

# INVESTOR PRESENTATION APRIL 2026

Paul R. Gudonis, Chairman and CEO  
David Henry, CFO

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Conquering Upper Limb  
Paralysis with Wearable  
Medical Robotics

**myomo**  
my own motion



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# Strategic Positioning

**Created New Product Category with MyoPro Myoelectric Orthosis**

**First-Mover Advantage in a Large and Growing Market with Strong Competitive Position**

**CMS Reimbursement and New Payer Contracts Expanding Patient Access**

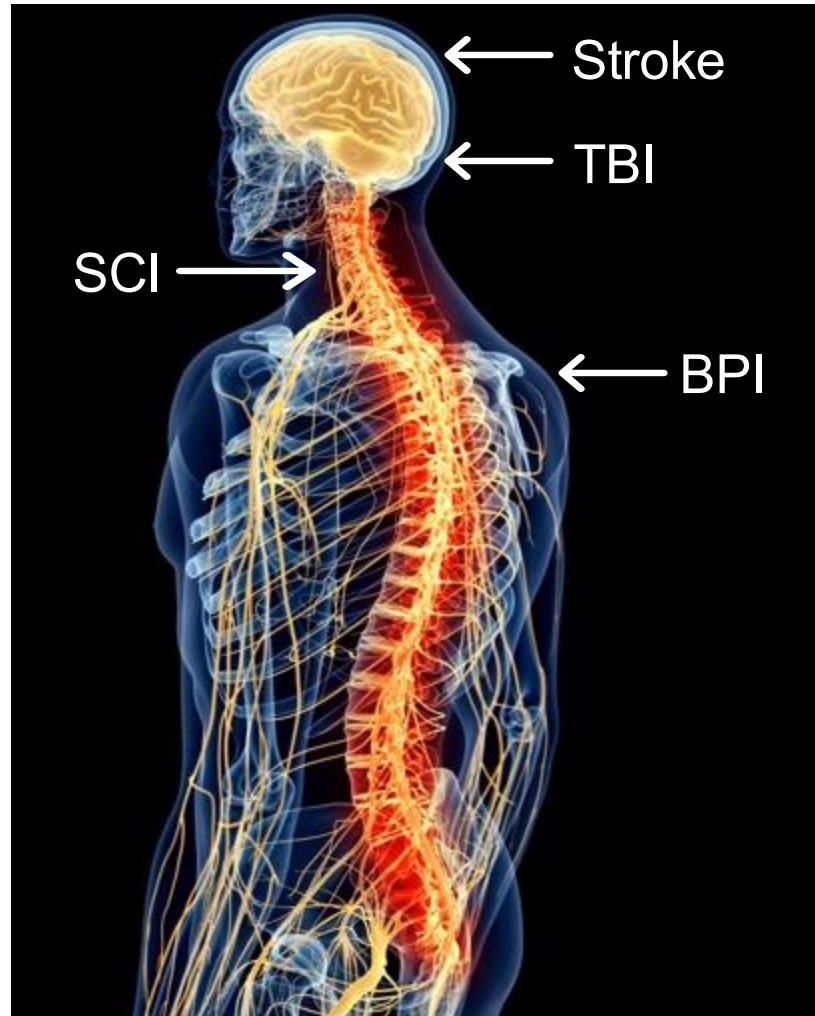
**Growing Revenues from Recurring Patient Sources**

**Attractive Margin Profile with Opportunity for Scale Economics**

# Causes of Arm and Hand Paralysis: Stroke, Nerve Injury, or Disease

## Major Dx

- Stroke/CVA
- Traumatic Brain Injury
- Spinal Cord Injury
- Brachial Plexus Injury



## Other Dx

- Cerebral Palsy
- Multiple Sclerosis
- ALS
- Spinal Muscular Atrophy
- Acute Flaccid Myelitis

# Myomo Addresses an Unmet Need that Existing Upper Extremity Treatments Don't

## Current Treatment Options

### Rehabilitation:

- Occupational therapy
- Static bracing
- Saebo
- Electrical stimulation (Bioness)
- Stationary robotics



### Medical:

- Botox
- Baclofen



**The Medical Need:**  
**A lightweight, portable**  
**device to restore**  
**function for use at**  
**home, work, and**  
**school**

# Substantial Market Opportunity

40,000 to 80,000 patients replenish the prevalence population each year



Roughly 50% – 60% are left with upper extremity impairment

800,000 strokes per year in the U.S.

## Annual Incidences

We believe the TAM for the MyoPro approximately doubles with Medicare Part B reimbursement



400,000 to 800,000 patients may qualify for a MyoPro

Surviving patients that also carry appropriate insurance

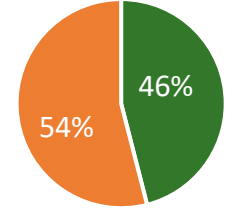
Surviving patients that also meet medical inclusion criteria

Surviving patients that are living at home, not in assisted living

~ 3.8 million people who have suffered stroke in the U.S who are left with upper extremity impairment.

