

Title: Concussions and Sports Injuries: Preventing Brain Injury

Description: From youth sports all the way up to professional teams, concussions are a very common injury, and they can have long term, lifelong effects if left untreated. Ringler Radio, host Larry Cohen along with co-host, Nolan Robinson join guest, Attorney David Kracke from the law firm of Nichols & Associates in Portland, Oregon, to discuss the severity of concussions. David talks about Max Conrad and Max's Law, litigation involving concussions and the importance of educating and training the general public about the dangers.

Host: Larry Cohen

Co-Host: Nolan Robinson

Guest: Attorney David Kracke

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Larry Cohen: Well hello, everyone, and welcome to Ringler Radio. I'm Larry Cohen, Head of Ringler Associates Northeast Operations, and we're certainly glad you could join us today.

Well, the entire area of brain safety is especially current given the publicity from several prominent football players recently. I know some of you might remember one of them committed suicide, others have been claiming dementia. And so, from youth sports all the way up to professional teams, concussions are a very common injury, and they can have long-term, lifelong effects if left untreated.

And, the New York Times has done a series of articles by sports reporter Alan Schwartz which has highlighted the problem over the past couple of years and has really gotten the attention of the NFL and other youth sports organizations. Well, today on Ringler Radio we're going to be exploring the impact of concussions and explain just what coaches and parents need to know to help avoid the long term effects that concussions can have.

And my co-host today, to help me, is my Ringler colleague from the Beaverton, Oregon, office of Ringler, Nolan Robinson. Nolan's been with Ringler for over nine years, and he's been preparing and presenting structured settlement proposals and providing training for claims personnel and attorneys throughout the great Northwest.

And our special guest, and our real expert on the area of concussions, is Attorney David Kracke from the law firm of Nichols & Associates in Portland, Oregon. Dave has been representing individuals with brain injuries for more than 22 years. He's also on the Board of Directors for the Brain Injury Association of Oregon. Welcome to Ringler Radio, Dave.

David Kracke: Thank you very much, Larry. It's a real pleasure to be here.

Larry: And, the first thing I want to ask you is, did I pronounce Oregon right?

David: You got close enough.

Larry: OK, good. [chuckles] Every time I'm out there, people are telling me, it's not Oregon, it's Oregon. So, I'm trying my best.

Well Dave, how did you get first involved with representing individuals with brain injuries?

David: Well, Larry, it's a story that actually started way back in my youth. My little brother borrowed my skateboard one day, went out for a ride. This was well before the years of helmets. Lost control, and we don't really know what happened. But he showed up at the house pale as a ghost, went upstairs, laid down on the bed. My mom ran in, said, "Ted, what's the matter?" □ He looked at my mom straight in the eyes and said, "Who are you?"

He had suffered a severe skull fracture, a concussion, and that event affected me profoundly. It was really an impetus in my mind of the importance, obviously, of the brain towards normal function in life. It's something that has stuck with me for a long time.

I became an attorney about 20 years ago and have been specializing in personal injury plaintiff's work, representing people with brain injuries and a host of other injuries as well. In about 2000, I represented a woman who had been involved in a carjacking case. And she was denied insurance benefits due to some vagaries within the legislation that prevented her from doing so. Got my juices going. I started working with both Houses down in the Oregon Legislature and successfully shepherded a bill that established the rights for the victims of carjacking.

That apparently caught the attention of the Brain Injury Association of Oregon. They asked me to help them with various projects. I ultimately became a Board member and then became very active with the passage of Max's Law once that became a real issue for us.

Nolan Robinson: David, I first had the chance to meet you when you were speaking about Max Conrad and Max's Law, and can you tell us some more about that, please?

David: Absolutely. Nolan, Max's Law, as you know, is one of the initial " in fact, I think it was the first " law in the country that dealt with coaches' responsibilities with regard to their students, or their student athletes, who suffer concussions or head injuries of any kind.

Max's story is a very sad story. Max was the All Star quarterback down at Waldport High School. It's a high school down on the Oregon coast. He was just a stellar student. He was on his way to the Ivy League in the following year. And unfortunately, in one of the football games, he suffered a concussion. Now that, in and of itself, probably is a serious deal, of course. But, where the real problem occurred is, when the coaches allowed him to play the next week, before his brain was fully recovered.

