EIQ Men’s Podcast Erectile Dysfunction

Welcome to the EIQ Men's podcast, where we tackle the facts, debunk the myths, and provide real solutions to help you

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take control of your sexual health and confidence. I am Mark Goldberg, certified sex therapist and host of the

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show. For any men who are serious about resolving erectile dysfunction, premature ejaculation, or other sexual

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challenges, we encourage you to visit our website, eiqmen.com. You'll find additional resources and you

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can reach out to us directly with questions or schedule a 15minute complimentary Zoom call with myself or

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one of the team members. We're passionate about helping men like you, so don't hesitate to get in touch.

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Today we have a truly unique guest, someone who is approaching erectile dysfunction treatment from a physical

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therapy perspective that most men have never even considered. Phipe Schaefer is

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a doctor of physical therapy practicing in New York City specializing in men's pelvic health. He holds advanced

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certifications from the Herman and Wallace Pelvic Rehabilitation Institute and brings a whole body root cause

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approach to treating issues like erectile dysfunction, pelvic pain and urinary dysfunction in men. He does

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orthopedic sports and pelvic floor physical therapy. Phipe, thank you so

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much for being with us today. Thank you so much for having me. I really appreciate it. It's uh it's a pleasure being here. Yeah. Today, we're going to explore the

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powerful connection between the pelvic floor, erectile dysfunction, and the often overlooked relationship between

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physical treatment and a man's psychological recovery, his confidence, his sense of self, and his ability to

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feel fully present in his intimate life again. So, to get us started, Philipe,

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most men have never heard the words pelvic floor and erectile dysfunction in the same sentence. Can you start by

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explaining what the pelvic floor is and why it plays such a central role in male sexual function?

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Sure. So, the pelvic floor, at least how we talk about it in physical therapy, consists of uh muscles, skeletal muscles

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or skeletal muscles are muscles that you can control very similar to your your bicep essentially. So, there are three

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layers of muscles that are on the underside of your pelvis and they help

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support bladder function. um bowel function, sexual function, you know, everything that you that you just

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listed. And they are pretty integral. They're very important. Um if you're

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doing squats, if you're going to the bathroom, they're contracting and relaxing just just like any other muscle

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like your bicep or or pec muscles contract and relax. And uh because you

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have control of them, just like you go to the gym and you can you can do squats to strengthen certain muscles, you can do various exercises to stretch them,

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strengthen them, relax them, and in turn that will help uh that can help improve

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sexual function, bladder function, or bowel function if you're having any issues with with those things.

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Okay. So, when a man comes to you with erectile dysfunction, what are you actually assessing from a physical

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therapy standpoint? And how often do you find that the physical dysfunction is

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tangled up with things like anxiety, shame or fear around sex? So before I go into what I see from just

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the physical perspective and I'll go into that in detail is because uh erectiles dysfunction is such a

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multiaceted issue. Typically we spend a lot of time talking about all those

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issues. So, um, typically I do a screening call just to make sure that that they're a good candidate. And then

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we talk about because physical therapy also is in line with exercise and eating

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right. I'm not a nutritionist, but I know the basics. We kind of cover all those things also because a lot of times the men that come in, they're not, you

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know, maybe they're not doing aerobic exercise. Aerobic exercise is important for um, good erections because it helps

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increase blood flow. Uh before somebody comes in for the physical exam, we talk about okay, are you do you have anxiety?

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Do you are you exercising? Are you re are you eating right? Are you um are you sleeping well? Which also comes into

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play. Uh how's your work life? Are you stressed? Uh something like that. And

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depending on what the person says, uh there are people that, you know, they run through all all those things and

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maybe they've tried physical therapy before and then, you know, maybe I don't think they're a good candidate. and I

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say, "Okay, maybe you should try X, Y, and Z first before you come in because I want to make sure since with erectile dysfunction, it's typically it's one

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piece of the puzzle." Um, it it usually comes along with you're not working out or you're not sleeping. So, I I

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definitely take a very holistic view. Um, so after we discuss all that, um, and then they if they need help with

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exercise and sleeping and stuff like that, I'll help them to a degree. uh you know if they need something more advanced I'll send them to like another

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practitioner like a therapist or psychiatrist or something like that. But from the physical standpoint there's a

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number of things that we can look at that can help erectile dysfunction. So a typical exam um is I do an examination

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from the base of the neck down to the feet. So starting at the base of the neck and for more complicated cases the