## Prevalence Population

### Senior Insured Population



■ Medicare Part B ■ Med. Advantage

Source: Kaiser Family Foundation

Source: Centers for Disease Control and Prevention, Christopher and Dana Reeve Foundation, Frontiers in Neurology, American Heart Association (Stroke) and Myomo base model estimates

# Recurring Patient Sources: Rehab Hospitals and O&P's



## ONSET

Incidence:  
800,000  
Cases/Yr.  
in US

## ACUTE CARE

Onset → 1 week

## SUB-ACUTE CARE

1 week → 6  
months

## OUTPATIENT THERAPY

(Incidence)

6–12 months



MyoConnect  
& O&P  
Channel

## CHRONIC HEMIPARESIS

(Prevalence)

> 6–12 months

DTC  
Advertising

# Reimbursement and Contracting Status

## HCPCS Codes L8701, L8702 for MyoPro

- Issued January 2019
- As of January 1, 2024, these codes are in the brace benefit category, meaning lump sum reimbursement
- Effective January 1, 2026, the updated published fees for our HCPCS codes:
  - L8701 (Motion W) - \$34,970
  - L8702 (Motion G) - \$68,802
- Medicare serves approximately 69M\* patients

Medicare Advantage plans are required to follow Medicare coverage guidelines.

- Applying legal pressure to increase pre-authorization rates

Have entered into contracts with commercial payers covering over 80 million lives.