Essentially what happens " and this is kind of the lay person's description of what happens with this type of head injury and the one that I kind of use to visualize the dangerous second-impact syndrome" the brain cells in the recovery period, in my mind, they turn into, essentially, icicles. I know that's not anatomically correct. It has nothing to do with temperature, but just for a graphic that's how I like to think of it. If those icicles, brain cells, in the healing process are allowed to recover, then they melt normally. They essentially go back to normal function.

If, however, there is a second concussion, a second head injury, while those cells are in that highly fragile state, when they are essentially those icicles hanging from the eaves. I like to think of that second concussion as being the stick that the little kid holds, that he runs across those eaves, and all those icicles just snap right off. That's essentially, in my mind at least, what happens with second-impact syndrome.

Larry: It's a good illustration.

David: Thank you, but...

Larry: It helps us out.

David: ...unfortunately for Max Conrad, it was not understood at the time what was going on with his brain physiology. And the coaches let him back in to play, and they shouldn't have, unfortunately. He got the second impact to the head, those icicle brain cells, if you will, were knocked off the eaves, and he never regained use of those brain cells. At that time, he became severely, severely brain injured. Now Max, to his credit, has enjoyed a pretty remarkable recovery, although today he still is in a long term care facility. He is just the most pleasant young man that you'll ever want to meet. He's a friend of mine now, after all of these years, and a person I'm proud to call my friend.

He participated in the hearings down in Salem, which is the State capitol of Oregon, during the adoption of Max's Law. Some of his antics down there, the loss of inhibition especially, which is a common occurrence with this type of injury, led him to make some very enthusiastic outbursts in Committee which, believe me, the Committee members are never used to seeing. And, when he stood up and gave, essentially, a round high five to the Chair of the Committee, it was a moment that I don't think anybody in that room will ever forget.

Larry: Well Dave, let me go back to those two football games that...

David: Yes.

Larry: ...Max was in. What was it, between the first game and the second game, that allowed that play to take place? Was it the lack of proper physicians in the school system that were looking at this kid? Was it just zealous coaches trying to get him back in the game to win? What was it that prevented this concussion from being properly treated?

David: I think you've nailed it on a couple of points there. I think that there is a tremendous desire among the participants, the players, to get back in there. As I stated, Max was the quarterback. He's a critically important member of that team. He's got the whole team looking at him saying, I can't wait for this next game. We're going to win this one as well.

I think that the coaches tended, in Max's situation, probably had the same type of response. Now, I do not want to suggest for a second that the coaches understood what was going on to the point of saying recklessly...

Larry: Right.

David: ...let's play him anyway. It's worth the risk. That, I don't believe, had at any point entered the discussion in the coaches minds. But, I think what did probably occur is that the coaches were without understanding of what was going on medically, physiologically, in Max's head.

Larry: Interesting.

David: He shouldn't have been in there. He was not symptom free. And, as a result, he unfortunately suffered second-impact syndrome.

Larry: Well, it's quite a compelling story. You know, Dave, most people are somewhat familiar with concussions occurring in young males, who are typically more daring. You talked about your brother and the skateboard and things like that. But, isn't it true that concussions are also common in females, which is something I think a lot of us don't realize?

David: It's a little-recognized fact that, other than men's or boys' football, the next highest prevalence of concussion is in girls' soccer. There are a number of theories as to why. First of all, there's not the padding that you might otherwise find. No helmets are worn. Second of all, there's an argument that, perhaps, the neck physiology, the neck muscle structure in girls is a little bit less able to absorb the head injuries. And then, certainly, you just have the head-to-head contact, or head-to-pole contact around the goal, that occurs.

The other one that I think we're going to see an increase in, and it's unfortunate, and I've heard of some blow back coming from the organized members of the community, is in girls lacrosse. And, anecdotally, I have a colleague in the Portland area whose daughter played on a team where a girl was hit in the head twice in the same practice with a lacrosse ball. Which, if you know about lacrosse, it's a very hard...

Larry: Right.

David: ...rubber, I believe, ball, and she suffered two concussions within one practice. Why she was out there after the first one, it's unknown. She suffered second-impact syndrome as a result. Believe it or not, I've heard of some lack of willingness to, perhaps, adopt some safety measures in girls' lacrosse that might be beneficial.

Larry: What about cheerleading? Has that been an area of concussions as well for females?

