

EXHIBIT 4

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Medical Record #: G140292
Account #: G636340

ST. LUKE'S REHABILITATION INSTITUTE
711 S. COWLEY STREET
SPOKANE, WASHINGTON 99202

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
CONFIDENTIAL

NAME:	Waite, Thomas L.
AGE:	21
BIRTHDATE:	8-16-83
HANDEDNESS:	Right-handed
MARITAL STATUS:	Single
OCCUPATION:	Missionary
DATE OF INJURY:	8-21-03
DATE OF ASSESSMENT:	12-6-04

REASON FOR REFERRAL: Thomas Waite is a 21-year-old, right-handed, Caucasian male with a history of traumatic brain injury suffered in a motor vehicle accident that occurred on August 21, 2003. He was hospitalized at Deaconess Medical Center from until September 10, 2003, and was transferred to Rancho Los Amigos National Rehabilitation Center in California where he stayed until October 2, 2003. Since that time he has participated in 2 neuropsychological evaluations, in October of 2003 and May of 2004. He was referred for repeat neuropsychological evaluation to determine his current level of cognitive functioning and assist in treatment planning.

CURRENT COMPLAINTS AND GOALS AS OBTAINED FROM PATIENT: Thomas reported his primary concern as his ability to acquire new skills in pursuing a career. He is also fearful of getting another head injury and no longer participates in previously enjoyed activities such as surfing, dirt bike riding and rock climbing. His goal is to pursue a college degree in engineering or a career in communications as a writer and/or artist.

HISTORY OF INJURY AS OBTAINED FROM PATIENT: Thomas reported that his last memory prior to the accident was riding his bike through Spokane approximately 2 weeks before the accident. His next clear memory is being in California at Rancho Los Amigos. He has been told that he was riding in the back of a truck with 5 other missionaries. The accident occurred when another vehicle struck the truck and Thomas was thrown from the truck.

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PHYSICAL/PSYCHOLOGICAL SYMPTOMS AND CHANGES AS OBTAINED FROM PATIENT: Thomas reported no weakness or numbness in any parts of his body. He noted no hand tremor, history of arthritis or change in the ability to use his hands. He remembered that his balance has improved but is not as good as it was prior to the injury. He reported a constant ringing in his left ear with hearing loss in that ear related to the injury. He reported no changes in his vision and no history of auditory or visual hallucinations. Thomas stated that he has lost his sense of smell since the injury, but has no current problems with nausea. He reported his appetite as normal, but admitted that he does not eat when stressed. He described his sleep pattern as normal if he takes Trazodone. He added that he has cut his Trazodone to one quarter of a 50 mg. tablet. He noted that his endurance has decreased secondary to changes in his activity level. He reported no current problems with fainting spells, dizziness or headaches and no history of seizures.

Thomas described his mood as fluctuating, admitting that he gets anxious if he "doesn't like a person." He reported that he experiences emotions more intensely since the injury. He admitted that he is more irritable and tense since his injury. He added that he was more "laid back" and tolerant of others prior to the injury. He reported no current suicidal ideation, history of suicide attempts or previous psychiatric history. He reported no family psychiatric history.

COGNITIVE CHANGES AS DESCRIBED BY PATIENT: Thomas reported that he has difficulty following conversations in that he misinterprets content. He report occasional word finding difficulty, but this has improved. He reported no changes in his handwriting, problems with reading comprehension or problems with calculation ability. He admitted that he is easily distracted and reported his short-term memory as diminished. He stated that he tends to forget names and activities from the previous week.

RELEVANT BACKGROUND:

FAMILY/MARITAL HISTORY: Thomas was born in Los Angeles and raised in Fullerton, California by his adoptive parents. He was adopted as an infant and has one brother, age 22, who was also adopted. He is single, never married and has no children.

EDUCATIONAL HISTORY: Thomas graduated from high school and participated in one semester of junior college. He remembered that he made B's, C's and D's. He participated in home study from his sophomore year until his senior year, because his social life was too distracting and his grades diminished. He reported his worst subject as math and his best subject as English.