- Multi-State contracts with Elevance (Anthem) in progress

More than 100 VA medical centers have ordered MyoPros



BlueCross BlueShield



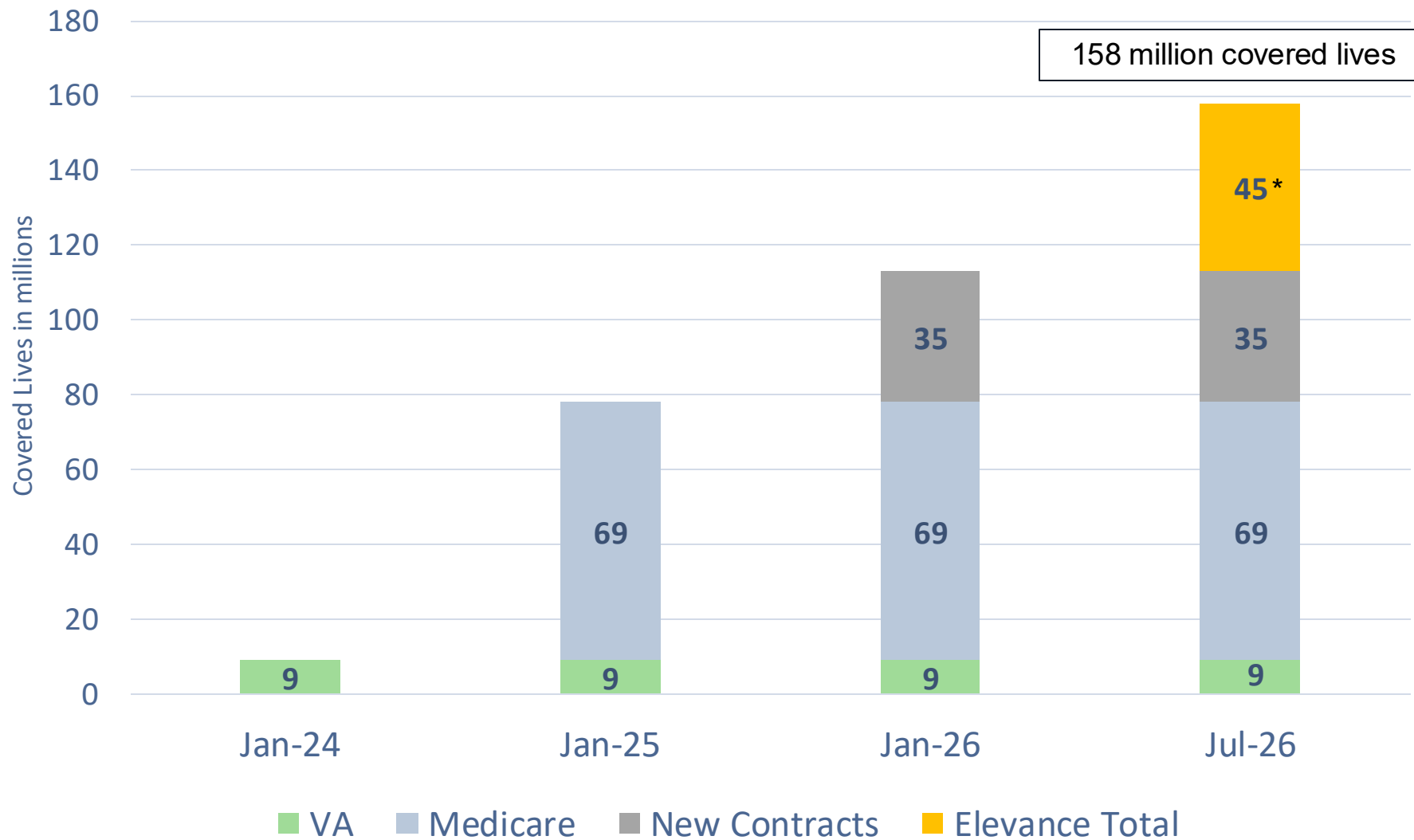
Humana



U.S. Department  
of Veterans Affairs

\* Source: Centers for Medicare and Medicaid Services monthly enrollment data

# Market Access – More Payer Contracts and Covered Lives



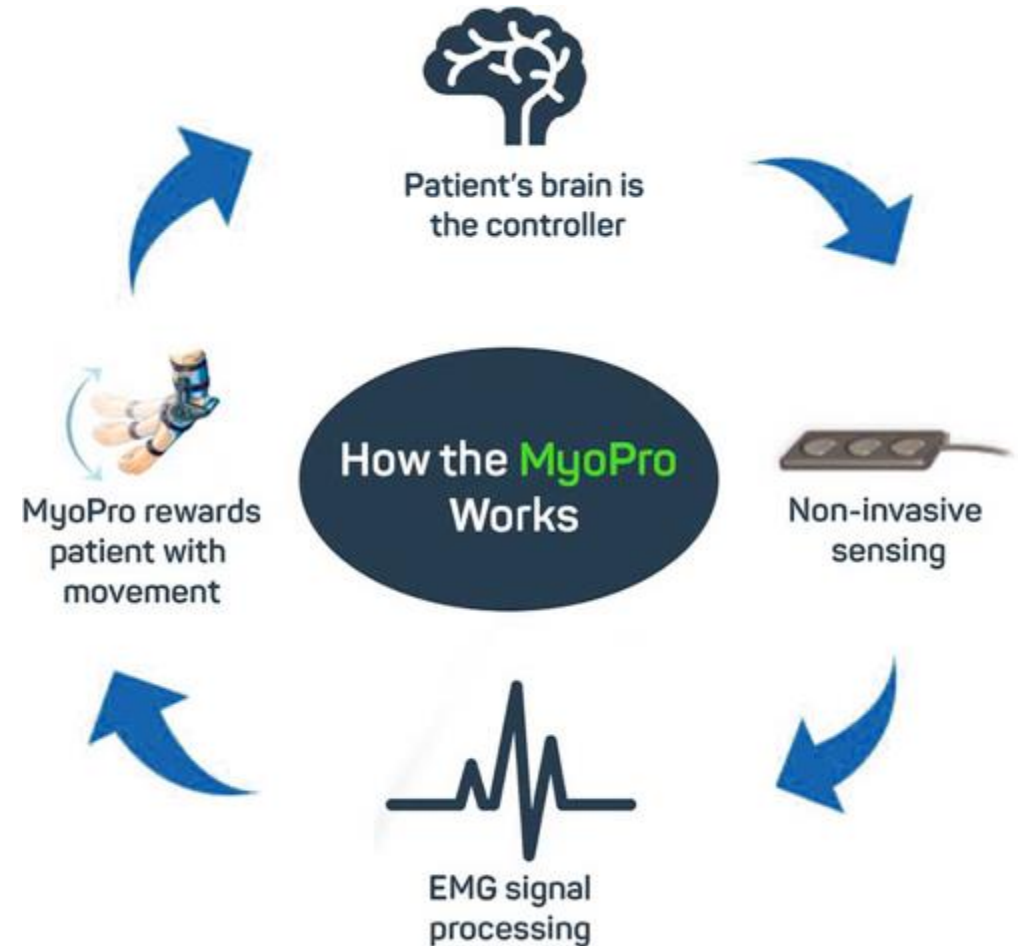
\* Pending completion of multi-state contracts expected by the end of Q2'26

# Enabling a Paralyzed Arm to Move Again



# MyoPro Powered Arm Brace: Only Device to Restore Function

- MyoPro uses advanced sensor technology as a **brain-computer interface to detect the user's intention to move** via the body's **electromyogram (EMG) signal**
- Myomo's proprietary control algorithms interpret the strength of the patient's EMG signal, and our microprocessor-based system can amplify the EMG signal by a factor of 100,000x
- Lightweight motors in the device are activated enabling the patient to move their impaired arm through their own volition
- 35 Patents in U.S. and International markets valid through 2042. Additional patents pending.
- MyoPro 2x launched in April. Improves ease of donning and user experience.



