

INVESTOR PRESENTATION NOVEMBER 2025

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

Conquering Upper Limb
Paralysis with Wearable
Medical Robotics

myomo
my own motion



Legal Disclaimer

This presentation contains forward-looking statements regarding the trading of the Company's common stock on the NYSE American, the Company's plans for the use of proceeds and advancing its product line, increasing its sales and marketing efforts and growing its business, the Company's financial position and projections of future operating results, and the Company's future business expectations, which are based upon the current estimates, assumptions and expectations of the Company's management and its knowledge of the relevant market. The Company has tried, where possible, to identify such information and statements by using words such as "anticipate," "believe," "envision," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," "contemplate" and other similar expressions and derivations thereof in connection with any discussion of future events, trends or prospects or future operating or financial performance, although not all forward-looking statements contain these identifying words. Forward-looking statements, which are included in accordance with the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, are only predictions and may differ materially from actual results due to a variety of risks, uncertainties and other factors. These risks and uncertainties include, among others, risks related to the Company's liquidity and financial position, the trading of its common stock, its new products, services, and technologies, government regulation and taxation, and fraud. More information about factors that potentially could affect Myomo's business and financial results are included in the Company's Annual Report on Form 10-K and Quarterly Reports on Form 10-Q. The Company cautions readers not to place undue reliance on any such forward-looking statements, which speak only as of the date made. The Company disclaims any obligation subsequently to revise any forward-looking statements to reflect events or circumstances after the date of such statements or to reflect the occurrence of anticipated or unanticipated events.

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 Opened Access to Medicare-age Population

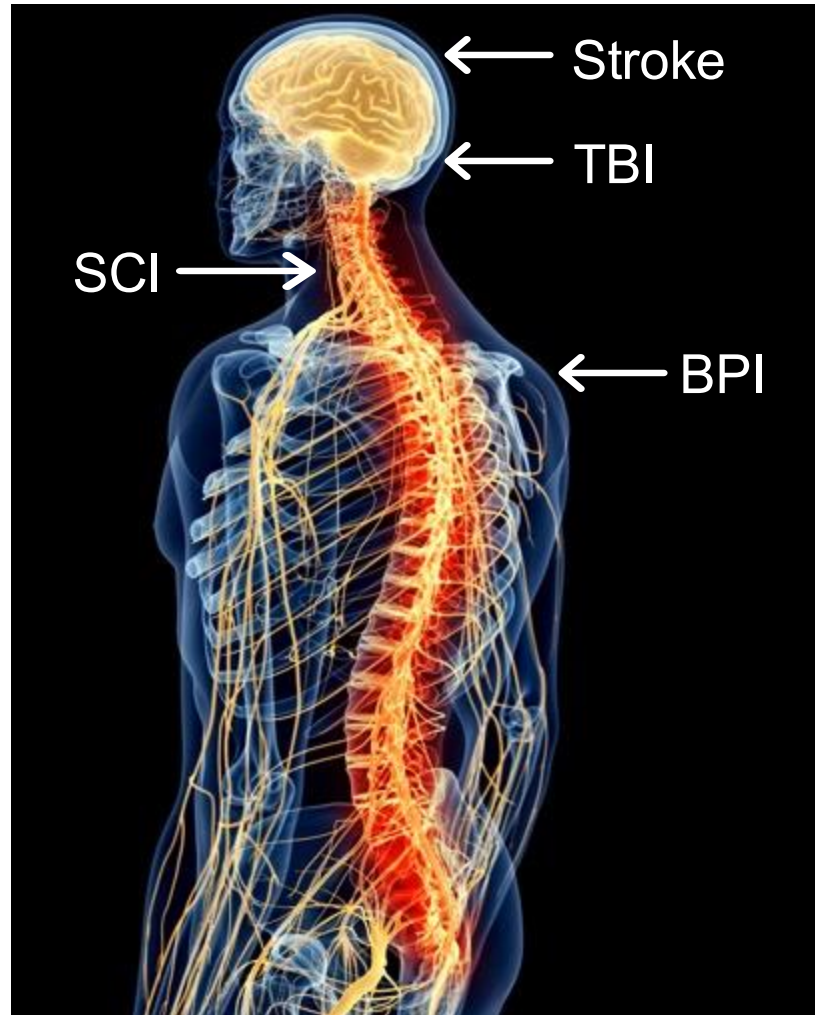
Established Direct Provider Business with New Orthotics & Prosthetics (“O&P”) Channel

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:

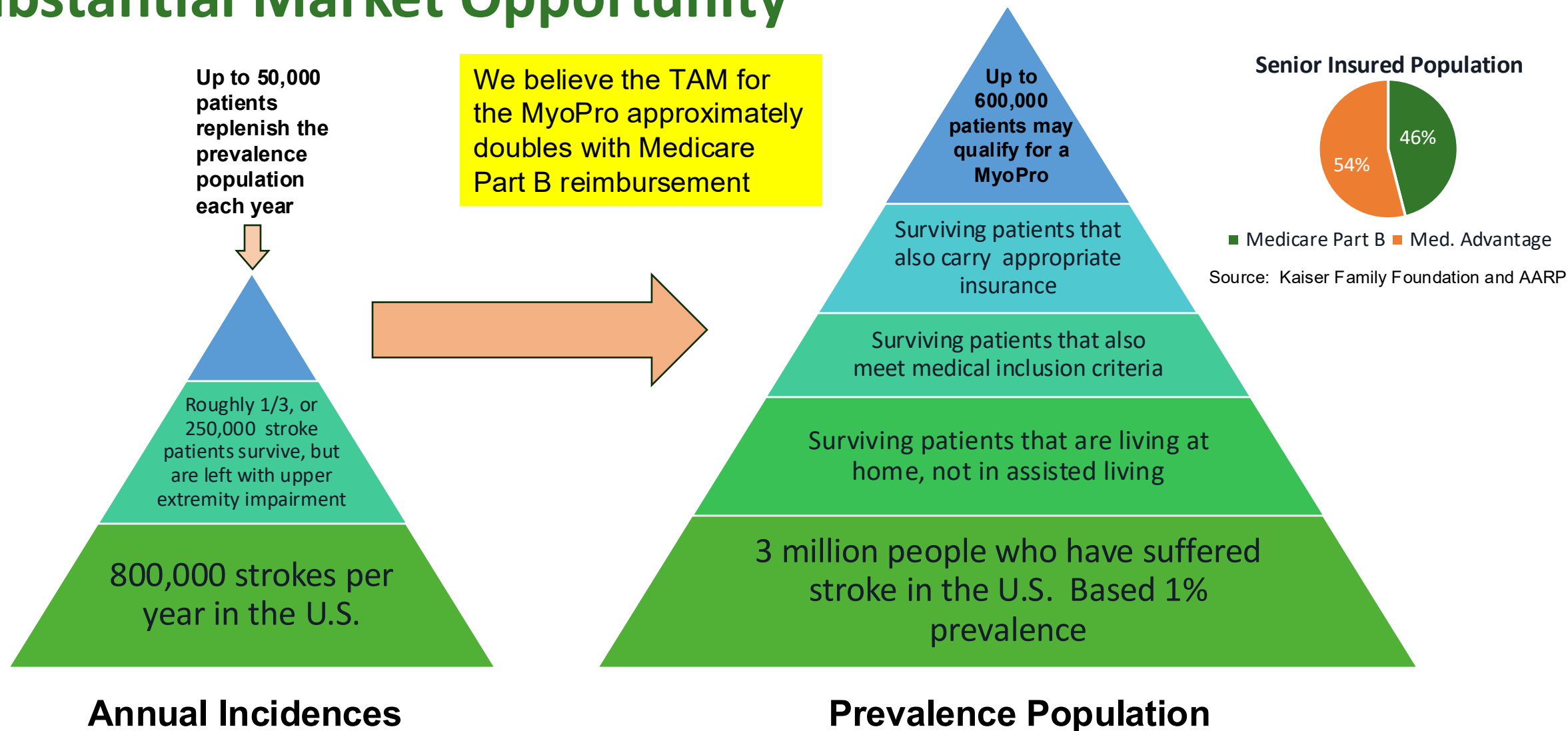
- Botox
- Baclofen



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



Substantial Market Opportunity



Source: Christopher and Dana Reeve Foundation Survey, National Stroke Association, World Health Organization, and Myomo base model estimates

Adding Earlier Engagement in Patient Journey:



ONSET

Incidence:
800,000
Cases/Yr.
in US

ACUTE CARE

Onset → 1 week

SUB-ACUTE CARE

1 week → 6
months

OUTPATIENT THERAPY (Incidence Population)

6–12 months

↑
**MyoConnect
& O&P Channel**

CHRONIC HEMIPARESIS (Prevalence Population)

> 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, 2025, the updated published fees for our HCPCS codes:
 - L8701 (Motion W) - \$34,284
 - L8702 (Motion G) - \$67,453

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 35 million lives.

- Benefit is in-network status with established fee schedule

More than 100 VA medical centers have ordered MyoPros



BlueCross BlueShield



Humana



U.S. Department
of Veterans Affairs

Reimbursement Status: International Markets

Germany: Reimbursement for the MyoPro is on a case-by-case basis, with insurance companies often paying for a six-month trial to demonstrate the benefit to the patient, followed by full payment for the device in over half of these trial cases



Several positive rulings by the Social Court stating that Statutory Health Insurance (SHI) firms such as Barmer must reimburse for the MyoPro. 100% win rate.

BARMER

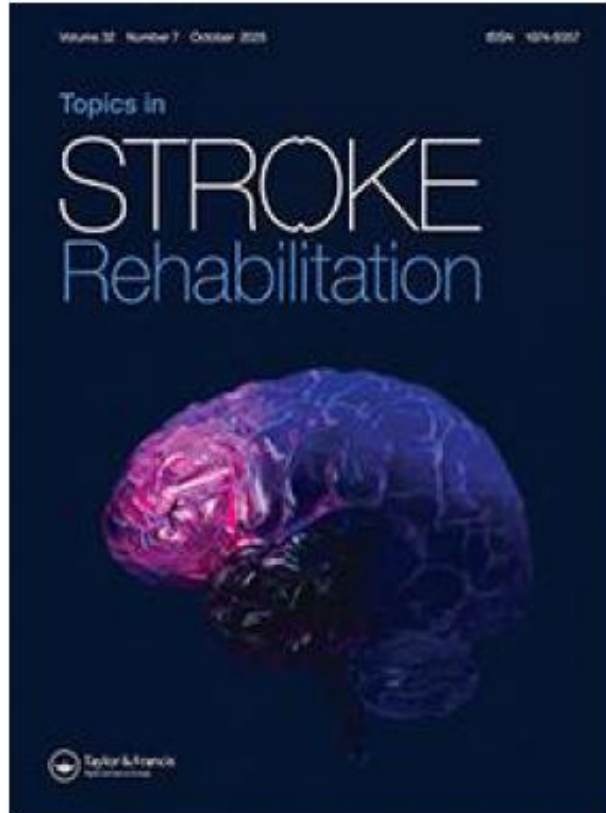
- Based on our reimbursement track record, if a qualified patient wants a MyoPro in Germany and will participate in the appeals process, they will eventually get one.

