioner, waiting until the outcome is

² Valley Health Systems, LLC. v. Dist. Ct., 127 Nev. 167, 173, 252 P.3d 676, 680 (2011).

¹ Estate of Curtis v. S. Las Vegas Med. Inv'rs, LLC, 136 Nev. Adv. Rep. 39, 466 P.3d 1263, 1266 (2020) ("we review issues of statutory construction de novo.").

determined, then adding or switching to alternative arguments before the district court.³

Mr. Yusi asserted this logic should also apply to EDCR 2.34(d)'s meet and confer requirement. If the point of the meet and confer requirement is to reduce the number and scope of discovery motions, then parties should be required to present their objections for discussion during the meet and confer process. If they do not, then the objection is waived just like resulted in *Valley Health*. Allowing parties to present objections that were not raised at the meet and confer process causes the judicial process to break down for the same reasons as *Valley Health*. Applied here, Mr. Yusi filed a motion addressing the objections he reasonably believed were at issue. Having seen these arguments, and perhaps weighing their viability, Plaintiff presented extensive *new* objections she did not previously assert during the meet and confer process. This is improper.

Court rules are subject to the same de novo standard of review as statutory interpretation.⁴ The Discovery Commissioner erred as a matter of law by interpreting EDCR 2.34(d) in a manner inconsistent with *Valley Health*, thus allowing Plaintiff to argue objections that were not presented during the meet and confer process. Plaintiff's objections should have been limited to the two she did present. Mr. Yusi does not object to the Discovery Commissioner's resolution of those two objections, but he does not object to the Discovery Commissioner considering objections that were not asserted during the meet and confer process. If the district court agrees, then this avoids the remaining questions in this objection that concern the constitutionality of NRS 52.380.

IV. The recommendation erred by concluding NRS 52.380(1), (2) and (3) created absolute rights.

If Plaintiff's other objections are considered on their merits, there is still a potential method of resolving the dispute that avoids constitutional implications. "Under the constitutional-avoidance canon, when statutory language is susceptible of multiple

³ *Id.* at 172-73, 252 P.3d at 679-80.

⁴ Marquis & Aurbach v. Dist. Ct., 122 Nev. 1147, 1157, 146 P.3d 1130, 1137 (2006) (applying rules of statutory construction to the interpretation of a court rule).

interpretations, a court may shun an interpretation that raises serious constitutional doubts and instead may adopt an alternative that avoids those problems."⁵

Mr. Yusi seeks a neuropsychological examination per Rule 35. Plaintiff responds that NRS 52.380 controls. Specifically, Plaintiff invokes NRS 52.380(1), which states "[a]n observer may attend an examination but shall not participate in or disrupt the examination." "May' is of course generally permissive." Neither Rule 35 nor NRS 52.380 provide guidance as to how a court should determine when an observer "may" attend. They both place the burden to request one on Plaintiff. Applied here, Plaintiff stated no specific reason why she wants an observer present. Her arguments to the Discovery Commissioner noted she attended neuropsychological assessments with her own doctors, without an observer present. The only stated based upon which she wants an observer to attend is because NRS 52.380(1) exists.

The same analysis applies to her intention to invoke NRS 52.380(2) as to who that observer "may be." It also applies to NRS 52.380(3), stating the "observer attending the examination pursuant to subsection 1 may make an audio or stenographic recording of the examination." By using the word "may" the legislature created judicial discretion to decide whether the party citing the statute has met the burden of proof required to invoke it. Again, Plaintiff here presented no reason why she wanted to invoke these statutes other than that they existed.

Secondarily, Mr. Yusi presented evidence that weighed against Plaintiff's request. Mr. Yusi provided ethical guidance from the American Board of Professional Neuropsychology and Michigan Psychological Association noting it is inconsistent with their professional obligations for a neuropsychologist to conduct a neuropsychological assessment in the presence of a third-party observer. That same guidance also noted how studies have demonstrated testing data obtained in the presence of a third-party observer is unreliable.