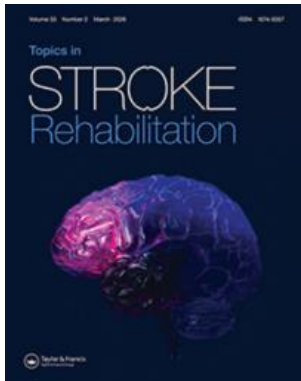
# Growing our Body of Clinical Research



## Myoelectric Arm Orthosis Assists Functional Activities: A 3-Month Home Use Outcome Report

## Influence of a Myoelectric Arm Orthosis. A Minimum 6 to 17-Month Retrospective Home Use Study On Subjects 65 And Older Using The DASH Outcome Measure (Medicare-Age Population)

nt and clinically meaningful served on validated outcome



### Use of Myoelectr



THE UNIVERSITY of UTAH

### : A Systematic Review

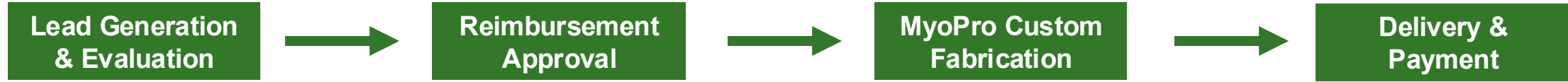
**Results:** A systematic review published in Topics in Stroke Rehabilitation reports functional improvements in validated outcome measures among stroke survivors using powered upper-extremity orthoses, supporting their role as a compensatory intervention in chronic impairment.

Randomized controlled trial underway at University of Utah.

### Other Research:



# Go-to-Market Approach: How a Patient Obtains a MyoPro



TV, Social Media

Clinical Referrals  
  
 Shirley Ryan



*New MyoPro 2x*



Fitting by licensed CPO  
 Referral to OT for training  
 MyoCare Coaches



Remote Measurement  
 and In-House Manufacturing

# Cost-Effective TV Advertising for Target Demographic



# 2026 Strategy Direction & Four Success Pillars

## 1. Shift to Recurring Revenue Sources:

- MyoConnect Referrals from Rehab Hospitals and O&P Channel

## 2. Increase Market Access with Additional Payer Contracts

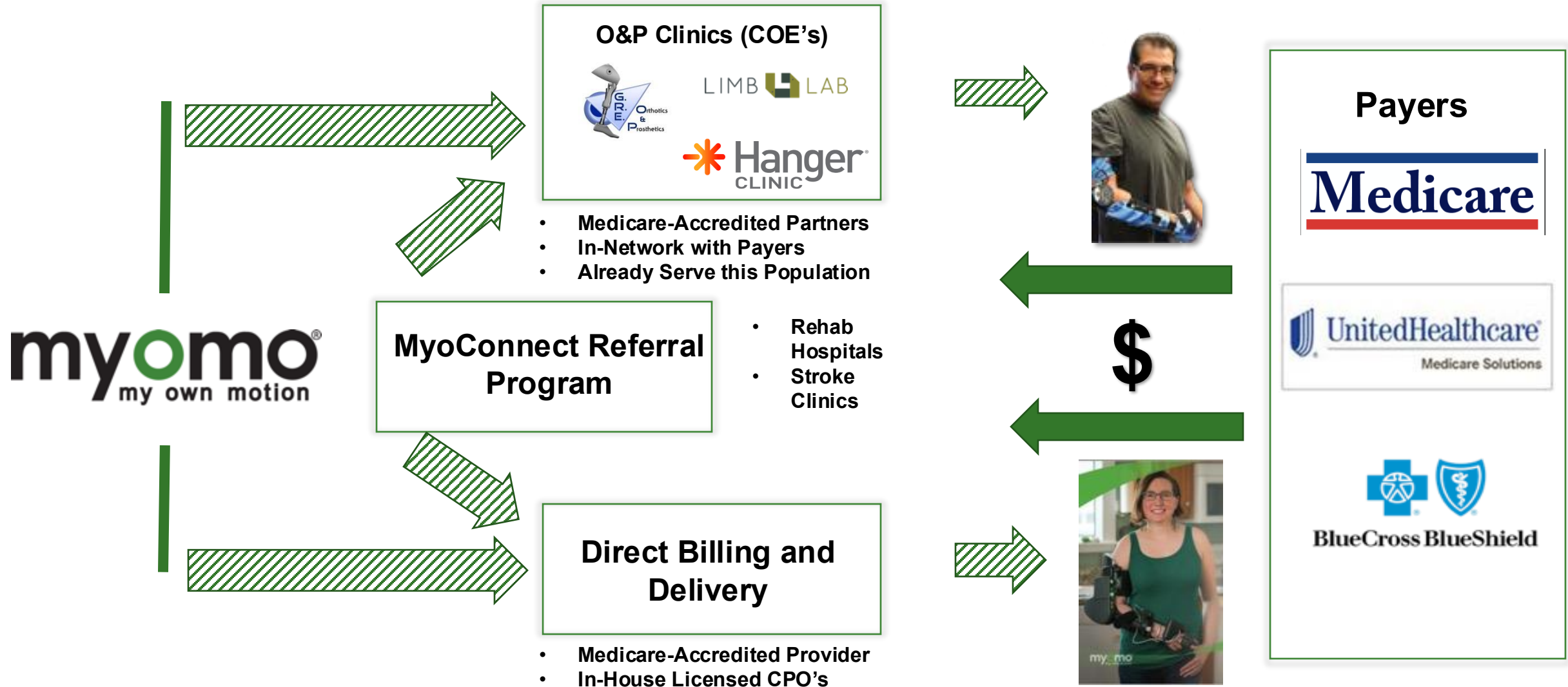
## 3. Demonstrate Operating Leverage

- Grow Revenues > Operating Expense growth
- Increase Revenue / Head
- Reduce COGS