Australia: National Disability Insurance Scheme (NDIS) has now approved reimbursement for the MyoPro, which should lead to additional sales in the country



Other Markets: Reimbursement is obtained by working through local O&P distribution partners on a case-by-case basis (UK, Italy, Denmark)

Newly Published Systematic Review in Support of MyoPro



Use of myoelectric orthosis after stroke or traumatic brain injury: a systematic review

Lorie Gage Richards ^a, Amit Sethi ^a, Maria Paluselli ^b, and Steven C. Cramer ^c

Results: Ten studies (11 reports) met the criteria; all included individuals post-stroke and one included a post-TBI subset. The majority were Oxford level of evidence 3b and rated as low risk of bias. All compensatory use studies showed participants could complete more activities or more parts of activities while wearing the UE-MEO. Studies in which the UE-MEO was studied as a restorative therapy took place in outpatient clinics and in the home setting, with mixed results across studies.

Conclusion: The results suggest that use of a UE-MEO is a viable option as a compensatory tool to improve UE function in individuals with partial paralysis or weakness due to stroke or TBI. Additional evidence is needed to test the utility of a UE-MEO for restorative use and to identify the patient population most likely to derive benefits.



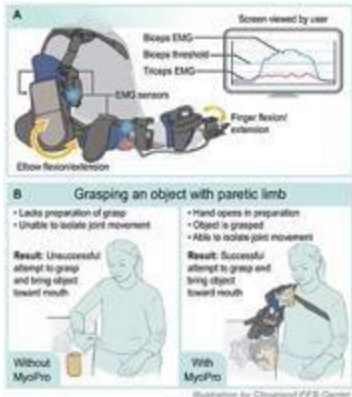
Noteworthy

The MyoPro and Upper Extremity Function in Chronic Stroke, Brachial Plexus Injury, and Other Neurological Conditions

Nicole Hofland, MS, OTR/L · Megan Olivo, MSPO, CO/L · Harry F. Kovelman, M.D.
With assistance from Maria Paluselli

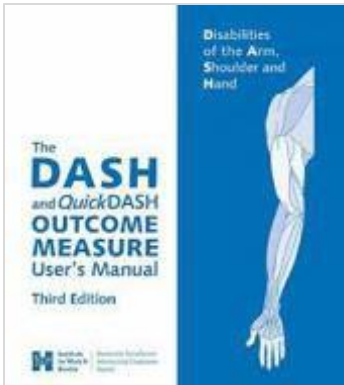
“Certified Prosthetists and Orthotists (CPOs) are integral members of the healthcare interdisciplinary team, providing expertise in managing upper limb weakness resulting from neurological injuries such as stroke, traumatic brain injury (TBI), or brachial plexus injury (BPI).”

Clinical Research: Real-World Evidence from Patient Registry



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

Results: Statistically significant and clinically meaningful improvements were observed on the functional tasks. By three months, participants were able to use the MyoPro to accomplish the tasks, reduce the amount of time spent to complete the tasks, and had a higher probability of success as compared to without the MyoPro. With the MyoPro, participants showed significant improvement in overall task completion and completed the tasks in a significantly decreased time as compared to without the MyoPro



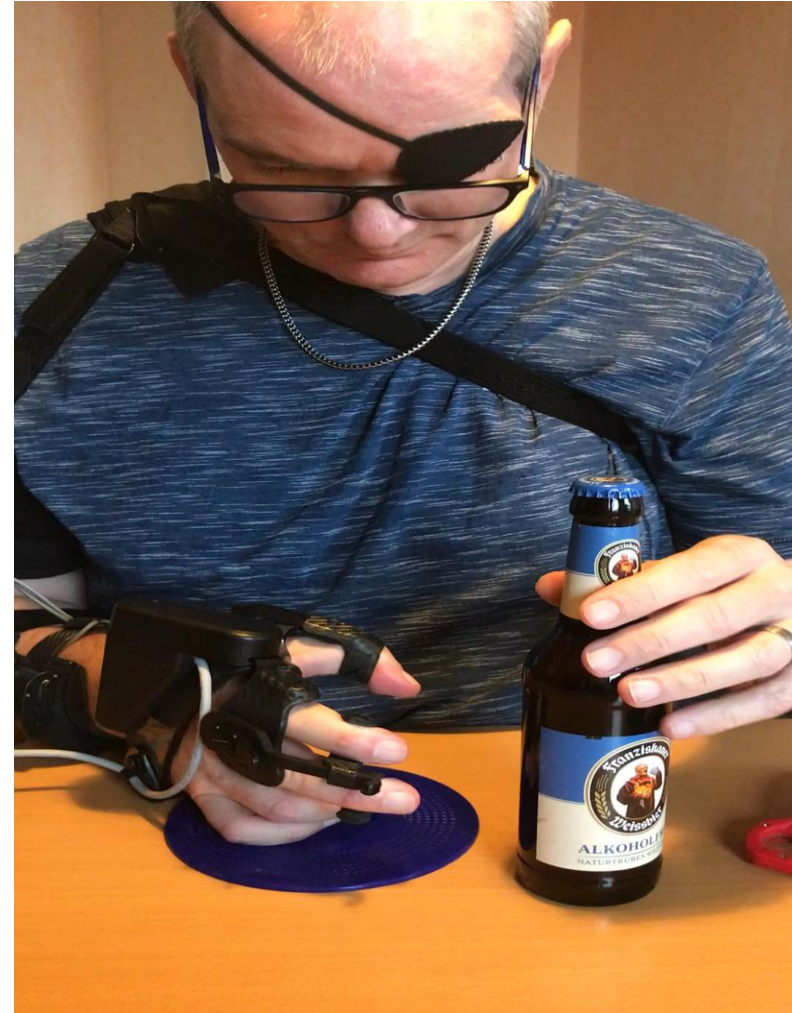
Influence of a Myoelectric Arm Orthosis. A Minimum 6 to 17-Month Retrospective Home Use Study On Subjects 65 And Older Using The DASH Outcome Measure (Medicare-Age Population)