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neck can be involved but for you know for most people I won't I won't go into that. So we look at the thoracic spine

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and the ribs and breathing. That's you know that's the first thing we look at and with uh erectile and a lot of pelvic

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floor issues that that is a pretty significant thing that comes into play because uh for a number of reasons. So

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one the thoracic spine and the ribs that's where the the sympathetic nervous system

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is located in the ribs. So, the reason that's important if it's really tight, if you're really stressed out, um or

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it's tight for like another reason, uh one thing that can help with erections,

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I don't know if if you know if your erections are at zero, maybe like massaging it and and mobilizing it and

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stretching it, you know, maybe that won't completely resolve the issue, but it's something like, okay, maybe you're coming home from work, you're really

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stressed out, and you're um you're trying to have sex with your partner. uh

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just like a five or 10 minute quick massage for the thoracic spine because of the nerves that are in there can just

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kind of help relax you to the point where it'll be a lot better. So, we're looking at um the stiffness of the ribs

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if you're breathing well because uh the ribs when you're breathing, if you take a deep breath, uh they expand in all

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directions and that includes down with the the pelvic floor because with each deep inhalation, the pelvic floor

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expands downwards and that's a way that it can stretch out. So if you have tightness there, uh having a good deep

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breath and if you're if you're not getting deep breaths because your thoracic spine is stiff, that's something that uh you should definitely

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take into consideration, something that you can improve. Um also at the base of the thoracic spine, uh like the top of

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the lumbar spine, the base of the thoracic spine, there's two nerves that come out and they go down to the penis. So again, something that, you know, if

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there's a lot of inflammation or like a herniated disc there, you know, I don't know if that's going to be what's

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causing all of the erectile dysfunction, but you know, impeding the process of those nerves could definitely be a

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a contributing factor. Then we look at the lumbar spine, so the low back, uh the strength, like how stiff it is. Uh

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so you'll see more indirect issues for erectile dysfunction there. So if

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somebody has like a herniated disc, you know, a herniated disc is, you know, the disc herniates is also it's hitting the

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nerves and there's a number of nerves from the lumbar spine that goes down to the legs and to the hips and the hip and

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the pelvis are very intimately connected. Like there's muscles that

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connect from the hip and go straight into the pelvis. Um, and if there's a herniated disc, it can cause weakness in

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the muscles because the nerves, um, if there's a bad enough herniated disc, the the nerves are what allow the muscles to

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fire. Um, it can cause weakness to, and I've seen this before, uh, where

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weakness to a degree that it's affecting the pelvic floor. And that's something just stabilizing the whole region, uh,

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is something that needs to be done to improve whatever issues that you're having in the pelvic floor. if it's like

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weakness or or tightness or something like that. So, we look at the hips which is a very involved examination. You look

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at the range of motion and the the strength of all the hip muscles. Uh I

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look at the thigh muscles like the hamstrings and the the hip flexors because to be thorough the hip flexors

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are on the front of the leg, the hamstrings are on the back. The adductors are the groin muscles that are

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on the inside. Uh and they all connect to the pelvis. So to be thorough, you have to look at all of those. Um, and

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really any muscle that connects to the pelvis is fair game for, you know, is it

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contributing to your issue. So I've also seen people, they're so tight in their hips, like their hip flexors and their

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groins and their hamstrings that once you loosen them up, they they say, "Oh, my my erections have been better." Um,

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then after that, you go to you do the internal exam. So you do an external exam of there's there's three pelvic

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there's three layers of pelvic floor muscles that you have to look at and the most superficial layers on the outside

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and it's underneath the testicles. So you examine it from the outside and then you can examine all three layers. You do

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a rectal internal examination just to see if those muscles are are tight or if

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they need strengthening and of course tightness there. Uh weakness particularly in that most superficial

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layer those muscles that are on the outside. Uh so the issio cavernosis and the bulb spongiosis muscles that are not

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as well known. Uh if you strengthen those muscles uh that can have an

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improvement for your erectile dysfunction. Um but it really is a balance because some people are really

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tight and you have to yeah you have to make sure that they're loose. But if you tell people to do keal exercises and

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other exercises that can strengthen the pelvic floor that you you know if you tighten things up too much that that can

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also cause problems. So, it really is a balance and just seeing how each person uh presents and just working with them

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to see what they actually have to do. And uh typically for for a lot of these issues, people come in once a week or

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multiple times a week depending on the person again. And doing the stretching and the strengthening just to see like