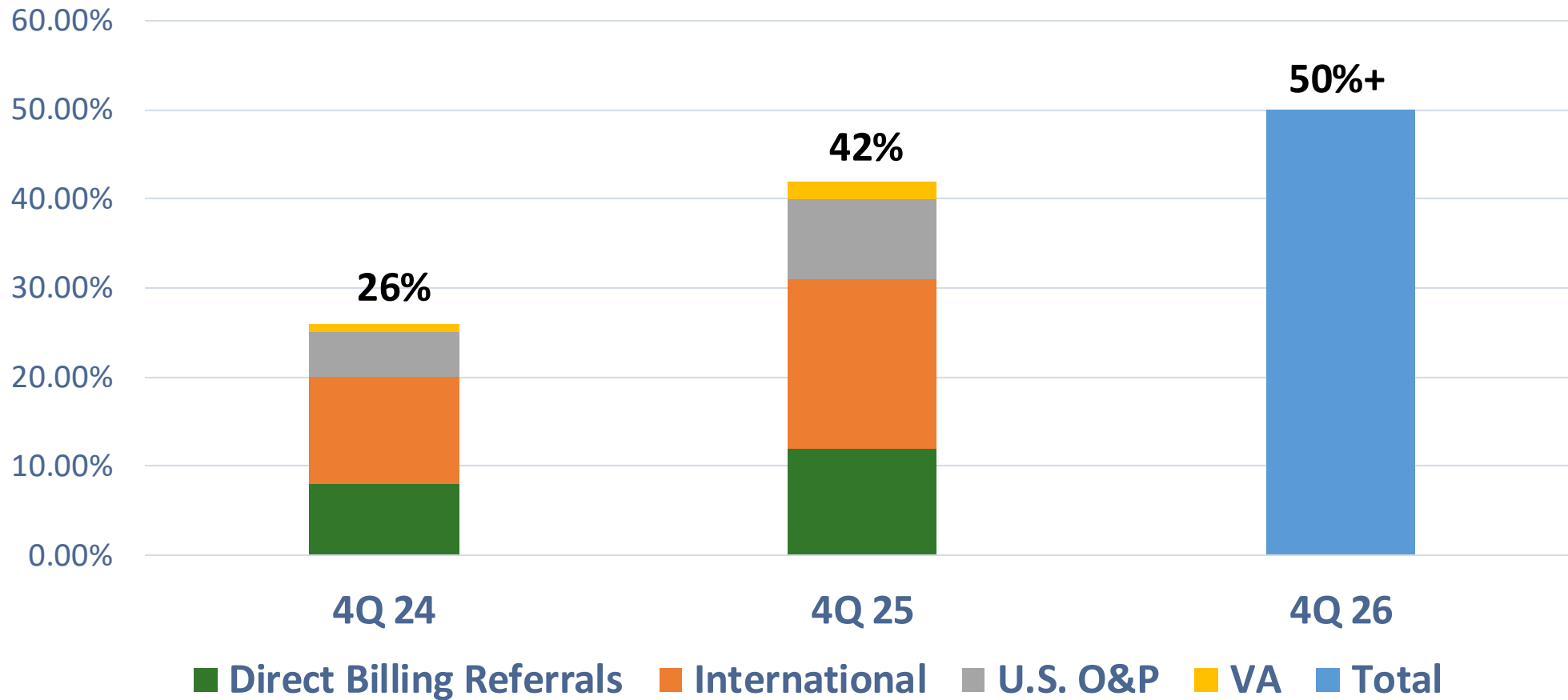
## 4. Invest in Product Development and Research

- Market Leadership and Competitive Position
- RCT for Medicare Advantage coverage