OCCUPATIONAL HISTORY: Thomas worked for his uncle, who is a civil engineer, and was employed in a machine shop for a brief time. He is currently a missionary for the Church of Jesus Christ of Latter Day Saints. He reported that he has completed 19 months of his 2-year missionary work.

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MEDICAL HISTORY AS OBTAINED FROM PATIENT: Thomas described himself as mostly healthy with a history of asthma. He reported no previous history of head injury or loss of consciousness. Current medications include Trazodone 50 mg.

SUBSTANCE USE HISTORY: Thomas reported no history of alcohol or illegal drug use/abuse.

LEGAL HISTORY: Thomas reported no legal history.

REVIEW OF MEDICAL RECORDS: Please refer to the report by Dr. Duane Greene for a thorough review of the medical records pertaining to this injury.

A psychologist at Rancho Los Amigos in California evaluated Thomas in September 2003. This evaluation included a neuropsychological assessment. It was concluded that his traumatic brain injury resulted in deficits in complex attention, speed of processing, mental organization and memory retrieval. It was recommended that he delay return to his mission in order to allow more time for recovery. At the time of this evaluation, there was no evidence of mood disturbance or difficulty with adjustment.

Dr. Duane Greene evaluated Thomas in May 2004. Dr. Greene's neuropsychological assessment concluded that Thomas is suffering from a cognitive disorder related to his traumatic brain injury with decreased speed of processing, diminished attention and concentration and "variable memory functions." He was diagnosed with a Depressive Disorder NOS secondary to residuals of his closed head injury. Dr. Greene recommended that Thomas participate in psychological counseling for his depression and work with vocational rehabilitation services for long-term career planning. Dr. Greene was concerned about Thomas' feelings of inadequacy and low self-esteem.

BEHAVIORAL OBSERVATIONS: Thomas presented as an alert, oriented, 21-year-old, right-handed male in no acute distress. He ambulated independently and no gross motor problems were observed during the evaluation. He was dressed in business attire and his grooming and hygiene were excellent. His speech was spontaneous, but there was evidence of concrete thinking and mild difficulty with higher-level language processing in his conversation. This was evidenced as problems with conciseness and missing the point in answering questions. Rate and prosody of speech were normal. There was no evidence of word finding difficulty in his conversation and receptive language appeared intact. His affect was flat and his mood was serious throughout the evaluation. In previous evaluations, it was noted that he displayed a sense of humor. There was no evidence of a sense of humor during this evaluation and, at times, he appeared irritated with the process. His speed of processing appeared mostly normal for his age group and his energy level was normal. He put forth good effort throughout the evaluation, but displayed some impulsivity that may be related to irritability. He had no difficulty understanding

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test instructions. These results are believed to be an accurate representation of his current cognitive functioning.

PROCEDURES: Wechsler Adult Intelligence Scale – Third Edition (WAIS-III), Wide Range Achievement Test, Revision 3 (WRAT-3, Word Recognition and Arithmetic Subtests only), Wechsler Memory Scale – Third Edition (WMS-III, Logical Memory and Family Pictures Subtests only), Controlled Oral Word Association Test (COWAT), Boston Naming Test, Trail Making Test (Parts A and B), Wisconsin Card Sorting Test (WCST), Rey-Osterreith Complex Figure Test (CFT), Rey Auditory Verbal Learning Test (RAVLT), Grooved Pegboard Test, Benton Judgment of Line Orientation Test, Symptom Checklist 90 – Revised (SCL-90-R) and clinical interview.

EXAMINATION RESULTS: Thomas' pre-injury functioning was estimated to be in at least the average range based upon his reported educational history.

HIGHER ORDER COGNITIVE FUNCTIONING: On the WAIS-III, he achieved a Verbal IQ score of 114 (82nd percentile), a Performance IQ score of 113 (81st percentile), and a Full Scale IQ score of 114 (82nd percentile). These scores are in the high average range for verbal ability, visual-spatial ability and overall intellectual functioning. Verbal Conceptualization was in the superior range, Perceptual Organization was high average while Processing Speed was average. Examination of subtest scaled scores revealed that all scores were in the above average range with the exception of a low average score on a test of mental calculation and an average score on a complex visual motor test that is sensitive to speed of processing and the effects of traumatic brain injury.