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what's resolving and and what's helping them. Um we do, you know, I look at reflexes and there there's ways that you

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could put certain nerves on tension to see if that is a contributing factor. And then again like if they're a runner

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because I've you know I've seen runners who run a lot and then they also have with their other pelvic floor issues

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they also have erectile dysfunction. Is it an issue? Uh like okay one leg is a

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lot stronger than the other leg and that's when you're running you're doing a lot of mileage. Is that's something

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that we have to look at to make sure okay if we fix the pelvic floor tightness if one leg is way more

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stronger than the other leg if you go back to running then the issues are just going to come back essentially and

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everyone kind of presents a little bit differently. So you have to do like a full you know subjective evaluation see

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like what happened when did the issue start? Uh do you get erections? Do you get no erections at all? Like what other

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health issues do you have? So just really looking at the complete person to see like how physical therapy and

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strengthening the muscles and how loosening things up can help you. Yeah, that sounds like a thorough assessment if uh pelvic floor issues or

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other physiological issues are suspected. I also appreciate you mentioning not to just rush into

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everyone just hears keigull and those do keigull u but overtightening can also be a problem. Now

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um a lot of what we talk about on this podcast has to do with the mind body connection. So I'm wondering like in

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your experience when it comes to again just the complexity of um you know you mentioned the parasympathetic right so

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we've got the autonomic nervous system that runs all through this like ribs the

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back the lumbar all the way down into the pelvic floor. How common is it that you see that um you know psychological

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phenomena like tension guarding like is contributing to um some of the like

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muscle tension or dysfunction that may be going all the way down into the like

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pelvic floor? It's uh it's incredibly common. It's like almost everybody uh there's some

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sort of especially in New York City, everyone's stressed out. Uh everyone has a stressful job. Um, and

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you that's, you know, that's sort of part of the eval that that is part of the evaluation. I ask everybody, how

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stressful is your job? Are you stressed out? Like, are you above and beyond uh like the normal stress that you

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usually have? Like, do you have issues with anxiety, depression? Do you see a therapist? Do you not see a therapist?

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Um, and some level of anxiety is

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uh is pretty common almost everybody. Um, it's it's it's not as common that

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it's a pure physical, especially with erectile dysfunction, it's a pure physical manifestation

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of erectile issues. It does happen, but it's very rare. Um, and sometimes

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depending on how deep the issues are, uh, I I refer them to a therapist. Like

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I had I had somebody today that I did that and the person was very well aware that they did need to see a therapist.

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Um if it's kind of you know I I you know

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I'll do like a little bit if they have like some sort of stress in their life like I'll sure I'll talk to them a little bit like that's part of the job

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but I I have a pretty good feel I feel like if it's really going above and beyond like they're just doing the whole

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session talking to me then they have to you know they have to go see a therapist or yeah

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address the mental health side of things. Sure. But it sometimes it's like I see one common pattern that I see is I I get

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a lot of people who are they're new to New York and now they they just moved here within the last year and now they

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have all these pelvic floor issues and it's moving to a new city. They have a new job. It's it's a hectic place and

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it's it's you know the stress is just manifesting that they have a tight uh pelvic floor and sometimes you know you

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don't necessarily need a therapist. It depends on the person and I kind of decide like you know do you think it would be a good idea if you talk to

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somebody but sometimes coming in just a few cuz I do massage and chiropractic

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techniques and stretching and working out because I'm stren I was a strength and conditioning coach before I was a

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physical therapist. Sometimes just some targeted exercise, getting them back to exercise and massage and stretching is

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enough to kind of like, you know, cuz the the mind and the body come together. That's enough to calm them down to the

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point where they don't necessarily need to go talk to somebody. Um, so in short,

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it's incredibly common. It's it's also on a case-byase basis, do they need to be referred out to something to to

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somebody with more expertise in the like the mind space, I guess. So in in your

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experience, it's like so important because it's we spend so much time time discussing this mindbody connection and

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I I know how confusing it is for guys because like it's a physical issue. I can feel the physical tightness in my

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back. The PT says I'm like tight here. That's what's causing it. So where would my brain get involved in all of this? So

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in your experience um does addressing the physical side can that help to

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reduce the anxiety cycle because these these multiffactorial aspects that contribute to ED also tend

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to compound one another. So have you seen people report like a reduction in anxiety as

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they are like improving on the physical side? It does and that's also so it's a very

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difficult question to answer on because one so yes I have seen that where you do