Results: Subjects had an average improvement of 18 points on the DASH validated outcome measure. Results were clinically significant for a range of patients Ages 66 to 77 with the MyoPro intervention between 2 and 12 years after the onset of their diagnosis. Subjects recovering from arm impairment show an improvement in the DASH self reported score of their ability to complete activities in their home

Other Research:

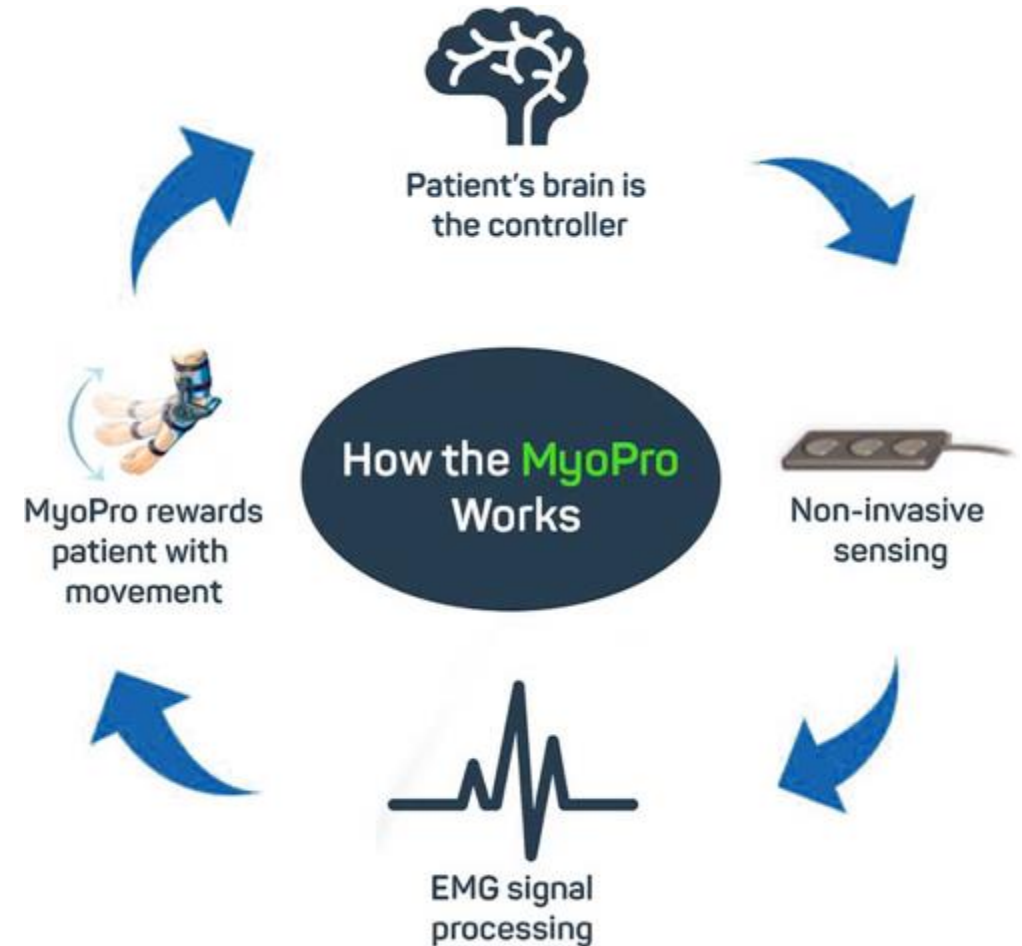


Enabling a Paralyzed Arm to Move Again

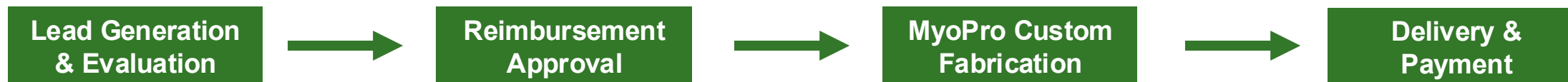


MyoPro Powered Arm Brace: Only Device to Restore Function

- 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.