ACADEMIC FUNCTIONING: His current performances in the basic skills of word recognition and arithmetic were assessed with the WRAT-3. His scores were consistent with his educational history. He scored in the average range on word recognition and the low average range on arithmetic achievement.

COGNITIVE FLEXIBILITY: Thomas performed in the above average range on a complex problem-solving test requiring him to generate and test hypotheses in the face of changing rules. This test required that he alter his strategy in order to succeed on the task.

FINE MOTOR SPEED/COORDINATION: Speed on a pegboard task, that places demands on manual dexterity, was mildly below average with the preferred hand and below average with the non-preferred hand. Coordination was mostly normal.

LANGUAGE FUNCTIONING: Associative word fluency, measured by having the patient think of words beginning with a specified letter of the alphabet, was in the average range but inconsistent with his above average verbal intellectual skills. Category fluency, measured by having the patient think of examples from a specific category, was also average. His

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performance on a confrontation-naming task was mildly below average for his age and education and primarily attributed to word retrieval difficulty.

CONSTRUCTIONAL ABILITIES: His copy of a multi-faceted geometric design (CFT) was mildly below average secondary to impulsivity and attention errors in the organization and planning of the copy of the figure. The Block Design subtest of the WAIS-III involves assembling geometric designs from colored blocks. His performance was in the high average range on this test. There was no evidence of constructional impairment on these tasks.

ATTENTION/CONCENTRATION: Recall of digits forward and backward on the WAIS-III was in the high average range for his age group (9 forward, 5 backward). The relative difference between his digits forward and backward score, however, suggests that he has problems with working memory. His performance on the arithmetic subtest of the WAIS-III, that requires mental calculations, was in the low average range and attributed to problems with working memory.

VISUAL PERCEPTION: His performance on a test of spatial perception and orientation (Benton Judgment of Line Orientation) was average.

VISUAL MOTOR SPEED: His performance on a test involving visual search, motor speed, mental flexibility and attention was average (Trail Making Test). On the Digit Symbol subtest of the WAIS-III, his performance was in the average range for his age group but the lowest score amongst the entire performance subtest scaled scores.

VISUAL LEARNING AND MEMORY: Memory for the complex figure (CFT) was average on the immediate and delayed recall trials. Recognition memory was mildly below average, suggesting that he was able to remember the central configuration, but struggled in recalling details. He was asked to incidentally recall the symbols from the Digit Symbol subtest of the WAIS-III. He recalled all 9 symbols, which is an above average performance.

Thomas was given the Family Pictures subtest from the WMS-III, which provides a measure of structured visual memory. He performed in the above average range on the immediate and delayed recall trials of this test.

NEW VERBAL LEARNING AND MEMORY: Verbal learning and memory were assessed with the RAVLT, which is a list-learning task. He demonstrated some capacity for incremental learning over the learning trials but he plateaued quickly. The overall information learned across the trials was below average for his age group. His delayed recall was also below average for his age group. Recognition memory was average but he made omission and false positive errors.

Thomas was given the Logical Memory Subtest from the WMS-III, which is a story memory test. His performance on the learning trial was in the low average range but improved on the

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delayed recall trial. This pattern of performing better on a story task versus a list-learning task suggested that his memory improves when he is given structure with multiple exposures.

EMOTIONAL/BEHAVIORAL FUNCTIONING: His responses on the Symptom Checklist - 90 - Revised suggested awareness of cognitive difficulties and significantly low self-esteem. There is also evidence of loss of self-confidence along with symptoms of depression.

SUMMARY/IMPRESSIONS: Thomas Waite is a 21-year-old, right-handed male with a history of traumatic brain injury. Specific individual findings related to the neuropsychological functions previously described are summarized below for the procedures used in Mr. Waite's evaluation.

