

LIFE EXPECTANCY INPUTS ABSTRACT

EXAMPLE, CHILD F (SYNTHETIC), DOB 07/02/2021

Prepared for counsel. Subject to review and verification by retaining counsel and the life expectancy experts.

SYNTHETIC SAMPLE. The child, records and both expert reports are invented. The published tables are real and cited with their versions. Every cite is a live link to a bundled page at the back of this file.

What this does

The published cerebral palsy survival tables key on a few facts: age, motor ability and feeding. This abstract quotes every record entry that bears on those facts, flags entries that point different ways, and sets out where the two experts coded the same child differently. It then shows, as a lookup, what the current table prints for each combination of the two codings. Choosing a table, a coding, any adjustment and the final figure belongs to the experts.

What the record and the reports show

- The experts coded motor ability differently, and each cites a real entry.** Plaintiff's expert: "Lifts head and chest, partial rolling" ([plaintiff report, p.12](#)), citing the 03/05/2026 note of chest clearance "with facilitation at the pelvis" ([PT-402, p.6](#)). Defense expert: "Lifts head but not chest in the prone position" ([defense report, p.13](#)), citing the 02/10/2026 evaluation, "does not clear chest from mat" ([PT-401, p.5](#)). The tables' source instrument counts actions performed "on a consistent basis in typical settings" (Brooks 2014b, p.2).
- They coded feeding differently.** Plaintiff: "Fed orally by others" (feeding therapy, [ST-601, p.8](#)). Defense: "Tube fed" (G-tube "about 85% of daily calories", [GI-501, p.7](#)). The record shows both a G-tube and caregiver spoon-feeding.
- They relied on different tables.** Plaintiff cites Brooks et al. 2014, Table II. Defense cites Zhang et al. 2025, Table 1, which states: "Tables 1 and 2 here update and supercede those in our previous article." They also used different general-population years (2022 and 2024).
- What the current table prints for each combination.** Zhang 2025 Table 1, survival to age 20 of a 4-year-old: plaintiff's motor and feeding coding, 77%; defense coding, 57%; the two mixed combinations, 65% and 68%. Plaintiff's cited Brooks 2014 table prints 78% for plaintiff's coding. Full rows are below. None is chosen.
- Age fits the table's cohort.** The child was 4.61 years old at the 02/10/2026 evaluation; the age-4 cohort was evaluated "between ages 3.5 and 5.0 years" (Brooks 2014b, p.2).
- Three facts in the record are not variables in the tables:** seizures ([NE-701, p.9](#)), an aspiration pneumonia admission ([HD-801, p.10](#)) and scoliosis ([RX-901, p.11](#)). The Life Expectancy Project names comorbidities among factors its tables do not capture (Brooks 2014b, p.6). They are listed, not weighed.

These are record entries and published table values, with cites. They are not a life expectancy estimate or a view on which coding is right.

Inputs abstract: every entry that bears on a table variable

Variable	Entry	Date	Age (yr)	As recorded	Cite
Motor: head and chest in prone	PT-401	02/10/2026	4.61	"In prone, lifts head to 45 degrees for up to 10 seconds; does not clear chest from mat."	PT-401, p.5
Motor: rolling	PT-401	02/10/2026	4.61	"Rolls prone to supine with minimal assistance; does not roll supine to prone."	PT-401, p.5
Motor: sitting and walking	PT-401	02/10/2026	4.61	"Does not sit without support. Does not walk."	PT-401, p.5

