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GUIDED BY AI, **DRIVEN BY YOU**

## PITCH DECK

September 17, 2025

## CONTACT

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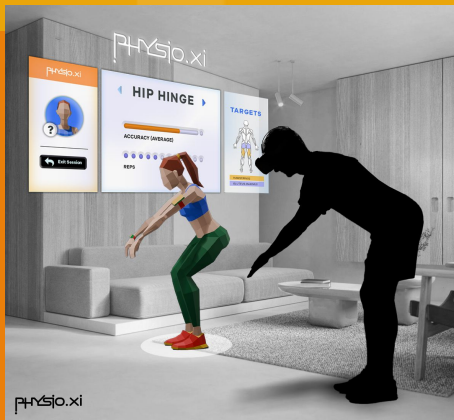
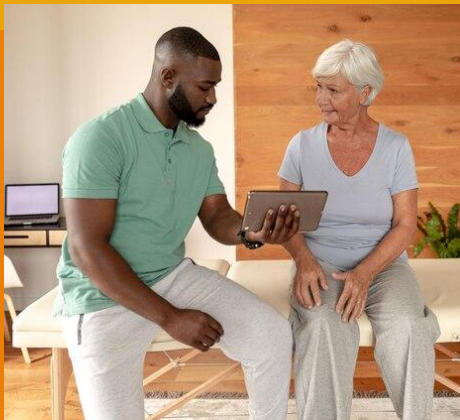
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## The Future of at-home Physical Therapy with Extended Intelligence (XI)



Physio XI delivers real-time, clinically validated movement quality feedback using adaptive AI — without wearables or expensive hardware.

## THE PROBLEM

**Motivation fades.  
Errors go unchecked.  
Recovery slows.**

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- Movement quality is invisible once patients leave the clinic and must maintain exercises on their own.
- Specialized hardware remains costly and impractical for most clinics and individuals, blocking scalability.
- Static home programs are unable to track and celebrate patient progress; engagement and adherence nosedive within days.
- When AI is a black box, trust breaks down—for patients, clinicians, and practitioners alike.
- Form errors in exercises go unchecked, stalling recovery and risking re-injury.

## Active, Adaptive AI that Understands Movement

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### THE SOLUTION

- Markerless motion tracking delivers real-time biomechanical analysis.
- Runs on smartphones and tablets — no wearables, no headsets.
- Adapts to patient progress with personalized feedback loops.
- Transparent, open-source clinical benchmarks drive trust and adoption.
- Clinician-calibrated AI detects faults like knee valgus, spinal compensation.

**We aim to become the industry benchmark for open, adaptive AI in rehab — trusted by physical therapists, covered by insurers, and accessible on any smartphone.**

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## TECHNOLOGY & IP

### Temporal graph AI for longitudinal recovery tracking

Physio XI adapts to the user's progress over time via cutting-edge advancements for better prediction and recommendation during recovery.

**Barriers to entry:**  
real-time feedback +  
clinical benchmark +  
model transparency +  
data pipeline

Physio XI combines scientific rigor and seamless UX. Achieving this integration of intelligence, trust, and usability will readily set our product at the forefront of competitors.

### Reinforcement learning guided by clinician corrections

Our AI doesn't just learn from data—it learns from experts through clinician-guided feedback to enhance model accuracy and trustworthiness.

### Hardware-aware model optimization for smartphones (<400ms latency)

Real-time insights and guidance are enabled by efficient compression of the AI model based on device settings for best possible performance.

## COMPETITIVE LANDSCAPE

	HARDWARE NEEDED	FEEDBACK TYPE	AI ADAPTATION / OPEN SOURCE	TARGET USE
<b>PHYSIO XI</b>	Smartphone or Tablet TV (smartcast) VR (option)	Real-time Adaptive	Yes / Yes	Clinic Home
<b>HINGE HEALTH</b>	Wearables	Range of Motion only	No / No	Pain Mgmt
<b>ONESTEP</b>	Smartphone	Range of Motion + basic form	No / No	General PT
<b>XRHEALTH</b>	VR Headset	VR session-based	No / No	Niche / Clinic

## FDA & Reimbursement Readiness

### REGULATORY & REIMBURSEMENT PATHWAY

#### FDA Pathway

■ Planning for FDA pre-submission (SaMD, Class II) in Phase II

#### Phase I

■ IRB-approved study (n=15) with clinician-AI agreement metrics.

#### Validation Metrics

■ Cohen's  $k > 0.8$ ; SAE reporting aligned with FDA guidelines.