His overall intellectual functioning based upon reported educational history was estimated to be in at least the average range. Testing suggested overall intellectual functioning in the high average range with superior verbal skills and high average visual-spatial skills. Measures of speed of processing, however, were in the average range. Word recognition and arithmetic achievement were consistent with his educational history. Cognitive flexibility was above average. Verbal fluency was in the average range and inconsistent with his above average verbal intellectual skills. Confrontation naming was mildly below average and attributed to difficulty with word retrieval. Organization and planning of a complex figure was mildly below average secondary to impulsivity and attention errors. Visual motor speed and speed of information processing was average. His performance on a visual perception test was average. Speed on a pegboard task was mildly below average with the preferred hand and below average with the non-preferred hand. New verbal learning and memory were below average for unstructured material and average for structured material. Memory for non-verbal information was average to above average. Psychological measures revealed low self-esteem and diminished self-confidence with some depressive symptomatology.

Thomas' performance on neuropsychological testing continues to show problems with diminished verbal memory for unstructured material. In the face of above average verbal skill, he is experiencing average to low average speed of processing of verbal information and some difficulty with high level verbal organization skills. This affects his ability to glean context from conversations in which he has to attend to body language, voice inflection and language to comprehend intent. When compared to the previous neuropsychological evaluations, Thomas has made significant gains. With these gains comes an increased awareness of his deficits. Often when patients experience increased awareness of deficits they experience increased symptoms of depression related to recognizing that they are not performing at their previous level of functioning. This affects self-esteem and ultimately self-confidence.

Treatment for Thomas needs to be focused on psychological counseling to build his self-esteem and self-confidence. It is best to work with a professional who is familiar with traumatic brain injury and understands the course of recovery. He also needs vocational services that will

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advocate for him as he returns to school and work following his mission. He will need to be in contact with Student Services in a university setting to receive assistance with accommodations for learning new material, having extra time to take tests, and being able to keep up with note taking during lectures. He will also need career counseling. For example, with his math skills background, he will likely struggle with an engineering curriculum.

DIAGNOSTIC IMPRESSION: An appropriate diagnosis at this time is Cognitive Disorder NOS secondary to Traumatic Brain Injury (DSM-IV: 294.9). His deficits appear to be in the mild range of impairment. He is also experiencing an Adjustment Disorder with symptoms of depression (DSM-IV: 309.0). These symptoms are primarily related to his reaction to the changes in his ability and lifestyle related to the injury.

RECOMMENDATIONS:

1. Thomas needs to pursue counseling with a professional who has experience with traumatic brain injury. This person could give him information as to future expectations and assist in increasing his self-esteem and self-confidence. It will be particularly important to have this assistance when he returns to college or a new career.
2. If Thomas decides to pursue college, it is recommended that he be involved with Student Services. He is likely to need extra time for taking tests. He will also need to be allowed to tape record lectures so that he has multiple exposures to material to make learning easier.
3. Thomas needs to have vocational assistance with return to school and choice of career.
4. It may be useful to consider antidepressant medication to address Thomas' irritability and depressive symptomatology. This medication may assist in decreasing his frustration.

Thank you for the referral of this patient. Please do not hesitate to contact me if you have questions regarding these findings and/or recommendations.

Angelique G. Tindall, Ph.D.
Clinical Psychologist
(509) 473-6791

AGT/slc

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TEST RESULTS

Wechsler Adult Intelligence Scale- Third Edition

Full Scale IQ Score 114 - 82nd percentile
 Verbal IQ Score 114 - 82nd percentile
 Performance IQ Score 113 - 81st percentile

Verbal Scaled Scores		Performance Scaled Scores	
Vocabulary	12	Picture Completion	12
Similarities	17	Digit Symbol	9
Arithmetic	7	Block Design	12
Digit Span	12	Matrix Reasoning	14
Information	12	Picture Arrangement	13
Comprehension	14	Symbol Search	11

Wide Range Achievement Test - Revision 3

	Std Score	Percentile
Reading	103	58
Arithmetic	89	23

Wisconsin Card Sorting Test

Errors 13 77th percentile
 Perseverative Responses 8 81st percentile
 Categories Completed 6 > 16th percentile

Grooved Pegboard Test

	Time (sec.)	Drops	T score
Preferred Hand	72	0	37
Nonpreferred Hand	84	20	33

Benton Judgment of Line Orientation

Score= 25 56th percentile

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Trail Making Test

	Time (sec.)	Errors	T Score
Part A	29	0	41
Part B	52	0	50

Rev Auditory Verbal Learning Test

	Raw Score	z score
Total Words	43	-1.3
Delayed Recall	7	-1.7
Recognition Hits	12	-0.2
False Positives	2	