Variable	Entry	Date	Age (yr)	As recorded	Cite
Motor: head and chest in prone	PT-402	03/05/2026	4.67	"Prone on elbows with chest clear of mat for 3 seconds, twice, with facilitation at the pelvis."	PT-402, p.6
Motor: rolling	PT-402	03/05/2026	4.67	"Rolled supine to side-lying independently once."	PT-402, p.6
Feeding	GI-501	01/22/2026	4.56	"Bolus G-tube feeds 4 times daily provide about 85% of daily calories."	GI-501, p.7
Feeding	GI-501	01/22/2026	4.56	"Oral intake: purees offered by caregiver, about 15% of calories."	GI-501, p.7
Feeding	ST-601	02/24/2026	4.65	"Fed by caregiver with spoon. Does not bring spoon to mouth."	ST-601, p.8
GMFCS level as documented by a clinician	PT-401	02/10/2026	4.61	"GMFCS level V."	PT-401, p.5
GMFCS level as documented by a clinician	NE-701	03/12/2026	4.69	"GMFCS IV-V."	NE-701, p.9
Not captured by the tables: seizures	NE-701	03/12/2026	4.69	"Focal seizures, 2 to 3 per month on levetiracetam."	NE-701, p.9
Not captured by the tables: respiratory	HD-801	11/18/2025	4.38	"Admitted 11/14/2025 for aspiration pneumonia. Discharged 11/18/2025 on room air."	HD-801, p.10
Not captured by the tables: spine	RX-901	12/09/2025	4.44	"Thoracolumbar scoliosis, Cobb angle 18 degrees."	RX-901, p.11

Entries that point different ways

Variable	Entry pointing one way	Entry pointing the other way	Table definition as printed
Chest lift in prone	"does not clear chest from mat" (PT-401, p.5)	"chest clear of mat for 3 seconds ... with facilitation" (PT-402, p.6)	Skills performed "on a consistent basis in typical settings" (Brooks 2014b p.2)
Rolling	"does not roll supine to prone" (PT-401, p.5)	"Rolled supine to side-lying independently once" (PT-402, p.6)	Zhang 2025 groups: "partial rolling"; "Full rolling, does not walk unaided"
Feeding	"G-tube feeds ... about 85% of daily calories" (GI-501, p.7)	"Fed by caregiver with spoon" (ST-601, p.8)	Groups: "Tube fed", "Fed orally by others", "Self feeds orally" (Zhang 2025)
GMFCS level documented	"GMFCS level V." (PT-401, p.5)	"GMFCS IV-V." (NE-701, p.9)	The Zhang 2025 table does not use GMFCS levels

Conflict sheet: the same child, coded by each expert

Item	Plaintiff expert	Defense expert
Motor group	Lifts head and chest, partial rolling (cites PT-402) report, p.12	Lifts head but not chest in the prone position (cites PT-401) report, p.13
Feeding group	Fed orally by others (cites ST-601)	Tube fed (cites GI-501)
Table relied on	Brooks et al. 2014, Table II (adjusted to 2010)	Zhang et al. 2025, Table 1
General population comparison	U.S. life tables, 2022	U.S. life tables, 2024
Entries cited by this expert only	PT-402, ST-601	PT-401, GI-501
Entries cited by neither	NE-701, HD-801, RX-901	NE-701, HD-801, RX-901

Table lookup: what the published table prints for each coding

Motor coding	Feeding coding	To 10	To 15	To 20	To 25	To 30	To 35	To 40
Lifts head and chest, partial rolling (plaintiff)	Fed orally by others (plaintiff)	93	86	77	68	58	51	42
Lifts head and chest, partial rolling (plaintiff)	Tube fed (defense)	82	70	65	52	43	34	-
Lifts head but not chest in the prone position (defense)	Fed orally by others (plaintiff)	89	80	68	58	51	42	34
Lifts head but not chest in the prone position (defense)	Tube fed (defense)	79	68	57	45	36	32	17

Zhang T, Brooks JC, Shavelle RM, Strauss DJ, Dev Med Child Neurol 2025 (early view p.1), Table 1: "Probability (%) that a 4-year-old child with cerebral palsy will survive to various ages." [lifeexpectancy.org](#). Superseded table cited by plaintiff, Brooks et al. 2014 Table II (adjusted to 2010), plaintiff coding, to ages 10-30: 93, 86, 78, 66, 55 [lifeexpectancy.org](#). General population, U.S. males, age 4, e(x) = 73.1 years (NCHS U.S. Life Tables 2024, Table 2) [cdc.gov](#).

What this is not

No life expectancy figure for this child. No choice of table, coding, version or general-population year, and no adjustment for individual factors. Values are printed table cells for codings the experts made, plus the two mixed combinations so neither side's coding is shown alone. GMFCS levels are quoted only as clinicians wrote them; no GMFCS descriptor is reproduced and no level is assigned (CanChild permits reproduction only "in its entirety" and with "no charge"). The Life Expectancy Project's own crosswalk from its motor groups to GMFCS levels is not used.