#### Reimbursement

■ Payer discussions to align with CPT codes for remote therapeutic monitoring (RTM)

## MARKET OPPORTUNITY

### Overview

TAM: \$1.5B  
SAM: \$750M  
SOM: \$35M

### Primary Targets

250K+ Physical Therapists  
30K+ Senior Living Facilities

### Expansion Toward

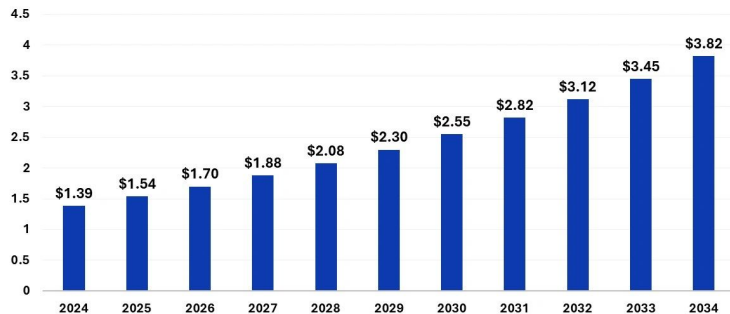
**Primary:** Physical therapy clinics and rehab specialists

**Secondary:** Senior living communities, outpatient surgery centers, home health orgs

**Future:** Telehealth platforms & personal health systems, insurance payers, sports medicine, manufacturing, VA, DOD

Precedence  
RESEARCH

Physical Therapy Software Market Size 2024 to 2034 (USD Billion)



Source: <https://www.precedenceresearch.com/physical-therapy-software-market>

**A Billion-Dollar  
Rehabilitation Market  
Ripe for Disruption**

**\$12M**

At 1% market capture among PTs and senior living facilities, projected annual revenue is \$12M, on par with or exceeding early-stage competitors.

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## Cost Structure

R&D (AI, motion capture, edge optimization)

Clinical validation & regulatory compliance (IRB studies, clinician recruitment)

Cloud infrastructure for model updates and clinician feedback loop

Customer support, onboarding, and training

Sales and channel partnerships

## Key Activities

AI model development

Clinician annotation loops for reinforcement learning

Platform development and mobile edge deployment

Strategic partnerships for distribution (clinics, health systems)

Regulatory pathway planning (FDA engagement)

## Revenue Streams

**B2B SaaS Licensing:** Monthly/annual subscription model for clinics, senior living facilities, and health systems

**Per-Patient Licensing:** Clinics and PTs pay per active patient seat/month

**Pilot-to-Enterprise Expansion** (multi-site or network-wide)

## Key Partnership

Clinical pilot sites: physical therapy clinics, senior living facilities

Research hospitals for validation and clinician feedback

AI researchers for open-source development and benchmarking

Payers for reimbursement validation

## BUSINESS MODEL

Physio XI will monetize through SaaS licensing and per-patient pricing models for PT clinics and senior living facilities. We begin with pilots and scale into broader contracts, anchoring clinician trust and payer readiness through validation and open benchmarks.

**High gross margins, scalable tech, and growing demand for reimbursable home rehab fuel long-term growth.**

## FINANCIAL SUMMARY — PRO FORMA

	2026	2027	2028	2029	2030
<b>Users</b>	20	74	298	878	2703
<b>License (\$)</b>	1200	1800	2600	3200	3600
<b>Revenue (\$M)</b>	0.04	0.20	0.93	3.14	11.92
<b>Expenses (\$M)</b>	1.06	1.51	2.36	3.93	6.94
<b>Net Income (\$M)</b>	-1.02	-1.32	-1.42	-0.78	+4.98

### BUSINESS MODEL METRICS – Base Case

250K licensed PTs (addressable market)