# With Reimbursement in Place, We Are Developing a Nationwide Network of Recurring Patient Sources

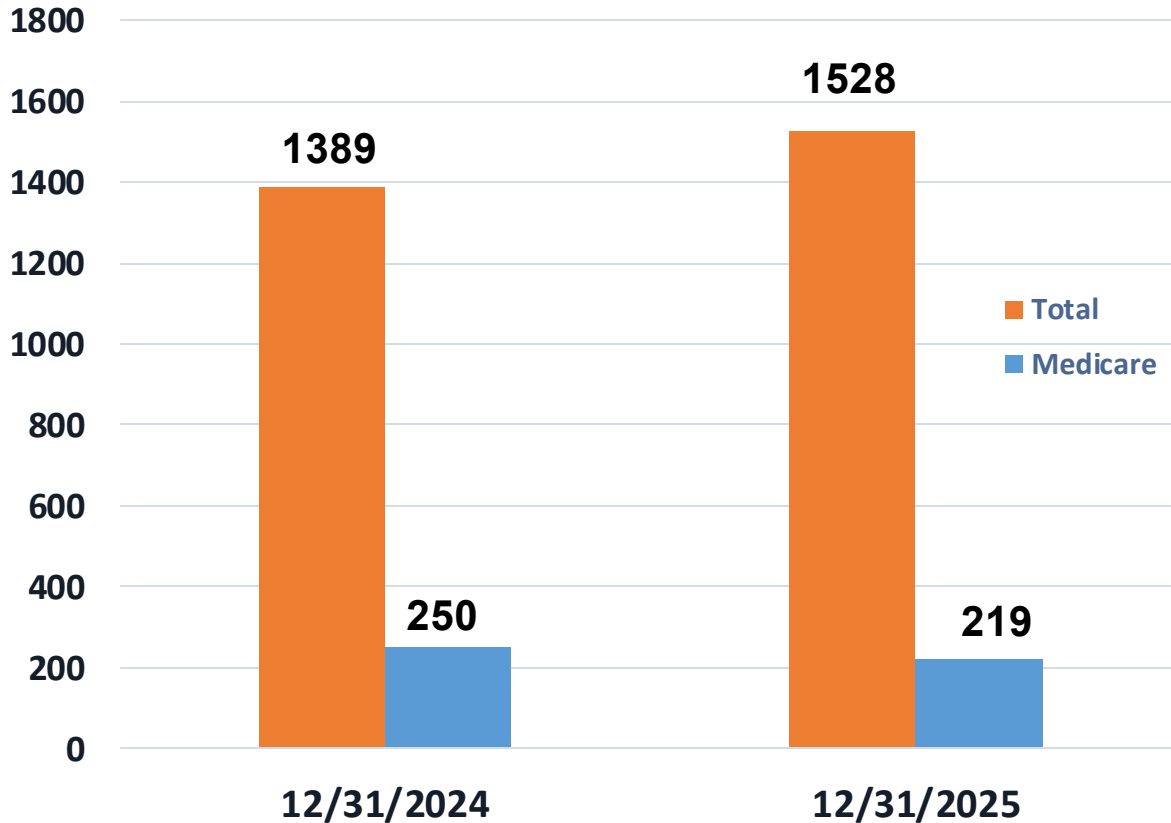


# Recurring Patient Sources: Referrals and O&P Channel

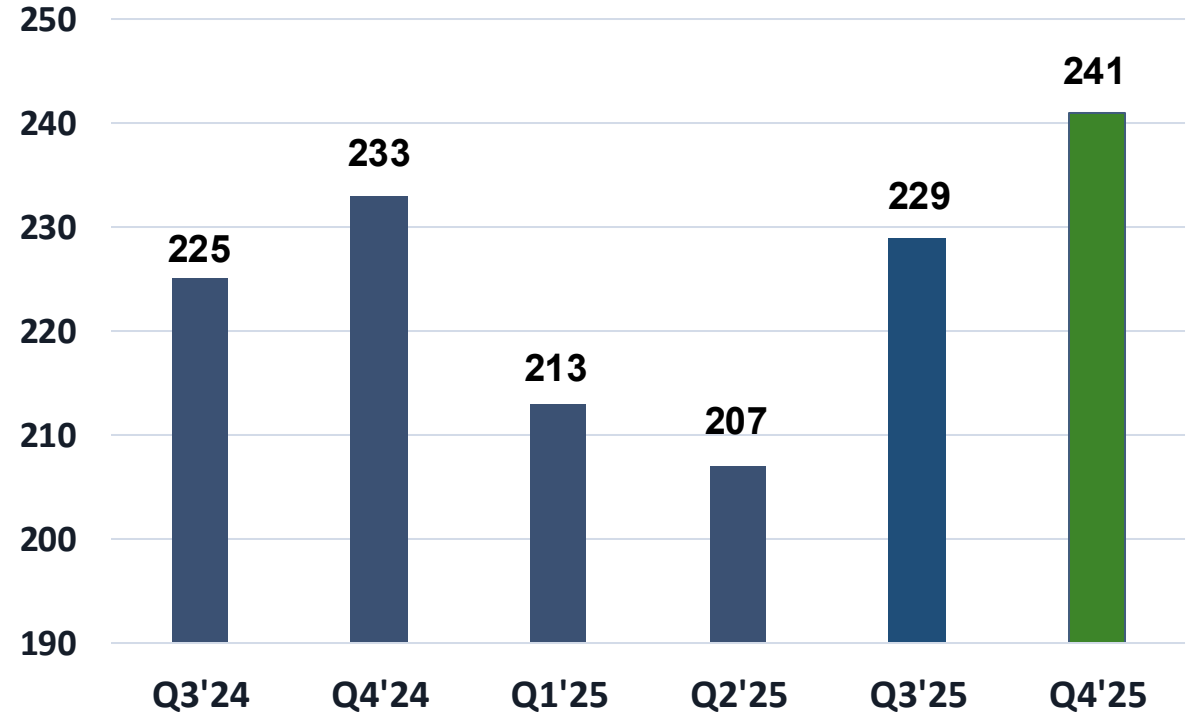


# Key Metrics: Pipeline and Authorizations

Pipeline



Orders: Key to Revenue Growth



	Q3'24	Q4'24	Q1'25	Q2'25	Q3'25	Q4'25
<b>Backlog</b>	316	272	249	230	208	199
<b>Revenue Units</b>	161	220	182	178	186	208
<b>Book-to-Bill*</b>	1.21	0.84	0.87	0.89	0.88	0.96

\* Net of drops from the backlog

# P&L and Key Balance Sheet Metrics

## P&L

(\$000's)	Actual Q4'25	Actual Q4'24	Actual 2025	Actual 2024
Revenue	\$ 11,353	\$ 12,068	\$ 40,928	\$ 32,551
COGS	3,569	3,453	14,040	9,366