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p.12	SYN-EXP000001 Plaintiff expert report
p.13	SYN-EXP000002 Defense expert report

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

PHYSICAL THERAPY EVALUATION

Entry ID: PT-401 | Author: Physical Therapist G Example, PT, DPT (SYN) | Date of service: 02/10/2026

In prone, lifts head to 45 degrees for up to 10 seconds; does not clear chest from mat.

Rolls prone to supine with minimal assistance; does not roll supine to prone.

Does not sit without support. Does not walk.

GMFCS level V.

Plan: PT 2x/week, positioning program, family training.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

PHYSICAL THERAPY PROGRESS NOTE

Entry ID: PT-402 | Author: Physical Therapist G Example, PT, DPT (SYN) | Date of service: 03/05/2026

Prone on elbows with chest clear of mat for 3 seconds, twice, with facilitation at the pelvis.
Rolled supine to side-lying independently once.
Continue plan.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

PEDIATRIC GASTROENTEROLOGY NOTE

Entry ID: GI-501 | Author: Gastroenterologist N Sample, MD (SYN) | Date of service: 01/22/2026

G-tube placed 08/2023.
Bolus G-tube feeds 4 times daily provide about 85% of daily calories.
Oral intake: purees offered by caregiver, about 15% of calories.
Weight tracking along the 5th percentile.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

FEEDING THERAPY NOTE

Entry ID: ST-601 | Author: Speech-Language Pathologist H Sample, CCC-SLP (SYN) | Date of service: 02/24/2026

Fed by caregiver with spoon. Does not bring spoon to mouth.
Tolerates smooth purees in small amounts. Coughs with thin liquids.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

NEUROLOGY CLINIC NOTE

Entry ID: NE-701 | Author: Neurologist O Example, MD (SYN) | Date of service: 03/12/2026

Spastic quadriplegic cerebral palsy.
GMFCS IV-V.
Focal seizures, 2 to 3 per month on levetiracetam.
Scoliosis followed by orthopedics.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

HOSPITAL DISCHARGE SUMMARY

Entry ID: HD-801 | Author: Pediatric Hospitalist J Example, MD (SYN) | Date of service: 11/18/2025

Admitted 11/14/2025 for aspiration pneumonia. Discharged 11/18/2025 on room air.
Treated with IV antibiotics. Feeding plan unchanged.

DEVELOPMENTAL AND MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC) | DOB 07/02/2021

RADIOLOGY REPORT: SPINE RADIOGRAPHS

Entry ID: RX-901 | Author: Radiologist K Sample, MD (SYN) | Date of service: 12/09/2025

Thoracolumbar scoliosis, Cobb angle 18 degrees.

EXPERT REPORTS AS SERVED (SYNTHETIC)

Re: EXAMPLE, CHILD F (SYNTHETIC)

EXPERT REPORT: LIFE EXPECTANCY (PLAINTIFF) (EXCERPT)

Author: Life Expectancy Expert P Example, PhD (SYN) | Date: 06/01/2026 | Re: EXAMPLE, CHILD F (SYNTHETIC)

Functional coding. Motor: lifts head and chest, partial rolling (physical therapy progress note, 03/05/2026). Feeding: fed orally by others (feeding therapy note, 02/24/2026).

Table relied on: Brooks et al. 2014, Dev Med Child Neurol, Table II, adjusted to 2010. General population comparison: U.S. life tables, 2022.

EXPERT REPORTS AS SERVED (SYNTHETIC)

Re: EXAMPLE, CHILD F (SYNTHETIC)

EXPERT REPORT: LIFE EXPECTANCY (DEFENSE) (EXCERPT)

Author: Life Expectancy Expert D Sample, MD (SYN) | Date: 07/15/2026 | Re: EXAMPLE, CHILD F (SYNTHETIC)

Functional coding. Motor: lifts head but not chest in prone (physical therapy evaluation, 02/10/2026). Feeding: tube fed (gastroenterology note, 01/22/2026; about 85% of calories by G-tube).
Table relied on: Zhang et al. 2025, Dev Med Child Neurol, Table 1. General population comparison: U.S. life tables, 2024.