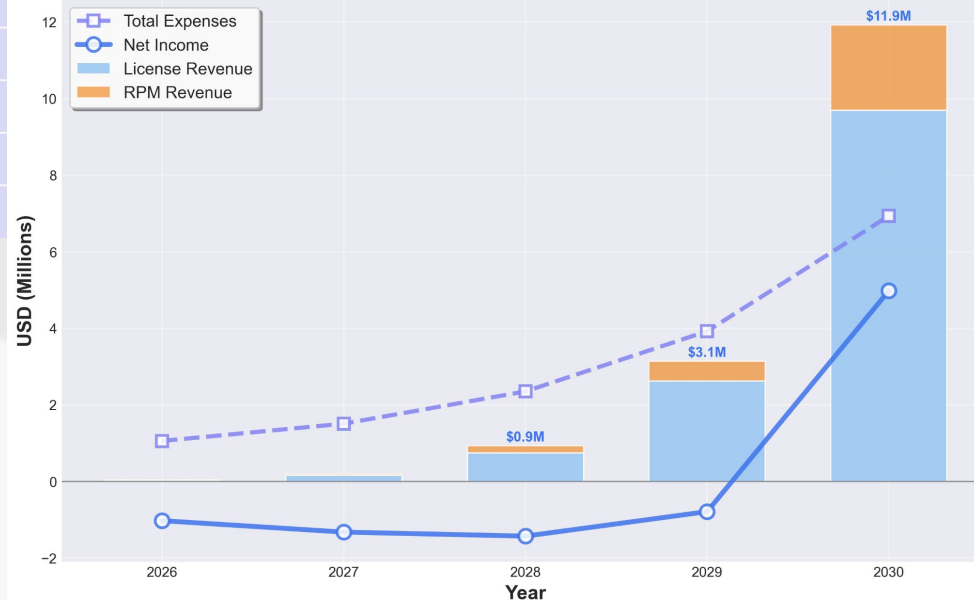
7:1 LTV:CAC Ratio at 1% market capture

CAC: \$1,750

Customer LTV: \$12,000

Values found from Monte Carlo Analysis.  
Detailed breakdown in Appendix.

PhysioXI: Base Case 5-Year Financial Pro Forma  
License Revenue + RPM Upside Model



We seek \$5M to fund MVP deployment, clinical validation, and payer engagement — building our evidence base toward scalable, reimbursable growth.

## FUNDING & USE OF PROCEEDS

### Current Raise: \$5M Seed

- MVP deployment in 5 pilot sites
- Longitudinal case studies
- FDA Pre-Submission + payer engagement
- Team build-out (tech, product, clinical liaison)
- Edge deployment optimization

### Milestones Funded by this Seed Round:

- First commercial contracts (clinics and senior living)
- Validated patient outcomes + PT feedback loops
- Regulatory pathway defined
- Payer discussions initiated
- Revenue readiness by end of round

### Total Capital Estimation:

#### To Positive Cash Flow ~\$4M

Covers infrastructure, MVP validation, core team, early sales

Predicts modest initial revenue offsets around Year 3

#### To Exit-Readiness ~\$6–8M across two rounds

Includes scale-up, regulatory approval, payer integration

Positions for strategic acquisition or Series B

## MULTIPLE EXIT PATHWAYS IN HEALTH TECH ECOSYSTEM

### Strategic Acquisitions

#### Digital MSK Therapy Platforms

*E.g.*, Hinge Health, Sword Health

*Want*: tech that improves outcomes, payer traction, and clinical differentiation

#### Medtech & Surgical Recovery

*E.g.*, Stryker, Zimmer Biomet

*Want*: patient monitoring + digital recovery solutions aligned with their core offerings

#### VR/XR Health Tech Startups

*E.g.*, XRHealth, MindMaze

*Want*: movement intelligence + mobile-first product to expand market footprint

Also,

**Employer Wellness Platforms, Big Tech, & Consumer Health** to consider!

### Precedents & Market Signals

**Hinge Health valuation** \$2.5B+ (digital MSK therapy, but no real-time quality feedback) [[source](#)]

**Sword Health raised** \$340M+ (camera-based home PT, but no adaptive AI) [[source](#)]

**Kaia Health partnered** with major payers but lacks clinical transparency or open benchmarks [[source](#)]

**MindMaze raised** \$220M+ for neurorehab; strong appetite for AI-driven, rehab-specific platforms [[source](#)]

### Exit Timeline

#### Seed Stage (Now–18 months)

previous slide for details

#### Series A (18–36 months)

Expand to 100s of clinics and home deployments.

Demonstrate real-world ROI: patient adherence, outcomes, and provider efficiency.

Pursue FDA clearance or formalize digital therapeutic recognition.

#### Series B, or Exit (36–48 months)

Achieve positive cash flow and clinical data milestones to attract acquirers.

Potential acquisition by strategic partners seeking to enhance their digital health offerings.