The Discovery Commissioner erred as a matter of law by interpreting NRS 52.380(1), (2), and (3) as creating an absolute right that a plaintiff can invoke. These statutes instead

⁵ *Degraw v. Dist. Ct.*, 134 Nev. Adv. Op. 43, 419 P.3d 136, 139 (2018). ⁶ *Ewing v. Fahey*, 86 Nev. 604, 607, 472 P.2d 347, 349 (1970).

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⁷ Berkson v. Lepome, 126 Nev. 492, 499 (2010). ⁸ State v. Connery, 99 Nev. 342, 345 (1983).

⁹ 104 Nev. 24, 26 (1988).

V. The recommendation erred by concluding NRS 52.380 is constitutional.

If Plaintiff has otherwise met her burden to invoke NRS 52.380, then the Discovery Commissioner erred by concluding it is a substantive rather than procedural statute. Mr. Yusi presented a history of the process that led to Nevada's revised rules of civil procedure that took effect on March 1, 2019. This included Rule 35. That history also documented how the proponents of an alternative version of Rule 35 that was not adopted took that proposal to the legislature. It eventually became NRS 52.380.

This presents a separation of powers problem. Mr. Yusi explained how "the legislature may not enact a procedural statute that conflicts with a pre-existing procedural rule, without violating the doctrine of separation of powers, and such a statute is of no effect." Mr. Yusi also surveyed prior Nevada appellate decisions exploring the boundaries between substantive and procedural statutes. Those cases noted "where, as here, a rule of procedure is promulgated in conflict with a preexisting procedural statute, the rule supersedes the statute and controls."

Berkson v. Lepome ruled a statute that interfered "with the judiciary's authority to manage the litigation process" was unconstitutional. Whitlock v. Salmon noted a statute could be unconstitutional if it interferes "with procedure to a point of disruption or attempted abrogation of an existing court rule. Applied here, NRS 52.380 was expressly intended to interfere with Rule 35, if not abrogate parts of it. It is a procedural statute, making it unconstitutional because it interferes with the judiciary's ability to manage litigation.

The Discovery Commissioner erred as a matter of law by concluding NRS 52.380 is constitutional. As it is unconstitutional, the Discovery Commissioner should have used only

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Rule 35 to assess Mr. Yusi's request for a neuropsychological examination. The terms and conditions the recommendation contained should be reversed only to the extent they conflict with Rule 35.

VI. The recommendations should be modified as requested.

Mr. Yusi just wants a neuropsychological examination per Rule 35. The Discovery Commissioner agreed an examination is appropriate and there is no dispute as to the examiner. However, by allowing Plaintiff to assert waived objections and interpreting NRS 52.380 as an absolute rather than permissive right, the Discovery Commissioner denied Mr. Yusi any practical means of obtaining a Rule 35 examination. Mr. Yusi requests the recommendations be modified to be consistent with Rule 35 so the neuropsychological examination may eventually proceed.

DATED this 5th day of February, 2021.



/s/ Michael P. Lowry
MICHAEL P. LOWRY, ESQ.
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Attorneys for Edgardo P. Yusi; Keolis Transit Services, LLC

1 **Certificate of Service** 2 Pursuant to NRCP 5, I certify that I am an employee of Wilson Elser Moskowitz Edelman 3 & Dicker LLP, and that on February 5, 2021, I served Edgardo Yusi & Keolis Transit Services, 4 LLC's Objection to Discovery Commissioner's Report & Recommendation as follows: 5 by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada; 6 \boxtimes via electronic means by operation of the Court's electronic filing system, upon 7 each party in this case who is registered as an electronic case filing user with the 8 Clerk; 9 John B. Shook, Esq. Chad Fuss, Esq. Shook & Stone, Esq. SPRINGEL & FINK 10 9075 W. Diablo Dr., Suite 302 710 South Fourth Street Las Vegas, Nevada 89148 Las Vegas, NV 89101 11 12 BY: /s/ Michael Lowry 13 An Employee of WILSON ELSER 14 15 16 17 18 19 20 21 22 23 24