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all the physical stuff and the exercise and it does help and I think with some people

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it definitively helps them but you know you never know what's going you never you can't read people's minds and

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sometimes they do they come in and they say uh my erections have been better I've been having sex and it's been fine

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and everything's good but you don't know. That's just a snapshot in time. They could just be saying that to just

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make you feel better. Um, and then also, I don't know what happens like 3 months down the road. Uh, you know, because

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there's only so much you can check in with people after that. Even though I tell them that, I said, just keep in mind, you know,

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you're not going to stay in therapy for the rest of your life. You're not going to stay in physical therapy for the rest of your life. So, you have to keep in

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mind that this is a very targeted intervention and it's working. Uh, and

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if four months down the road if things start to come back like don't don't freak out and don't think that it's it's

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not working, you know, you can call me up or you can, you know, call up some other provider and, you know, we can

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kind of see how we can get the results to the the improvements to come back. So in clinic from what they tell me there

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there there is a of course a subsection subsection of people where yeah there it's like lower level anxiety and

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physical therapy does help and pushing them to get back to jogging or swimming like the exercise component and you know

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helping them get their sleep better it does resolve that um at least from what

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people say. Um, but everyone's different and everyone has different issues that

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they're dealing with. And sometimes with these sensitive issues, they

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uh they only want to give you part of the picture because maybe they're embarrassed and they they don't want to

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give you the full issues that they're dealing with. And maybe they shouldn't because I'm not a therapist. It's not uh

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it's it's not always 100% my job to kind of delve into every issue that they're

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having. there are boundaries as as far as like what I can address and so I but

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I you know I do my best to make sure that I'm helping each person with the the best of my ability. Uh but yeah,

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like I said, for like lower level anxiety, it seems like physical therapy kind of

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resolves everything as as far as I can tell. Okay, it's great to hear. Um,

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are there particular signs that a man who's struggling with ED and doesn't

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know what the causes may be, whether they are psychological, blood flow, muscular, pelvic floor, like are there

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particular signs that would indicate it's really a good time to reach out to

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or to see a pelvic floor physical therapist? Uh I think that's you know it's it's

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also a hard question because it uh it's a very good question because sometimes people don't know like uh with this sort

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of things especially with all the media like there's a lot of sexualized media and pornography and stuff like that.

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People uh don't know what the norm is. Uh which is which is a tricky thing to deal with.

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and then they're they're not sure, you know, as far as with age, you know, should I

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be having normal erections and should I not? But, you know, a good baseline is in general, uh, you know, if you're in

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your teens and your 20s, you have a certain level that you're at is you can have, you know, you wake up with an

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erection, you can have erections just thinking about it with your with your partner, you have strong erections. And if you notice that decrease and the

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decrease is is uh something that you're noticing you're just it's affecting your relationships

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then you can absolutely contact a pelvic floor physical therapist and part of at

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least I give free consultation specifically for this reason so I can address it. And sometimes I've had

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people where they tell me all the symptoms they have on the phone that they're having and they tell me on the

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phone and I tell them, you know, that's not so far from normal. Maybe, you know,

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have you been working out? Have you been doing this? And then they say, no. And I say, well, try to get back to that and

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then see if it just kind of snaps back. Because sometimes some people have, they see a little bit of a drop and then it's

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not something that's so unusual. Uh, but if you're getting to the point where you're you're not getting erections or

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you can't hold it for that long, that's something that you should definitely uh reach out to somebody for. Um, I think

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at any point really uh um like I don't want I don't want to

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like keep people from getting help. It's you know, you notice like when you were younger, your erections were at a certain point and then now you're just

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not happy with where they're at. You should you should ask somebody and then just see, okay, is this fairly normal?

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Is it not normal at all? And then if you happen to reach out, there's a number of providers that you can reach out to as

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far as erectile dysfunction, be physical therapist, therapist, urologist, uh just a primary care doctor. And hopefully

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that person, whoever you reach out to, can direct you to, oh, I think this is more the the issue you're having. Or if

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it's physical therapy, like you can always, you know, if your erectile function does dip a little bit, yeah, it

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could just be tight muscles 100%. Uh and it's like, okay, you come in. We tell Yeah, we tell all of our listeners that

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that like at its core erectile dysfunction is a medical issue that we

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always encourage like like go for medical treatment or medical evaluation first and foremost to rule out

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like some of the more challenging things. But then there are again so many different multiple providers between physical therapists and sex therapists