David: It sure has. We've seen, with the recognition of cheerleading as a sanctioned sport, I believe, you're seeing an influx of money for scholarships and what have you at the college level. That has led to a focus on cheerleading, especially the gymnastics based cheerleading in high school sports. Unfortunately, oftentimes the girls aren't prepared, when they do the high throws, to, essentially, make the catches properly, and we are seeing a significant increase in concussions among cheerleaders.

Larry: Well, before Nolan talks about concussions generally, I just want to say that I'm a big booster to the University of Connecticut. And Connecticut has really eliminated their gymnastic cheerleading squad and have what they call a spirit squad now, which is a lot less oriented to pyramids and flips and all those things. And I think it's recognition, perhaps, of these injuries perhaps, of these injuries and perhaps some insurance issues as well.

David: Yes. From a legal standpoint you know those insurance issues are certainly going to be a driver. There's no question about that.

Nolan: David, I'm going to ask you to talk about concussions a little bit. You did a little bit briefly, but what exactly is a concussion. Maybe it seems like a silly question, but I think it's legitimate also, do you think we take them seriously enough? I mean, it's certainly more so than it used to be, but I assume there's still some ground to be made up there as well?

David: Well, you know, it really is a societal question. It's a question that tends to open doors that you may not even expect to be opened. A medical definition, and again I'm not a doctor but this still is very generic, of a concussion, the definition of a concussion is it's a trauma induced change in mental status with confusion, quite possibly with amnesia, and with or without a brief loss of consciousness.

Some of the signs or symptoms that you'll see typically, and when I say you'll see typically that's a misnomer because we tend to call a concussion the invisible injury. Any type of traumatic brain injury tends to be one you can't really see if you're looking at someone. It's internal.

Larry: Yeah, let's talk about that Dave, the symptoms and the sign, and let's use football as an example. They've got their bell rung is what they used to say in the old days, but what are those symptoms? Is it wooziness? Is it your eyes can't focus? Tell the audience what they should be looking for even if their child comes home after hitting their head.

David: We call it a constellation of symptoms, which suggests that there are many. Common ones you will see include headache, disorientation perhaps as to time, date, place, confusion, dizziness, there may be a vacant stare or confused expression. The person may be incoherent, incomprehensible with regard to their speech.

There's going to be maybe in coordination or a weakness recognized. As with my brother you might see amnesia. Certainly there's the nausea or the vomiting that might occur. In fact, we oftentimes see the person get hit in a football game, rushed to the sidelines, and then you see them doubled over. There may be double vision.

There may be tinnitus or ringing in the ears. Those are some of the common symptoms that you will see in initially.

Nolan: Now, some concussions, I assume, are more severe than others and so can you talk about that? Mild and severe concussions and second impact syndrome. Could you kind of shed some light on that?

David: Absolutely. The medical literature describes concussions in terms of grade. You have a grade one concussion, which is no loss of consciousness, there's transient confusion, and then the other symptoms that I just kind of laundry listed for you tend to resolve within about 15 minutes or so in the short term.

Doesn't mean there's not going to be long term concerns. In fact, obviously there are. Then when you get into a grade two concussion, again, you have no loss of consciousness, you have transient confusion, and the other symptoms that require more than 15 minutes to resolve.

When you have a grade three concussion, which is the most serious, you have a loss of consciousness for any period of time, you have all of the symptoms that we talked about that can persist for days or weeks, including, again, the headache, poor attention, poor concentration, cognitive difficulties, memory difficulties.

You see anxiety, you see depression, sleep disturbance, intolerance to noise, intolerance to light, things along those lines. When your brain is recovering from a concussion that is when it really is struggling to do its best to get those brain cells, to get that brain function back to normal.

Oftentimes if the damage is severe enough, I like to again bringing out just kind of an analogy, the brain is trying to go from A to B. Instead, it has to rewire itself and go from A to C to D to E to F to B. So the brain is struggling to get back to normal.

In doing so it is, as I said earlier in my layman's terms, it is essentially creating a protective calcified layer around those cells as they struggle to recover, making them brittle essentially, and that is where the risk of second impact occurs, Second Impact Syndrome, where that next blow to the head will result in those brain cells essentially becoming functionless.

Larry: This is the icicle metaphor you used before.

David: The icicle metaphor.