# OUR TEAM

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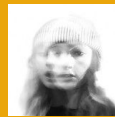
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## Let's Transform Rehabilitation Together

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Seeking visionary SEED investors to scale  
clinically-validated, AI-driven Physical Therapy

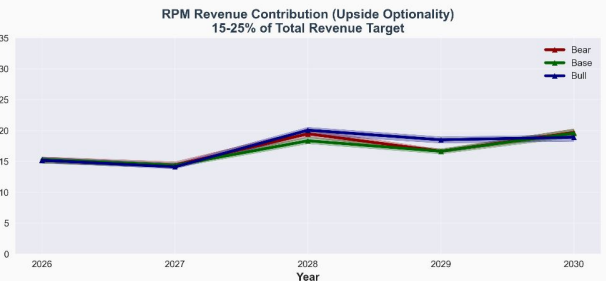
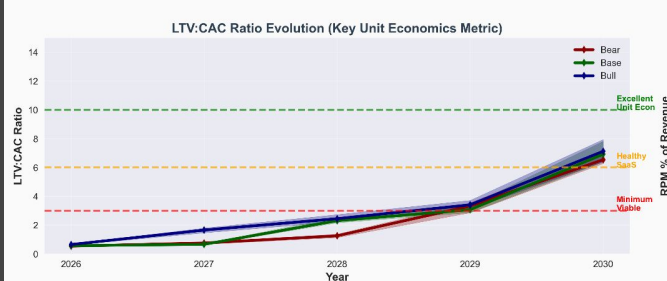
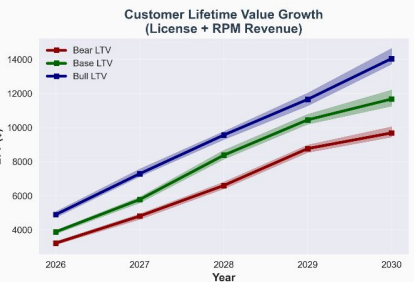
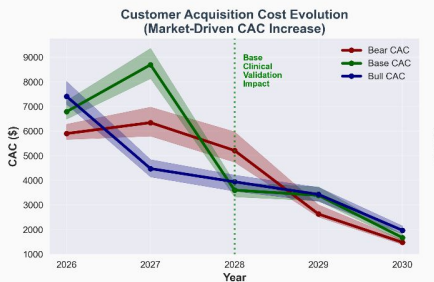
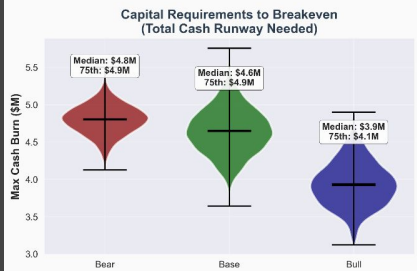
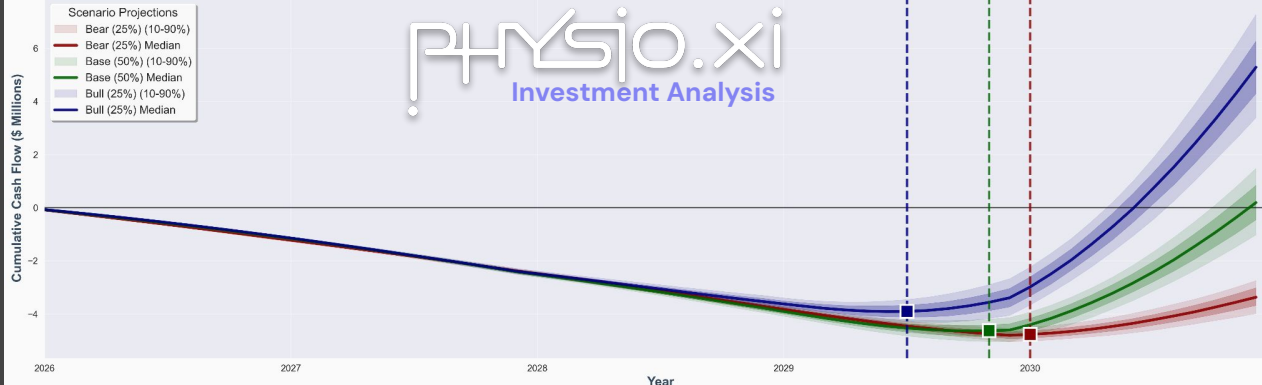
APPENDIX WITH SUPPORTING DATA  
AVAILABLE UPON REQUEST

The background features several large, dark gray, semi-transparent geometric shapes. On the left, there is a diagonal line segment. In the center, a large, rounded 'S' or 'G' shape is visible. To the right, a large, rounded 'C' or 'D' shape is partially shown. A small circle is located in the upper right quadrant. The word 'APPENDIX' is centered in the middle of the image, overlaid on the central shape.