Complex Figure Test

	Raw score	T Score	Percentile
Copy	33		11 - 16
Immediate Recall	23	46	34
Delayed Recall	22	43	24
Recognition	19	32	4

Wechsler Memory Scale - Third Edition

	Scaled Score
Logical Memory I	8
Logical Memory II	11
Family Pictures I	14
Family Pictures II	14

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Controlled Oral Word Association

Corrected Total Words 43 67th percentile

Boston Naming Test

Total Words 78
T score 37

Symptom Checklist-90-Revised

GSI = 0.56 T score = 64

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CURRICULUM VITAE

ANGELIQUE G. TINDALL
St. Luke's Rehabilitation Institute
711 S. Cowley
Spokane, Washington 99202
Work: (509) 473-6791

EDUCATION

- Ph.D. University of Montana, Missoula, Montana
August 1991
Major: Clinical Psychology (APA-approved)
- M.A. University of Montana, Missoula, Montana
January 1988
Major: Psychology
- B.A. University of Montana, Missoula, Montana
June 1986
Major: Psychology
Graduated with Honors
- B.S. Georgia State University, Atlanta, Georgia
June 1980
Major: Nutrition (Coordinated Undergraduate Program)
Graduated Magna Cum Laude

AWARDS & HONORS

Faculty Commendation from the University of Montana Clinical Psychology Faculty; 1988, 1989, 1990.

Bertha Morton Scholarship awarded to selected graduate students upon recommendation of the Psychology Faculty, 1989.

Morton Greenberger Scholarship awarded to a Clinical Psychology graduate student with medically-oriented research interests, 1987.

Dean's Certificate and Dean's Key for Outstanding Scholarship, 1980.

Mortar Board Honor Society Award for Outstanding Scholastic Achievement, 1980.

CERTIFICATIONS

Certification in Adult Weight Management awarded by the American Dietetic Association and the Commission on Dietetic Registration, 2003.

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Angelique G. Tindall

CLINICAL EXPERIENCE

2/02 - St. Luke's Rehabilitation Institute
present Spokane, Washington
Clinical Psychologist

9/00 - JHC Health Center
3/01 Las Vegas, Nevada
Clinical Psychologist

4/96 - Northeast Georgia Medical Center
7/00 Gainesville, Georgia
Clinical Psychologist

8/97 - Shepherd Center
9/98 Atlanta, Georgia
PRN Clinical Neuropsychologist

8-94 - St. Peter's Community Hospital
12-95 Helena, Montana
Clinical Psychologist

9/93 - Sacred Heart Medical Center
7-94 Spokane, Washington
Clinical Psychologist

9/91 - Oregon Health Sciences University
9/93 Portland, Oregon
Postdoctoral Resident
Clinical Training Director: Arthur N. Wiens, Ph.D.

Two-year postdoctoral residency in Medical Psychology.

7/90 - University of Wisconsin Health Sciences Center
7/91 Madison, Wisconsin
Clinical Psychology Intern
Training Director: Joel R. Wish, Ph.D.

Clinical Psychology Internship with emphasis in Health Care Psychology. (APA-approved)

9/88 - Western Montana Clinic
6/90 Missoula, Montana
Psychometrician
Supervisor: Paul J. Bach, Ph.D.

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7/88 - Veterans Administration Hospital
9/88 Ft. Lyon, Colorado
Psychology Trainee
6/87 - Supervisors: Valerie Green, Ph.D. and John Fryer, Ph.D.
9/87

ADDITIONAL CLINICAL TRAINING

2/93 University of Washington, Regional Epilepsy Center
Seattle, Washington
Completed 1-week internship in Traumatic Brain Injury
Rehabilitation.

RESEARCH EXPERIENCE

9/87 - University of Montana COTEACH Preschool
6/88 Missoula, Montana
Research Assistant
Supervisor: Richard Van den Pol, Ph.D.