Larry: What happens if a concussion occurs and just goes untreated, it's not dealt with, the kid is just going forward and living and not treating it. What happens?

David: Well, you know, there are many, many, in fact probably the majority of concussions that the person suffers a concussion, their brain goes through the healing process, and their symptoms resolve. Oftentimes that is what happens when a concussion goes quote unquote untreated.

Essentially, the brain is able to treat itself, so while there may not be any outside medical treatment that's received, nonetheless the brain is going through its physiological changes to make sure the brain becomes as healthy as it can under the circumstances. However, there can be more serious situations where you can be dealing with subdural bleeds, bleeding on the brain, bruising on the brain.

I had a client at one point, it was not a sports related injury, but she was knocked on the ground, hit her head on the ground, it was a closed head injury, no blood or anything along those lines. They didn't understand, they didn't recognize what was going on beneath her skull essentially, and she was sitting in the emergency room just waiting to be seen under a normal triage scenario where she did what's called crumpling.

She literally collapsed to the floor. The pressure on her brain from that bleed was so great that it basically knocked her out. She was on her way, much like the tragic case of Natasha Richardson at the ski area that was [inaudible 17:54] a couple years ago.

Larry: I was just thinking of that while you were speaking. It's funny. I was exactly thinking of that case.

David: Yup. So when you have that type of severe head injury that goes untreated the results can obviously be dire.

Nolan: So, David, Larry's confessed to his UConn love and I'm a big sports fan as well, watch lots of football and see kind of what's happening in the NFL, trying to outlaw hits to the head and all that kind of stuff, but I don't think I've really ever heard what kinds of protocol they and other sports leagues have dealing with, you know, what happens after someone takes a hit to the head.

David: Well, what we're seeing now in the NFL especially, quite frankly I like to think it has something to do with what the states are doing both in terms of the recognition of the importance of educating the coaches because they're the ones who are on the front line with our kids.

I have a couple of kids, one kid in middle school, one in high school, so I know that essentially that's what the goal is. The goal is to make sure that these kids coming up, a fraction of a percentage of whom are going to ultimately play NFL or professional sports. The majority of them we want to make sure they're safe in their experiences in amateur or academic or school sports.

So I think what we're seeing in the NFL, especially among the leadership, the executive branches in the NFL, is that they understand that the kids are looking up to the players and what we're seeing, essentially, is that the NFL, the administration at least, is taking concussion awareness extremely, extremely seriously.

Back in about game six of last year in the NFL there was just that rash of horrible hits that resulted in just some brutal head to head, helmet to helmet contact. There were fines levied, \$75,000 fines, promises or threats of suspensions, things along those lines. It interested me what they saw were certain players lashing out against it.

We have a guy named Keith Brooking who was a Cowboy line backer or is saying people love the violence...the gladiator response.

Larry: I think James Harrison from the Steelers was talking in that same vein. You know, taking the game and making it something different than it is.

David: I used his words in a column that I write for the Brain Injury Organization of Oregon and his words to the effect of, you know, essentially we're becoming a namby-pamby league. It's powder puff football at that point.

Larry: You know, one thing about that, Dave, and it's very current because I think a lot of these teams are now trying to deal with it, I think we all see that when a player comes off the field now there's much less of a likelihood they're getting put back in that game.

But in the past, the doctors, the physicians on the sideline, I mean they're employed by the team. Don't you think there should have been some subtle pressure, or not so subtle pressure, on the physician that works for the team to kind of OK the guy to get back in the tilt?

David: I think that's exactly what's going on. I think you're exactly right. They're talking huge dollars, they're talking huge prestige, and if that star player, especially, is sitting on the sidelines he's not doing anybody any good in regard to the quote team effort.

Larry: So do we need independent physicians on the sidelines that are not attached to the teams that are going to be able to make these professional calls on whether these folks have indeed sustained concussions?

David: Well, I certainly hope not. I think that the trainers, the doctors who are employed by the teams, I think that their responsibility should always be to the patient and it would seem to me that as awareness increases those doctors are going to be increasingly apt to find in favor of the player rather than the team because the microscope is on them.

I mean, the spotlight essentially is right on them and God forbid a player should go in, suffer second impact syndrome or a more serious injury, everyone's going to be asking questions of that doctor, of that trainer, why did you let him go back in?