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



TV, Social
Media

Clinical
Referrals



Shirley Ryan
Abilitylab



New MyoPro 2x



Fitting by licensed CPO
Referral to OT for training
MyoCare Coaches



Medicare



Medicare
Advantage
Plans

Remote Measurement
and In-House Manufacturing

Cost-Effective TV Advertising for Target Demographic

MyoPro Can Make Your Life Easier



Without MyoPro




With MyoPro

800-453-1234

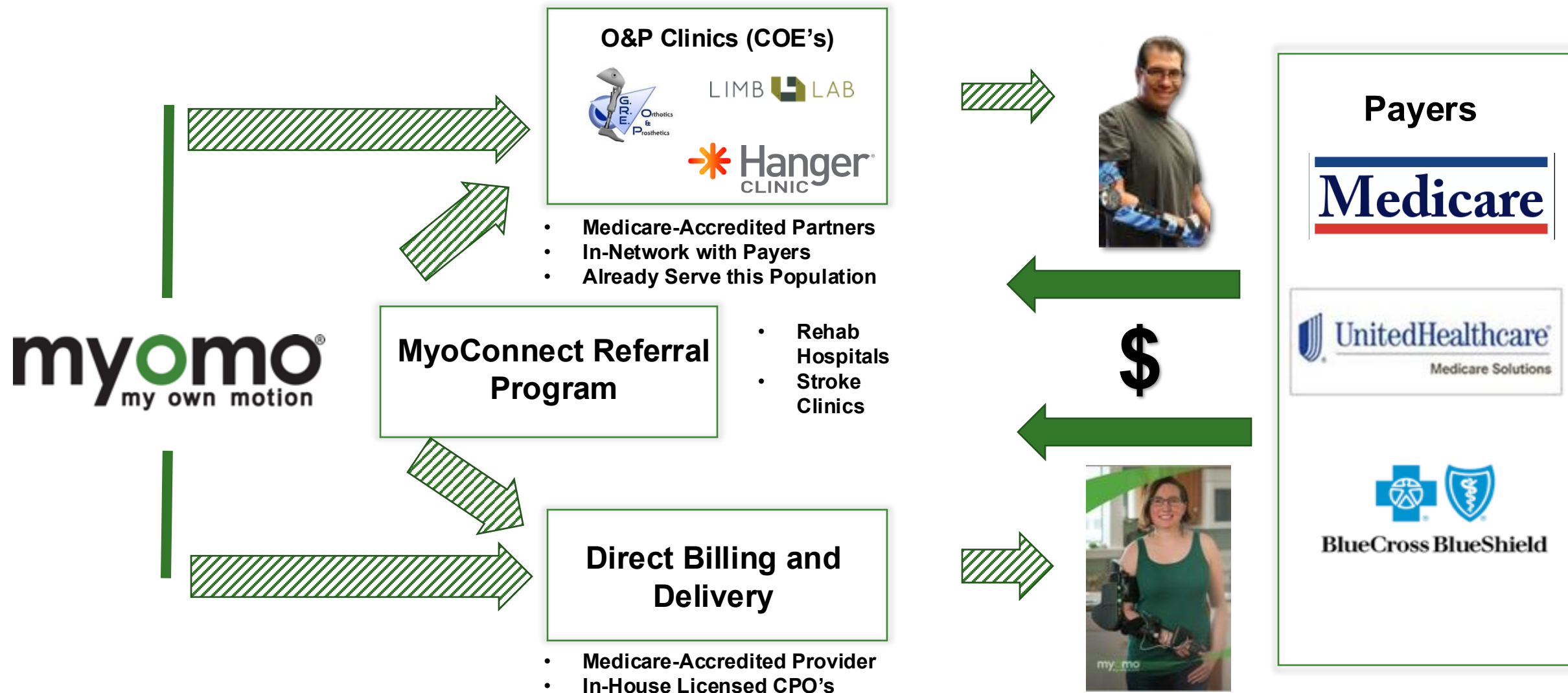
MyoPro.com

Now accepting Medicare!

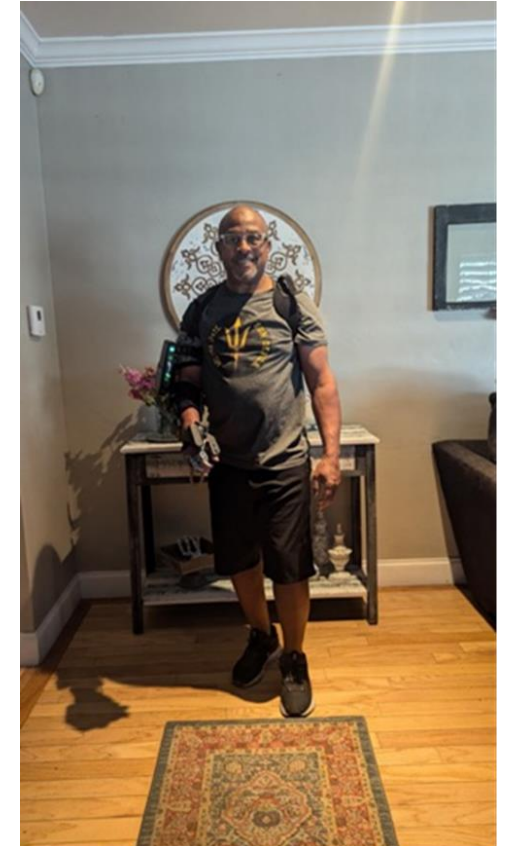
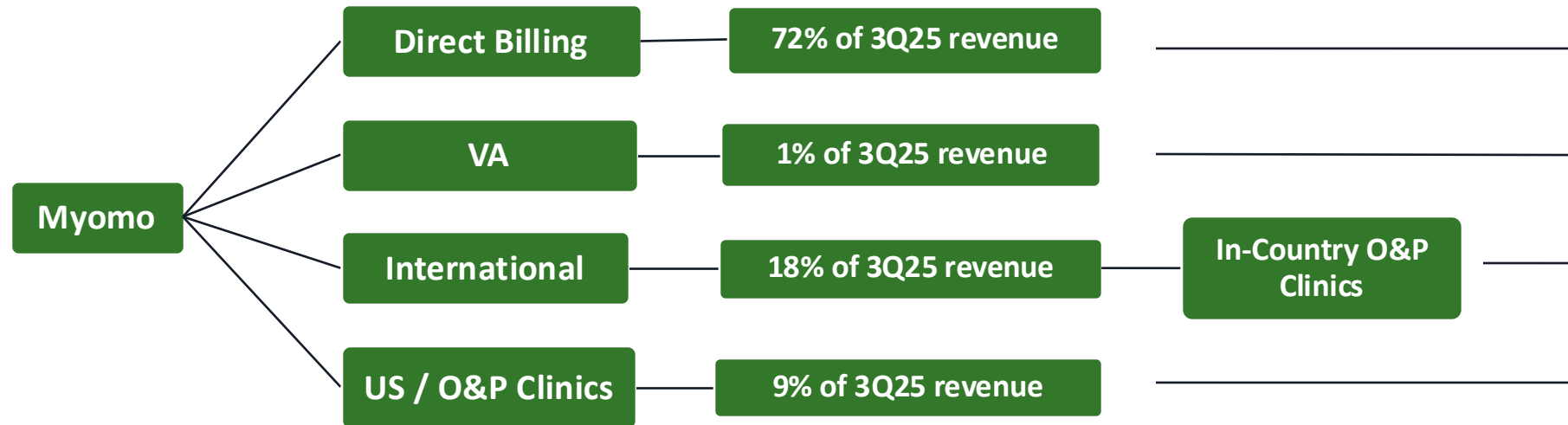
MyoPro Growth Plan: Adding New Recurring Patient Sources