Gross Profit	7,784	8,615	26,888	23,185
Gross Margin	68.6%	71.4%	65.7%	71.2%
Operating Expenses:				
R&D	1,625	1,560	6,944	4,772
Selling, Clinical & Mtkg	5,501	3,697	20,385	12,237
G&A	3,432	3,604	13,961	12,383
Total	10,558	8,861	41,290	29,392
Operating Loss	(2,774)	(246)	\$(14,402)	\$(6,207)
Interest expense (income)	739	(70)	451	(389)
Change in FV of derivatives	217	-	217	-
Income Taxes	84	85	504	366
	1,040	15	1,172	(23)
Net Loss	\$ (3,814)	\$ (261)	\$(15,574)	\$(6,184)

## Key Balance Sheet Metrics

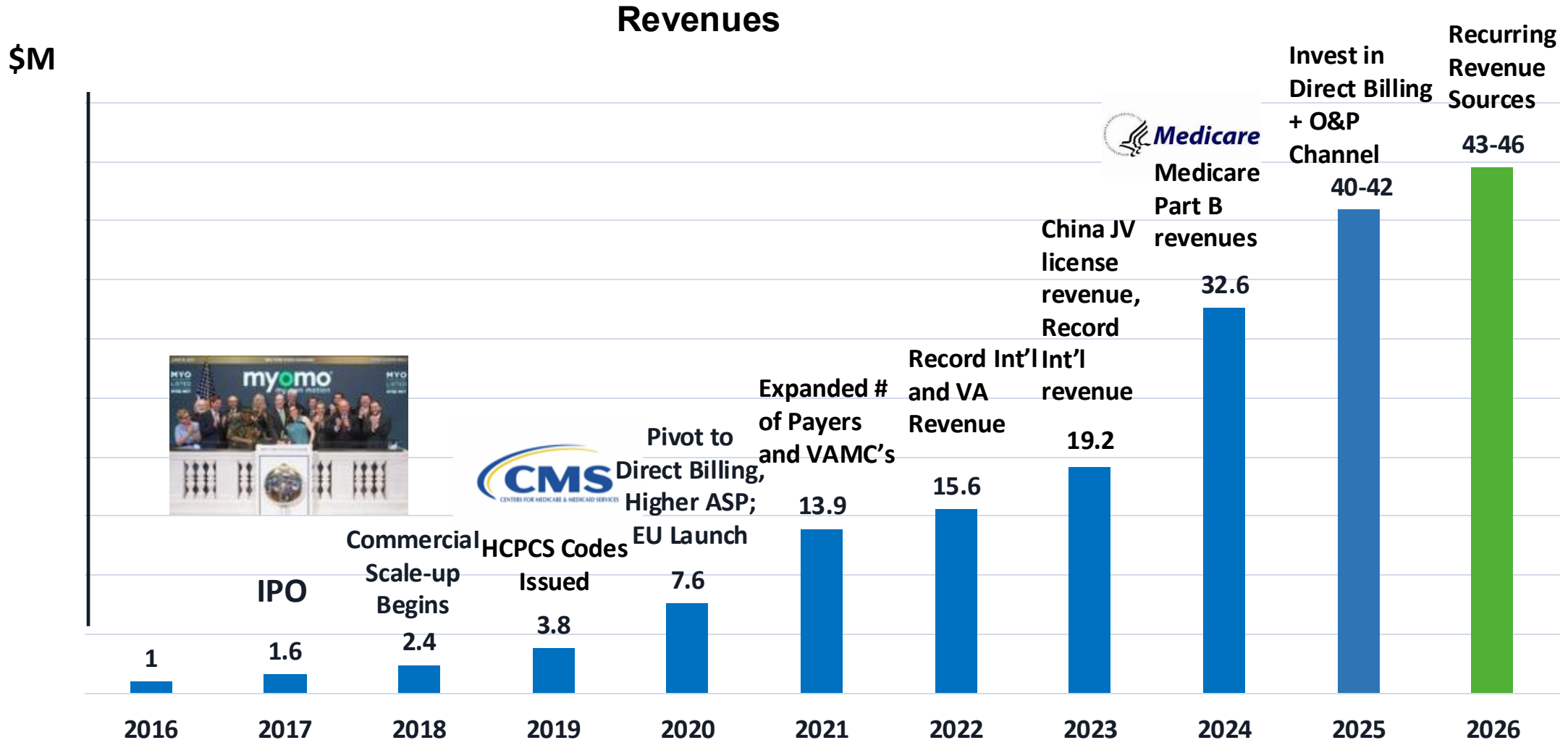
(\$000's)	Actual Q4'25	Actual Q3'25
Cash & Investments	\$ 18,394	\$ 12,554
Working Capital	19,212	13,747
Debt	12,527 *	4,000
Shareholders' Equity	11,403	14,626
Shares Outstanding	42,235 **	42,197