Larry: No question about that. Well, let's take a quick break right now and come back in a minute with Dave Kracke and the whole subject of concussions. Dave, I think when we come back let's talk a little bit about what litigation's have been coming out of some of these cases that you can help us understand better. We'll be right back.

[pause]

Larry: Welcome back to Ringler Radio. Glad you could join us. I'm your host Larry Cohen and my co-host today Nolan Robinson, a Ringler associate from the great state of Oregon, and our special guest attorney David Kracke from Portland. Well, Dave, let's talk a little bit about two things. Your efforts to bring this whole cause to the legislature, and also, what kind of litigation have you been involved in surrounding the concussion arena? I can imagine it's growing.

David: It is, Larry, there's a growing awareness, first of all of concussion in general. And from a legal perspective, then, especially from the plaintiff side, there's a growing analysis as to why that concussion or why that second impact syndrome occurred. And that certainly is leading to an increase in litigation.

You know, in some ways, there's a, it's a mixed blessing, because, you know, we did this to protect the kids, the athletes, the student athletes. And a cynic can look at it and say, "Well, jeez, all this really was an invitation to litigate."□ So, that is certainly an aspect that needs to be addressed, or needs to be recognized.

But, I look at it more as an enforcement mechanism. Until Max's Law is taken seriously, until these coaches realize that they have an obligation to their student athletes to recognize, understand symptoms and signs of concussion, and then to act appropriately, I don't think the work is done. It's one thing to pass a law, it's another thing, you know, one thing to have it on the books, it's another thing to make sure that the law is being followed.

As a result, I, you know, look forward to whatever legal cases are out there. I am currently not involved in any Max's Law cases. I do have some concussion athletics, student athlete related concussion cases in my file, resulting, one out of a field event and another, that was actually a football injury, a football death, actually, from a college out in eastern Oregon. But they are not Max's Law cases.

Secondly, with regard to our efforts to bring the cause, the legislation to fruition in Oregon, it was definitely a long process, but one that was greeted with genuine bipartisan support. I think the legislature really got it, that this was really about protecting our kids through education of the coaches. Consider the coaches or the parents to be the front line for this type of a defense, if you will, to continue with the sports metaphor, protecting our kids.

And it's one that the legislature understood inherently and as a result, yeah, we had to work through some concerns. In fact, we had a helmet provision, where the helmets would be, in football, would be labeled, would be followed, in terms of how many seasons they had been used, and then the mandatory phasing out of the older helmets. That portion of the bill was left on the cutting room floor, as it were, for political reasons, but we were happy to move forward with the educational component of Max's Law.

Nolan: Since Max's Law came into being, has there been much progress in the state as far as, both in terms of awareness and preventing injuries, but also in actual numbers that show progress has been made?

David: Well, there has been, and it's really been a tribute, not only to the legal community in Oregon, but also to the medical community. There is an organization called the Oregon Concussion Awareness and Management Program, OCAMP, that has put together a concussion management implementation guide to Max's Law.

I want to highlight a couple of individuals who were on the, members of that program, including Dr. James Chestnut over at OHSU, Oregon Health Sciences University, and Dr. Michael Kester, MD, who is the head of the OSAA, the Oregon Student Activities Association.

Larry: Terrific.

David: They have created a booklet that essentially spells out what the students, or, excuse me, what the coaches' requirements are under Max's Law. It's an absolutely wonderful resource and it is helping to educate coaches as we go forward. I don't have statistical numbers in terms of concussion incidents, but I do know that there's been nothing recently reported with regard to second impact syndrome, in terms of abuses or people failing to follow Max's Law.

So, I think that we have seen tremendous success, and I know that there are just some real top quality people on the medical side working hard to make sure that the coaches receive that education.

Larry: Well, there's no question we all need more Max Conrad and Max's Law. I think we're all learning. A lot of us are coming out of the dark on this issue, as this thing develops. And what do you think schools and townships should be doing on a statewide or national basis to kind of get their hands around this issue? It's more than just talking to sports teams, it's kind of educating the populace. How does that happen? And is that what your organization helps do?

David: That is certainly what we help to do, with regard to the Brain Injury Association of Oregon, and similarly, the other Brain Injury Associations in the other states where your listeners are living.

We provide resources out there, educational and day to day for people who are either caregivers or survivors of head injuries themselves. We certainly provide resources to the public, including the school district on concussion symptom recognition training.