- **Adding a New Growth Driver for MyoPro Sales: O&P Clinics and Rehab Hospital Referrals**
- **Until Recently, Most MyoPro Revenue came from Myomo's Direct Billing channel:**
 - Medicare-Accredited Provider
 - With Licensed CPO's to Deliver Product to Patients
 - Billing Payers, including Medicare, for the Device
 - Patient Source: Lead Generation from Direct-to-Consumer (DTC) Advertising (Facebook, TV, etc.)
- **Shifting the Marketing Strategy:**
From One-Time Sales to a Patient  **Recurring Patient Volume: "Same Store Sales Growth" Analogy**

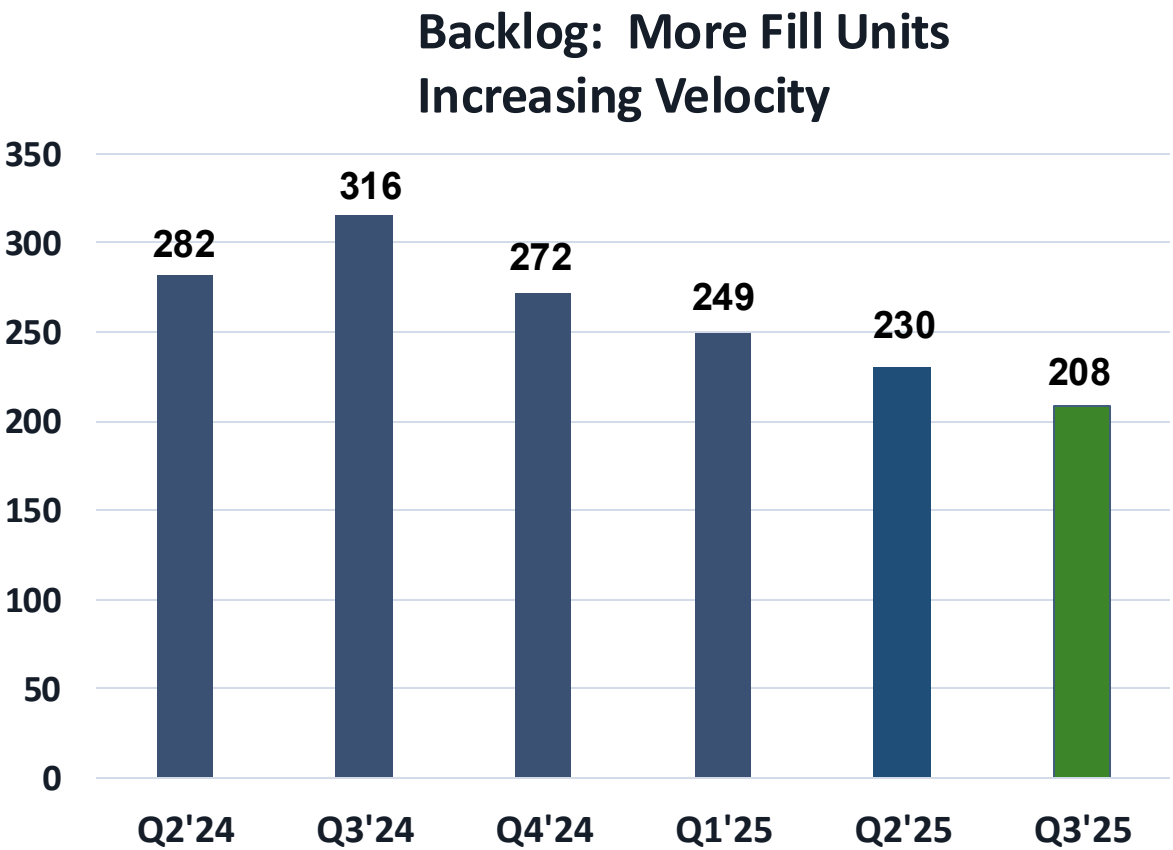
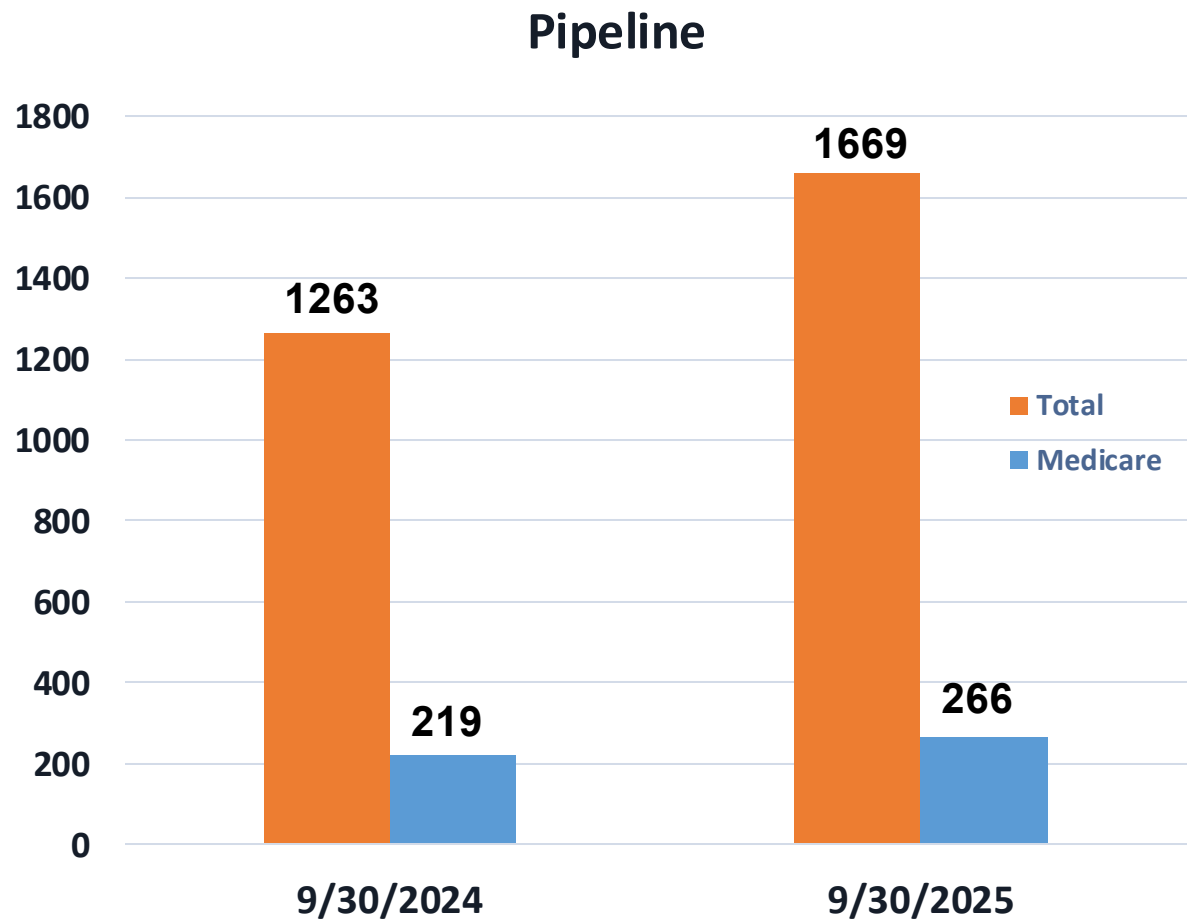
With Reimbursement in Place, We Are Developing a Nationwide Network of MyoPro Centers of Excellence (COE's) and Rehab Clinic Referral Sources