# **APPENDIX**

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## Investment Analysis



## Systematic Business Outlook

Bear Case SaaS growth delivers \$6M revenue (~0.5% market capture)

Regulatory milestones drive both efficiency gains and market positioning

7:1 LTV:CAC ratio = solid unit economics grounded in market reality

\$5M ensures runway execution with quantified confidence

Monte Carlo modeling confirms robust projection

Scenario	2030 Customers	2030 Revenue	Capital Need	Final LTV:CAC	Breakeven	RPM %
Bear	1,608	\$5.9M	\$4.8M	6.8:1	January 2030	19%
Base	2,701	\$11.9M	\$4.6M	6.9:1	October 2029	20%
Bull	3,399	\$18.1M	\$3.9M	6.9:1	June 2029	19%





Empirically Validated, Scientifically Motivated

### ML / AI / VR in Healthcare

A growing body of research finds that AI-driven home-based rehab is highly effective at encouraging patient compliance through personalized approaches.

Abedi et al. (2024)—<https://doi.org/10.1038/s41746-024-00998-w>

Khalid et al. (2024)—<https://doi.org/10.2147/IJGM.S453903>

Melnikova et al. (2020)—<https://doi.org/10.3390/math8081211>

Tack (2019)—<https://doi.org/10.1016/j.msksp.2018.11.012>

### Real-Time Feedback in Rehabilitation

Sports training and physical rehab studies show improved performance using real-time interactive feedback via wearable devices and MMT systems.

Kang et al. (2024)—<https://doi.org/10.3390/jcm13237377>

Hribernik et al. (2022)—<https://doi.org/10.3390/s22083006>

Beibl et al. (2021)—<https://doi.org/10.2196/26658>

Junata et al. (2021)—<https://doi.org/10.1186/s12984-021-00922-3>

### Open Source Data

Our proposed technology will take advantage of key data repositories for real-world rehab poses, markerless AI training, and therapy-specific movement analysis.

SynthMoCap, Hewitt et al. (2024)—<https://doi.org/10.1145/3687772>

UCO Physical Rehabilitation, Aguilar-Ortega et al. (2023)—[doi.org/10.3390/s23218862](https://doi.org/10.3390/s23218862)

PHYTMO, García-de-Villa et al. (2022)—<https://doi.org/10.1038/s41597-022-01387-2>

### AI Model Optimization for Edge Devices

Physio XI will leverage cutting-edge advances in AI model optimization for efficiency, accuracy, and adaptability across devices and data types.

Wang & Jia (2025)—<https://doi.org/10.48550/arXiv.2501.03265>

Zhou et al. (2024)—<https://doi.org/10.48550/arXiv.2408.12840>

Benmeziane et al. (2021)—<https://doi.org/10.24963/ijcai.2021/592>

### Synthetic Data in ML / AI

Synthetically augmented data can render more robust training sets, providing time- and cost-effective solutions while overcoming privacy risks.

Perrone et al. (2024)—<https://doi.org/10.1101/2024.09.27.24314497>

Dindorf et al. (2024)—<https://doi.org/10.3389/fbioe.2024.1350135>

Bicer et al. (2024)—<https://doi.org/10.1016/j.jbiomech.2024.112358>

Giuffrè & Shung (2023)—<https://doi.org/10.1038/s41746-023-00927-3>

### Markerless Motion Tracking in Rehab

MMT has an established track record in rehab applications that use pre-recorded data to produce actionable reports.

Schoenwether et al. (2025)—<https://doi.org/10.1371/journal.pone.0316119>

Das et al. (2023)—<https://doi.org/10.1038/s41598-023-49360-2>

Pottorf et al. (2023)—<https://doi.org/10.26603/001c.88003>

Mauntel et al. (2021)—<https://doi.org/10.4085/1062-6050-0023.20>

### Reinforcement Learning in Clinical Settings

RL can enable adaptive, human-centered real-time healthcare tools—a paradigm shift from their current role as predictive models.

K et al. (2025)—<https://doi.org/10.7759/cureus.82756>

Jayaraman et al. (2024)—<https://doi.org/10.1038/s41746-024-01316-0>

Liu et al. (2020)—<https://doi.org/10.2196/18477>

Zade et al. (2020)—<https://doi.org/10.1016/j.cmpb.2020.105443>

### Temporal Deep-Learning, Modeling, and Prediction

Significant advances in temporal deep-learning methods have enhanced predictive accuracy and interpretability in critical applications in both clinical and ICU settings.

Hancox et al. (2024)—<https://doi.org/10.48550/arXiv.2409.06585>

Barnes et al. (2024)—<https://doi.org/10.48550/arXiv.2407.09373>

Zhou et al. (2024)—<https://doi.org/10.1182/bloodadvances.2023011752>

Chen et al. (2024)—<https://doi.org/10.24963/ijcai.2024/637>