\* Face value + accretion of final payment liability

\*\* Includes unexercised pre-funded warrants

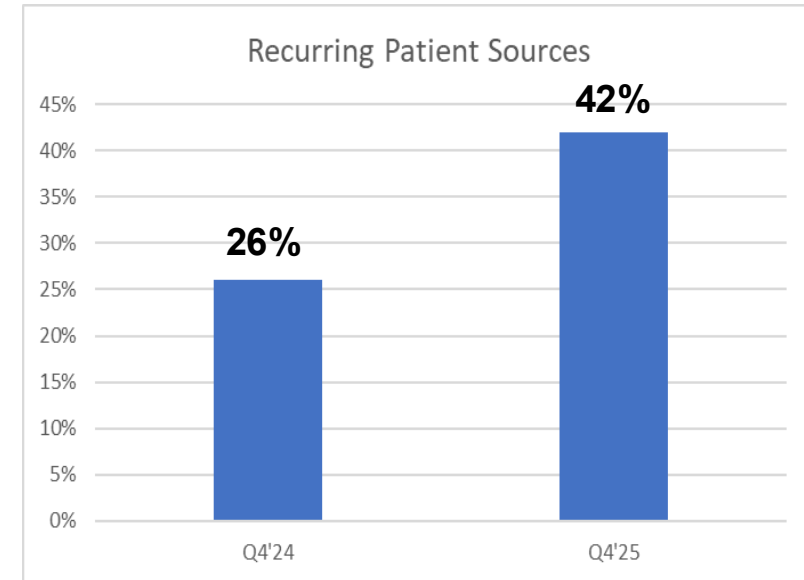
Interest only on debt until May 2027

# Key Milestones Driving Revenue Growth



# Operating Priorities

- **Grow patient pipeline at a lower cost per pipeline add.**
  - **New Digital Media Agency**
  - **Direct-to-Patient and Health Care Providers**
- **Increase revenue from recurring patient sources.**
  - **Int'l/O&P/VA channels**
  - **Clinical referral network**
  - **Engage patients closer to stroke incidence**
- **Manage Operating Expenses**
  - **Generate operating leverage. Hold opex growth to half of revenue growth.**
  - **Limit growth of advertising expense.**
  - **Demonstrate Operating Leverage as Revenues Grow**
- **Reduce cash burn in 2H 2025 and Going Forward**



## Summary and Highlights

- **Record # of Orders in Q4**
- **New Marketing Head and Digital Agency -> Lower CAC**
- **Growing % of Revenue from Recurring Patient Sources**
- **Revenue Growth with Reduced Cash Burn**
- **Set the Stage for Accelerated Revenue Growth at Lower Cost**

# Leadership Team & Board of Directors

## Management Team Members



### Paul R. Gudonis Chairman & CEO

Scaled multiple tech co's, largest from \$5M to \$1.2B revenue (BBN/Genuity)



### David Henry, CFO

Raised nearly \$900M in capital for public companies



### Micah Mitchell Chief Commercial Officer

Grew sales 10x at several custom DME businesses



### Dr. Harry Kovelman Chief Medical Officer

Track record of expanding patent access for new technologies



### Malcolm Bock VP of Engineering and Product Strategy

Experienced Medical Device Engineering Executive



### Barry Camrell VP of QA/RA

Established quality systems for U.S. and int'l markets



### John Frijters Managing Director - International

Experienced executive O&P Europe - based



### Kathy Sawyers, PT, ATP Sr. Dir. - Clinical Outcomes

Oversees clinician training and user support



### Colin Anderson Dir - Global Operations

Experienced at scaling operations in med device industry

## Board of Directors



### Thomas Kirk Lead Independent Director

Former CEO, Hanger Clinics



### Thomas Crowley Board Member

Experienced Med Device CEO



### Milton Morris Board Member

Former President & CEO, Neuspera Medical; Boston Scientific exec



### Heather Getz Board Member

CFO & COO  
Butterfly Network, Inc.

# Thank You!



## For Additional Information:

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