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Electronically Filed 2/12/2021 5:37 PM Steven D. Grierson **CLERK OF THE COURT** 1 RESP JOHN B. SHOOK, ESQ. 2 Nevada Bar No. 5499 ROBERT L. ENGLISH, ESQ. 3 Nevada Bar No. 3504 SHOOK & STONE, CHTD. 4 710 South Fourth Street 5 Las Vegas, Nevada 89101 Office: (702) 385-2220 6 Attorneys for Plaintiffs 7 EIGHTH JUDICIAL DISTRICT COURT 8 **CLARK COUNTY, NEVADA** 9 HEATHER FELSNER and ROGER Case No.: A-18-781000-C 10 FELSNER. Dept. No.: XXVII 11 Plaintiffs 12 VS. PLAINTIFFS HEATHER FELSNER and ROGER FELSNER'S RESPONSE TO 13 **DEFENDANT'S OBJECTION TO THE** KEOLIS TRANSIT SERVICES, LLC, **DISCOVERY COMMISIONER'S** 14 Foreign Limited-Liability Corporation and **REPORT & RECOMMNEDATIONS** EDGARDO YUSI; ALEXANDER DENNIS, 15 INC., a Foreign Corporation, DOES II through X, inclusive; and ROE BUSINESS ENTITIES 16 I through X, inclusive, 17 Defendants. 18 19 Plaintiffs HEATHER FLESNER and ROGER FELSNER hereby submit their Response to 20 the Defendants Yusi and Keolis Transit Services, LLC's Objection to the Discovery 21 22 Commissioner's Report & Recommendations. 23 /// 24 25 26 27 /// 28

This Response is made and based upon the pleadings and papers on file herein, the attached Points and Authorities, and any argument made by counsel at the hearing of this matter.

DATED this / day of February, 2021.

SHOOK & STONE, CHTD.

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HEATHER AND ROGER FELSNER

MEMORANDUM OF POINTS AND AUTHORITIES

I.

STATEMENT OF FACTS

A. Underlying Facts

This is a personal injury action arising from a fall down the stairs of a coach operated by Defendants Keolis and Yusi and manufactured by Defendant Alexander Dennis, Inc. Plaintiff suffered severe brain injuries as a result of the fall. Defendants Keolis and Yusi have conceded violations of the standard set by defendants for safe operation during their depositions.

Procedural Background

On September 28, 2020, Defendants requested neuropsychological examination of Mrs. Felsner. Plaintiff's counsel requested defense counsel proceed with their Motion for Order allowing Rule 35 examination. Thereafter, on October 16, 2020, Defendants filed their motion for Rule 35 examination naming their examiner as Dr. Bradley Axelrod with the examination to occur in Ann Arbor, Michigan.

On November 2, 2020, Plaintiff opposed Defendant's Motion for examination.

On November 13, 2020, Defendant filed his reply brief asserting for the first time the unconstitionality of NRS 52.380.

The Motion for Order allowing Rule 35 Examination was heard by the Discovery Commissioner on November 19, 2020, at which time she ordered the examination may proceed with various restrictions and subject to NRS 52.380 which specifically allows for the presence of an observer and the recording of the examination.

Defendant submitted proposed DCRR on December 4, 2021. On December 7, the Discovery Commissioner requested Defendant submit a properly formatted DCRR.

On December 16, 2021, Plaintiff's counsel emailed Defense counsel asking if the amended DCRR was submitted. In response, Defense counsel confirmed they had submitted the amended order.

On Jan 7, 2021, Plaintiff's counsel staff emailed defense counsel regarding the status of the DCRR. Defense counsel responded that they had received no response from the discovery commissioner.

¹ Defendant asserts Plaintiff is limited to arguments discussed during EDCR 2.34 discussions. As discussed below, this argument was rejected by the discovery commissioner as (1) discussions did occur and (2) Rule 35 is unique as affirmatively requiring a party seek a Court order for examination if agreement of the parties is not reached.