TEACHING EXPERIENCE

3/89 - University of Montana Psychology Department
6/89 Missoula, Montana
Instructor
Middle Childhood and Adolescent Developmental Psychology

CLINICAL EXPERIENCE IN DIETETICS

7/83 - Grady Memorial Hospital
8/84 Atlanta, Georgia
Registered Dietitian
10/80 - University of Colorado Health Sciences Center
8/82 Denver, Colorado
Registered Dietitian

PROFESSIONAL SOCIETIES

Commission On Dietetic Registration, Registered Dietitian
National Register of Health Service Providers in Psychology, Registrant

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PUBLICATIONS

Marc A. Jay, MS,PT, Jon M. Lamb, MS,PT, Richard L. Watson, MS,PT, Ian A. Young, MS,PT, Frank J. Fearon, DPT, James A. Alday, MD, and Angelique G. Tindall, Ph.D. (2000). Sensitivity and Specificity of the Indicators of Sincere Effort of the EPIC Lift Capacity Test on a Previously Injured Population. Pain, 25 (11), 1405-1412.

Roman-Goldstein, S., Mitchell, P., Crossen, J.R., Williams, P.C., Tindall, A.G. & Neuwelt, E.A. (1995). MR and Cognitive Testing of Patients Undergoing Osmotic Blood-Brain Barrier Disruption with Intraarterial Chemotherapy. American Journal of Neuroradiology, 16, 543-553.

Wiens, A.N., & Tindall, A.G. (1995). Interviewing. In L.A. Heiden & M. Hersen (Eds.), An Introduction to Clinical Psychology. New York: Plenum Publishing Company.

Wiens, A.N., Tindall, A.G., & Crossen, J.R. (1994). The California Verbal Learning Test: A Normative Data Study. The Clinical Neuropsychologist, 8(1), 1-16.

PROFESSIONAL PRESENTATIONS

Tindall, A.G. (April, 2005) Gender Issues in Treating Injured Workers. Oral presentation at the COHE Complex Issues conference at St. Luke's Rehabilitation Institute.

Tindall, A.G. (January, 2004) Are You Sleep? Contributions of Sleep Disturbance As a Barrier to Recovery. Oral presentation at the COHE Complex Issues conference at St. Luke's Rehabilitation Institute.

Tindall, A. G. (January, 2003) Neuropsychological Assessment in the Return to Work Context. Oral presentation presented at the Minor Head Injury and Return to Work conference at St. Luke's Rehabilitation Institute in Spokane, Washington.

Olson, K.A., Tindall, A.G., Fleming, B.M., & Berkowitz, A.L. (October, 1993) Are There Gender Differences in Chronic Pain Patients? Poster presented at the American Pain Society in Orlando, Florida.

Bedder, M.D., Olson, K.A., Tindall, A.G., & Berkowitz, A.L. (August, 1993) Psychological Factors Associated with Diagnostic Epidural Examinations. Poster presented at the 7th World Congress on Pain in Paris, France.

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Tindall, A. G., Wiens, A.N., & Crossen, J.R. (February, 1991)
The California Verbal Learning Test: A Normative Data Study. Poster
presented at the meeting of the International Neuropsychological Society
in Galveston, Texas.

Tindall, A.G., & Bradley, J.R. (February, 1991)
Relationships Between California Verbal Learning Test
(CVLT), Wechsler Adult Intelligence Scale-Revised (WAIS-R)
Information and Vocabulary Subtests, and Neuromedical Risk
Factors in a College Population. Poster presented at
the meeting of the International Neuropsychological Society
in San Antonio, Texas.

Tindall, A.G., Pendleton, M.G., & Meyerink, L.H. (November,
1990) Predictors of success in a Memory Remediation
Program. Poster presented at the meeting of the National
Academy of Neuropsychology in Reno, Nevada.

Tindall, A.G. (April, 1989) Childhood Depression. Paper
presented at the combined meetings of the Western
Psychological and Rocky Mountain Psychological Associations
in Reno, Nevada.

Tindall, A.G. (April, 1988) The Videoshare Project: Linking Behavioral
and Video-Based Records. Poster presented at the Montana state conference
on Establishing Optimal Services for Children with Handicaps
in Billings, Montana.

REFERENCES AVAILABLE UPON REQUEST