It's incremental, there's no question that this is a very long hill to climb, but again, you've got to start somewhere. And doing radio shows such as this, writing my column for the Brain Injury Association, certainly what's going on with the NFL and the NFL executive offices in terms of their recognition. This is all having an impact on the public's awareness.

I've seen a number of Sports Illustrated articles; it's including cover stories in the past year. We're seeing it in newspapers, television shows, there just seems to be a heightened awareness, and quite frankly, if we're even a little part of that, I'd love to think that that's just a positive outcome.

Larry: That is terrific. But let me just close here by asking you just one final thought, one final question.

I'm sure, you know, the helmet manufacturers in the football arena are heavily involved in research and trying to develop better helmets to try to deal with this. Is it your feeling that football can be made safe, to the extent of trying to prevent and minimize the brain injury scenarios that we've been talking about? Is it something that can happen through technology and different equipment, perhaps even rules changes? Or do you look down and see really no hope for a sport that's as violent as it is? What's your perspective on that?

David: No, I love football. I play flag football, touch football, always have. I really love the sport. I think that the technological changes, improvements in the helmet technology, I think that that is absolutely critical, and I think that it is certainly moving forward.

I think that the emphasis on preventing the head to head blows that we do see that are, quite frankly, unnecessary. Often times the player's on his way down anyway. I think that a rule change with regard to that is absolutely appropriate, but I don't see a need to modify the game beyond, you know, essentially beyond that. I am not the kind of person who's going to say, yes, let's ban this sport, let's only play tiddlywinks and horseshoes, that's just not my style.

At the same time, our education, increase of education with regard to second impact syndrome is absolutely critical. Because if someone suffers a concussion, you know, you don't know when concussion's coming, but then once it does, you have to, or the sports teams have to respond appropriately with regard to that particular player. Keep them out until those concussion symptoms are no longer present for a period of time. Make sure that those brain cells have got a chance to heal before they go back in for a second, another game.

Now, there's a flip side to that, and that is that there are recent studies coming out. Boston University did one recently, where they have, literally, dissected the brains of 14 players who died from dementia like symptoms, and in 13 of those players, they found evidence of chronic traumatic brain injury. In other words, just long term, chronic brain damage, resulting from violent hits over the years. So, that is certainly something that needs to be considered and we should be concerned about, but I'm not a proponent of banning the game of football.

Larry: Well, I think that's, I like that perspective, I think we're all looking for ways to make things safer, but, you know, at the same time, not do away with, let's say, the whole lifestyle of what we call America today.

David: I agree.

Larry: Well, that's been a terrific show. Nolan, it's been great having you here as well. Dave, if someone wanted to get a hold of you, how would they do that?

David: Well, the best way would be by phone, believe it or not. I'm still kind of an old fashioned guy with regard to the personal contact. And my phone number in Portland, Oregon is area code 503-224-3018. We have a website at craignicholslaw.com and that's Craig, C-R-A-I-G, Nichols, N-I-C-H-O-L-S, law, L-A-W.com, kind of rolls right off the tongue, doesn't it?

Larry: Yes.

David: It's kind of a bookmark website right now, unfortunately. But, and then there's my email, which is david@craignicholslaw.com. I'm very responsive to the phone and to the email responses, I'd be, love to talk to any of your listeners who might need answers to various questions along these lines.

Larry: Terrific. And Nolan, how would someone get a hold of you?

Nolan: Well, for the truly old school, I can be reached by smoke signal. But for more current people, the phone is great, 503-601-8100, and my email, nrobinson@ringlerassociates.com.

Larry: Well, and if any of you are first time listeners, be sure you know this, that you can download any of the Ringler Radio shows from ringlerassociates.com, our newly revised website, which, by the way, you should go visit, because it really looks cool.

And you can download these shows from legaltalknetwork.com, you can actually download them to your iPod, or your iPad, and wander around the park, with the little earphones in and listen to David and Nolan talk about what I consider a fascinating and informative show, which also has been, more than anything else, very instructive for all of us. So, David, again, thank you for your expertise and we hope to see you again soon.

David: Thank you, Larry, thank you, Nolan. I appreciate it very much.

Larry: And the rest of you out there, go out and have a great day. See, that's called instant editing. And that's where encephalopathy will get fixed.

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