Go-to-Market Model and Channels



Key Metrics: Pipeline and Backlog



	Q2'24	Q3'24	Q4'24	Q1'25	Q2'25	Q3'25
Authorizations	213	225	233	213	207	229
Revenue Units	158	161	220	182	178	186
Book-to-Bill*	1.04	1.21	0.84	0.87	0.89	0.88

* Net of drops from the backlog

P&L and Key Balance Sheet Metrics

P&L

(\$000's)	Actual Q3'25	Actual Q3'24	YTD 2025	Actual 2024
Revenue	\$ 10,090	\$ 9,208	\$ 29,575	\$ 32,551
COGS	3,648	2,262	10,471	9,366
Gross Profit	6,442	6,946	19,104	23,185
Gross Margin	63.8%	75.4%	64.6%	71.2%
Operating Expenses:				
R&D	1,528	1,249	5,319	4,772
Selling, Clinical & Mktg	5,254	3,401	14,884	12,237
G&A	3,178	3,253	10,529	12,383
Total	9,960	7,903	30,732	29,392
Operating Loss	(3,518)	(957)	\$ (11,628)	\$ (6,207)
Interest expense (income)	10	(76)	(289)	(389)
Income Taxes	135	85	421	366
	145	9	132	(23)
Net Loss	\$ (3,663)	\$ (966)	\$ (11,760)	\$ (6,184)