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and uh urology and whatnot that could be involved because it is so so multiffactorial. So Blake, can you give

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our listeners just a little bit of an insight or maybe more than just a bit of an insight into what uh physical therapy

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treatment like most commonly or often looks like for a condition like erectile

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dysfunction? Sure. So the treatment I touched on it a little bit, but it's essentially it's

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the two main things are going to be exercise and the tight muscles or the strengthening. And you know, you can we

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can help with nutrition and sleep like a little bit if that's a puzzle because with a lot of patients that

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um that's part of the puzzle that's missing and we'll highlight that but you know we're not sleep experts and we're

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not nutritionists assuming like all the other health things are handled. So it essentially come in and like I said

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before we do the evaluation we look at the thoracic spine the lumbar spine the hips and the pelvic floor itself and

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uh there are certain muscles that need to be strengthened and then certain muscles and joints that need to have

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more mobility. So, uh, if the thoracic spine, like I said, it's tight because I

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said that sometimes loosening that up can kind of improve erections a little bit, then we do stretches for that and

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massage. Um, and then the the lumbar spine, if it's not stable, uh, or if

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it's also really tight, there's exercises that we can give for that, usually stretches or strengthening. And

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then the hips, the same thing. And then the the pelvic floor muscles, which tends to be the main thing that you can

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do. So there's there's a variety of ways that you can loosen the pelvic floor muscles themselves. So one way is just

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if you stretch the hip. So if you do groin stretches or if you do glute stretches or hamstring stretches, even

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though it's not uh I guess direct to the pelvic floor, it's close enough that if

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you do those stretches, that can begin to kind of loosen the pelvic floor up itself. So the the hamstring muscles are

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in the back of the thigh and they run up and they attach to the isial tuberosity

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which is a bone on the pelvis. And there's pelvic floor muscles that also attach to that same point. So it's like

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the hamstring muscles and the pelvic floor muscles are like right next to each other. So that like hamstring

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stretches, hamstring exercise absolutely help with the pelvic floor. And it's the same thing with the the adductor muscles

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which are the groin muscles on the inside of the thigh. they run up and they attach to the pubic symphysis which

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is right opposite other pelvic floor muscles. Um

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uh same thing with the hip flexor muscles. They go up and they attach they attach to the top of the pelvis. Not quite as direct of a connection as the

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other two, but you get the idea. Um there's if you

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need to loosen up the pelvic floor muscles themselves, um the the pelvic

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floor therapists can do that because we're trained in doing internal mobilization. So, there's some people um

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I've had people come in, their muscles are so tight that you can't even do the internal uh uh examination. And if

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that's the case, then it's probably not a good idea to have the person kind of figure out how to do the internal

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mobilizations themselves at home. Like there's a wand that you can use and then

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you do it, you know, you go through the rectum yourself. But if the muscles are that tight, it it can be very painful

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and not comfortable and you don't always know what you're doing. And so it's usually a good idea that the pelvic floor physical therapist, we know the

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muscles a lot better. Uh we know generally what's safe and what's not. So you have them do it first and then you

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learn how to do it at home just so you don't you know you don't become reliant on the therapist. Um then like I said

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there's like an interplay between you you don't want the muscles to be too tight but then you want to make them stronger like those those muscles on the

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front. So, uh, getting used to doing keigull. There's different type of

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keigull. There's the squeeze keigle. So, it's like if you're trying to hold urine in, and there's the bearing down. So,

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like lengthening of the pelvic floor muscles, like if you're trying to push out a a bowel movement. And then there's

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relaxation itself, which is which is like a skill. You have to learn how to relax the the muscles. So the goal is

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not necessarily to be uh you know strong. The goal is control

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of the the muscles. Can you can you squeeze them at will? Can you do a bearing down motion at will? Can you do

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it um for an extended period of time? Can you relax the muscles at will? Um a

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big part of the re relaxation component as I mentioned earlier is breathing. Doing deep breathing. just making sure

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like your chest is expanding, the ribs are expanding the right way, and that the pelvic floor also kind of expands

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down uh when you do that. And then, you know, we'll talk about uh premature ejaculation later, but that's also

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that's like a big component of of of that as well. Outside of noticeable or tangible

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improvement in erections, is there any other way that progress is measured

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while a man is going through this process? Yes. So, there's there's a few different

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ways. So the in physical therapy the most researchbacked way is there's a

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subjective questionnaire and you fill that out and it's like are your issues better and that that kind of

