1. Title
   remove TBI...

2. Introduction:
   Task analysis (key step) -> not use later...
   Motivation:
   How is this impaired related to stroke
   Why should one assume that techniques and methods from stroke rehabilitation
   should transfer for TBI?
   Motivation of using "Blended" approach
   Fail since other methods could be effective
   error augmentation: Patton's group
   Why the VR + Haptic training is particularly suitable for people with mTBI.

3. Literature review:
   clear explanation
   Use more relevant and recent publications

4. Methods:
   Why use healthy subjects
   Using Haptic device:
   R1: Not mimic real world, not same, not using grasp
   R2: low fidelity device
   3D Immersive env.
   skewing results:
   confounding motor learning and rehab.
   Unclear ROCF description
   Unclear description of DOE and procedure
   ind. diff. & hardware diff (VR vs. aug. VR)
   3 minutes to complete BD: how many fails, how to analyze
   Unclear description of VR

5. Results:
   Fig 4. did not understand the procedure and DOE so, did not understand Fig 4.
   Learning rate
   not fair to compare with native...
   Learning trends:
   looks power/exponential, not linear
   Repeated measures of ANOVA
   Why compare to native?
   Low fidelity -> never achieve native performance
   Contrast
   Raw time
   Remove 2 subjects: why?

6. Discussion:
   Focus on motor learning rate, but training is perceptual...
   Motor control of haptic, not for task
   Haptic aid made skew the results..