Key Balance Sheet Metrics

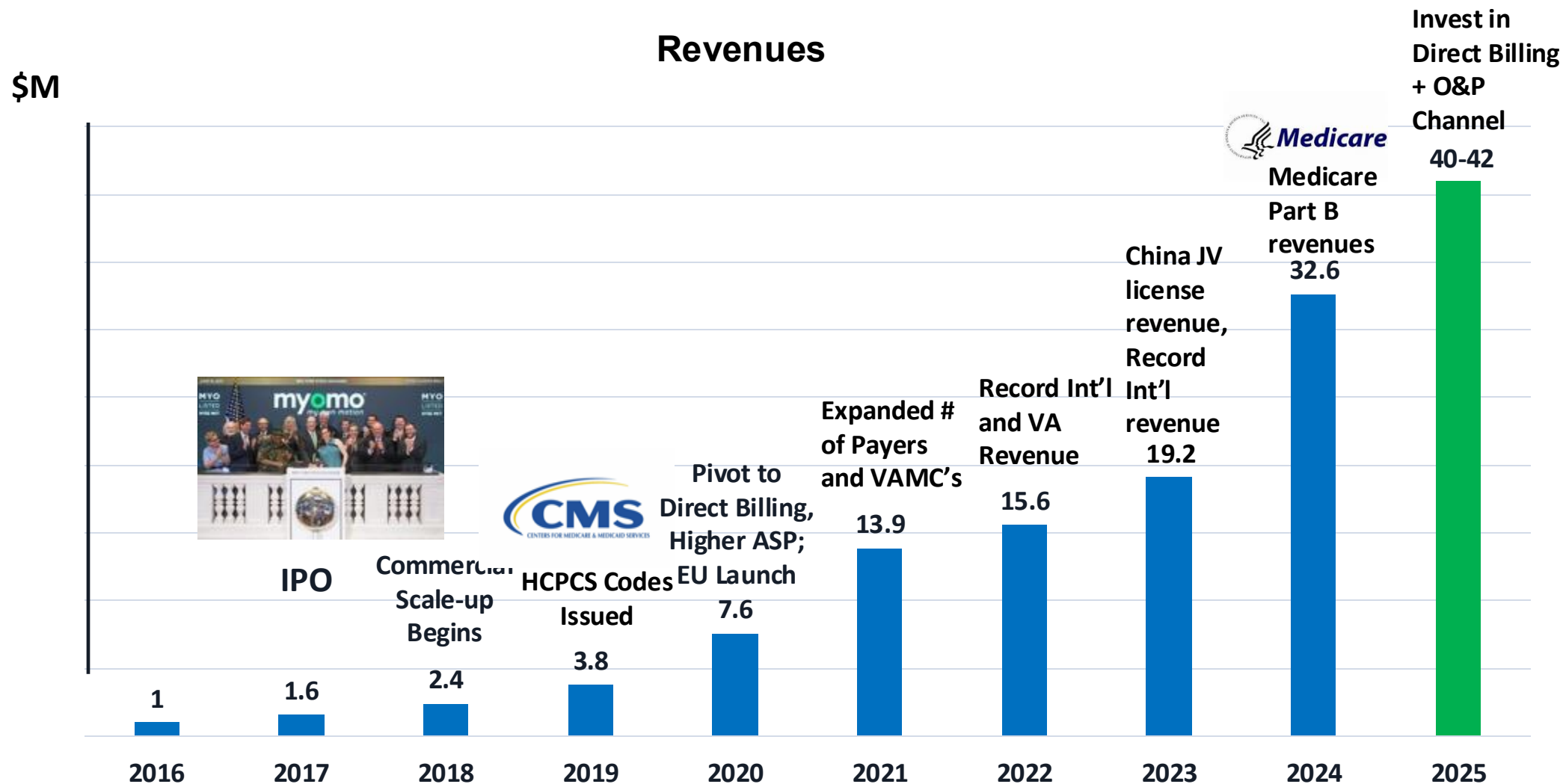
(\$000's)	Actual Q3'25	Actual Q2'25
Cash & Investments	\$ 12,554	\$ 15,482
Working Capital	13,747	16,290
Debt	4,000	4,000
Shareholders' Equity	14,626	17,615
Shares Outstanding	42,197 *	42,144

* Includes unexercised pre-funded warrants

In November 2025 we entered into a \$12.5M term loan with Avenue capital. Total of \$17.5M committed. \$5M second tranche available between November 2026 and May 2027 if certain conditions are met. Use of proceeds net of fees and expenses to payoff outstanding borrowings with Silicon Valley Bank and general corporate purposes.

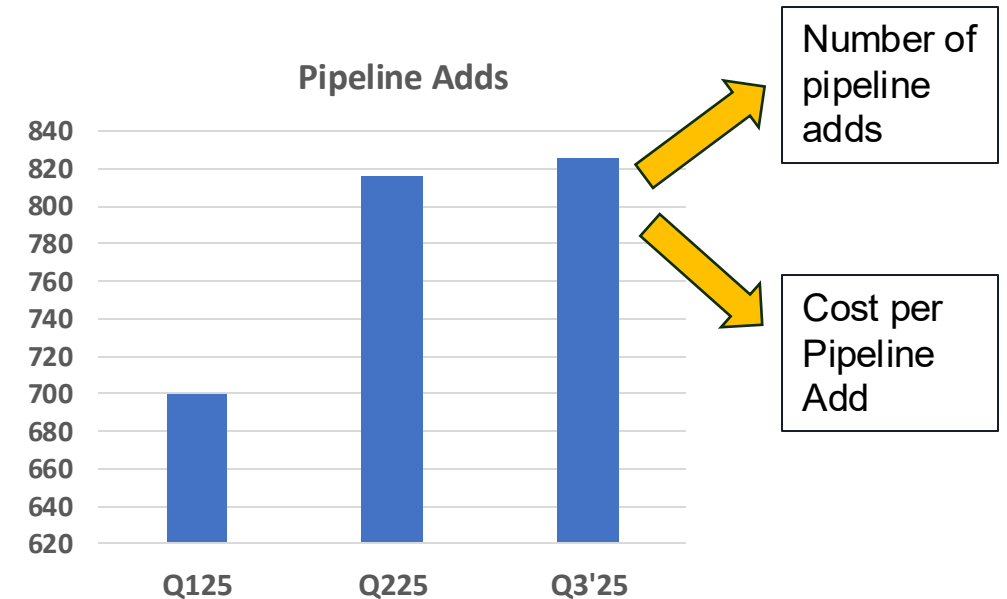
Pro forma cash at September 30, 2025 = \$20.1 million

Key Milestones Driving Revenue Growth



Current Operating Priorities

- **Grow patient pipeline at a lower cost per pipeline add.**
 - Shift advertising media mix
- **Expand sources of patient candidates.**
 - O&P channel
 - Clinical referral network
 - Engage patients closer to stroke incidence
- **Manage Operating Expenses**
 - Recent headcount reduction and limiting hiring for the near term
 - Manage fixed costs to afford growth in advertising spending to fill the pipeline
 - Demonstrate Operating Leverage as Revenues Grow
- **Reduce cash burn in 2H 2025 and Going Forward**



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**

Former CFO & COO Butterfly Network, Inc.

Thank You!



For Additional Information:

Paul R. Gudonis, CEO

paul@myomo.com

617-401-2623

David Henry, CFO

david.henry@myomo.com

508-344-5235