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goes along with what you're saying is uh are the erections better yes or no but that that's one question and it

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doesn't necessarily go into detail about all the issues that you're having. So, a questionnaire is good because there's

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like I have one that I use in clinic and it's it's something like 25 or so questions and sometimes somebody comes

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in, you say, "Well, are the erect are the erections better?" And sometimes people just give a blanket yes, they're

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better. And that that doesn't really catch all the multiple facets of all the issues that you may be having because

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realistically, if you're having erectile dysfunction, this kind of goes to like another way you can check if

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it's better. Almost everybody also also has urinary issues or bowel movement

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issues or pain or numbness or something like that. It's it's I would say it's like maybe 75 or 80% of people also have

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other symptoms. So, you're checking on that also because if your erections are improving, but you you still have

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numbness. I mean, that's not a good sign because not everything is resolved. Or if you still have pain, not everything

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is really resolving how you want them to. And that that happens all the time. and they say, "Oh, my erections are a lot better, but I'm still dribbling

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after I go to the bathroom." Or or something like that. So, you want to make sure you want to catch all the symptoms. Then there's um uh there's the

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muscle strength, the tightness, and the muscle strength of the pelvic floor muscles themselves. Tightness is more of

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that's like a subjective quality, I guess, from the the therapist. We can check how tight are the muscles. There's

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not, to my knowledge, there's not um there might be a machine that checks it,

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but not something that's that's readily viable that the the like the patient can buy themselves. Um and then with the

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strength of the pelvic floor muscles, there are like there's apps that you can buy. It's usually like the at home apps

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that you can buy are like $100 uh to check the strength or the therapist can

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check the strength of the muscles. Um, and then there's also with hamstring stretching

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and and the inner thigh stretching, how how much you can stretch. Uh, there's like degrees of like how much you can

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move. You're like there's like certain standards in physical therapy that are seen as normal. And same thing with

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strength of all the muscles. So, and that also comes into play because let's say the pelvic floor muscles feel a

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little bit better, but then your hamstring like the norm for a if you're lying on your back and you have your leg you're doing like a standard hamstring

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stretch, uh the norm is 80°. And if you're not at 80 degrees and you're like at 45 degrees, which is like really

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really tight, uh you probably have to improve that because since there's such a direct connection from the hamstrings

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to the the pelvic floor muscles, you want to get make sure that those thigh muscles are also strong and also uh are

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also flexible. Okay. So to wrap things up, I'm wondering if you could leave our listeners with maybe one reframe, one

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thing that could help a man approach his erectile dysfunction, his body, his

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sexuality with more curiosity and self-compassion instead of like the common shame and that feeling of defeat.

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So as a clinician who works with men who are experiencing ED, what what might that message or that reframe be? I would

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say it's a very solvable issue. Uh it's and there's a lot of things that you can tr you can do to improve it. And I think

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the the fact that it's multiaceted is is actually a good thing because there's a number of things that you can try, a

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number of things that you can do to kind of move the needle and and improve it. Like it's a very and all the things are

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very doable, very actionable and work. So if you feel like you need to go talk

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to a therapist, you can do that and then that that'll work to a certain degree for some people, if not completely

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resolve it. Same thing with a physical therapist, you can work with the physical therapist. There's a number of things that you can do to improve it

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that that do work. If if it's something like uh you need to go see like your primary care doctor and they need to do

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blood work, there's a number of things that you can see in the blood work that will also improve things. So, just know

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that there's a number of solutions out there that do help and that do work.

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All right, F. This is such an important message. Um, and I guess what sticks out for me is that whether we're talking

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about like pelvic floor, hormones, psychology, relationships, like it all comes down to this like one truth, which

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is erectile dysfunction does not have to be a life sentence. 100%. And it's definitely not a reflection of

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who you are as a man. Um, so for all of our listeners, if today's conversation resonates with you, I encourage you to

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check out Phip's work at phippesher.com. If you're in the New York area, um, I

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don't know if you're taking your patience at this time, but um, definitely reach out to him. Um, like is

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that a yes? Yep. I'm in Union Square in Manhattan. Union Square in Manhattan. And if you're

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ready to start addressing the emotional, psychological side of what you're going through, come find us at eiqmen.com. For

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our New York listeners, I am recently licensed myself um as a New York State

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mental health therapist. So, I'd be happy to work with any of you as well. Um Philipe, once again, thank you so

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much for your time. Thank you so much. I appreciate it.