



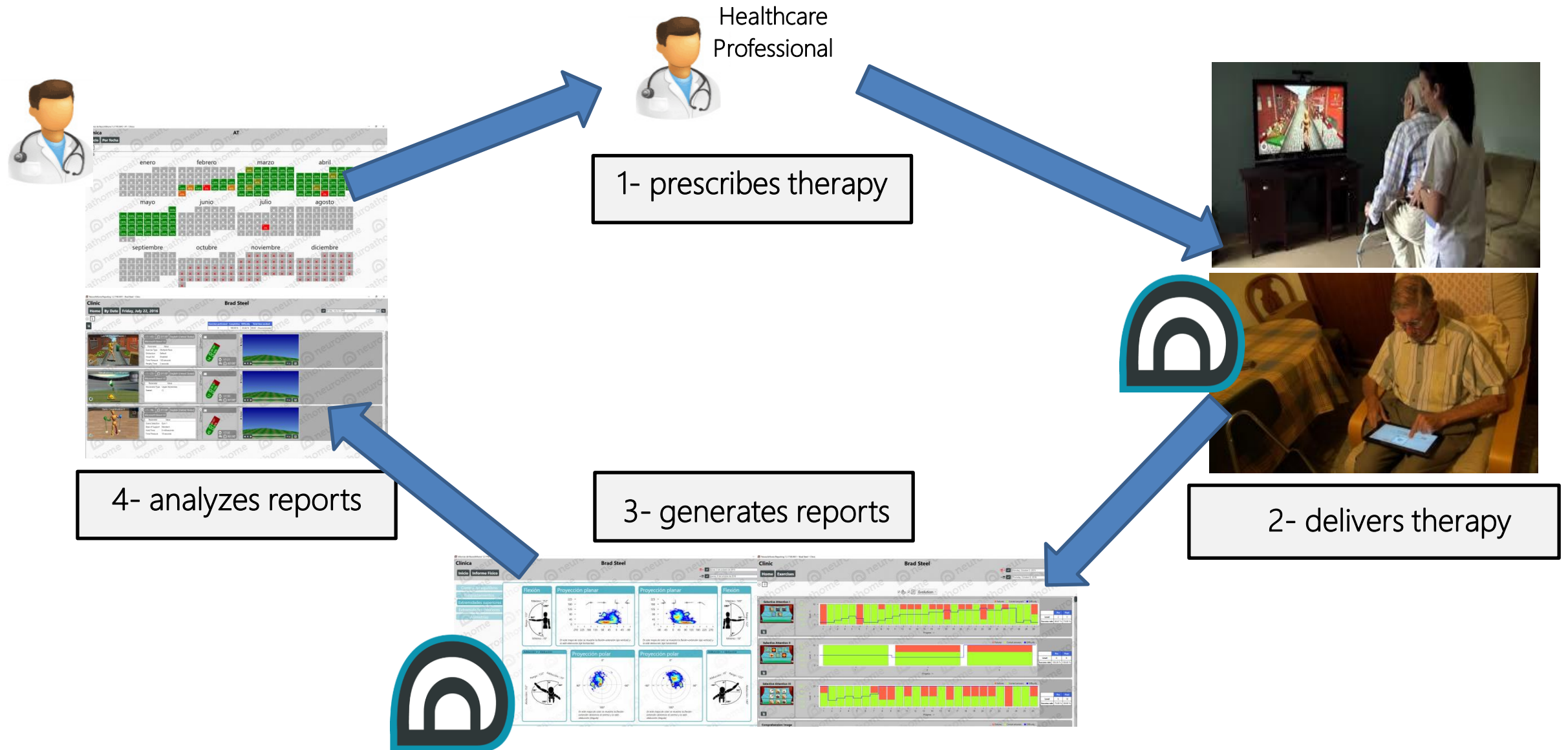
www.rehametrics.com

what is rehametrics?



quantifying rehabilitation across care settings

how does rehametrics work?





physical and cognitive
rehabilitation regardless of
location



100 fully-personalizable exercises



gamification for increased
engagement
and adherence

easy to use exercises



physical therapy



cognitive therapy

more than 50 physical exercises available



Balance

- Static Balance
- Dynamic Balance
- Unipodal Balance
- Unipodal Balance w/ step

Upper Extremity Range of Motion

- Shoulder Flexo-extension
- Shoulder Adduction-Abduction
- Elbow Flexo-extension

Lower Extremity Range of Motion

- Hip Flexo-extension
- Hip Adduction-Abduction
- Knee Flexo-extension

Displacements

- Lateral Displacements
- Static Gait
- Seated-Standing Transfer

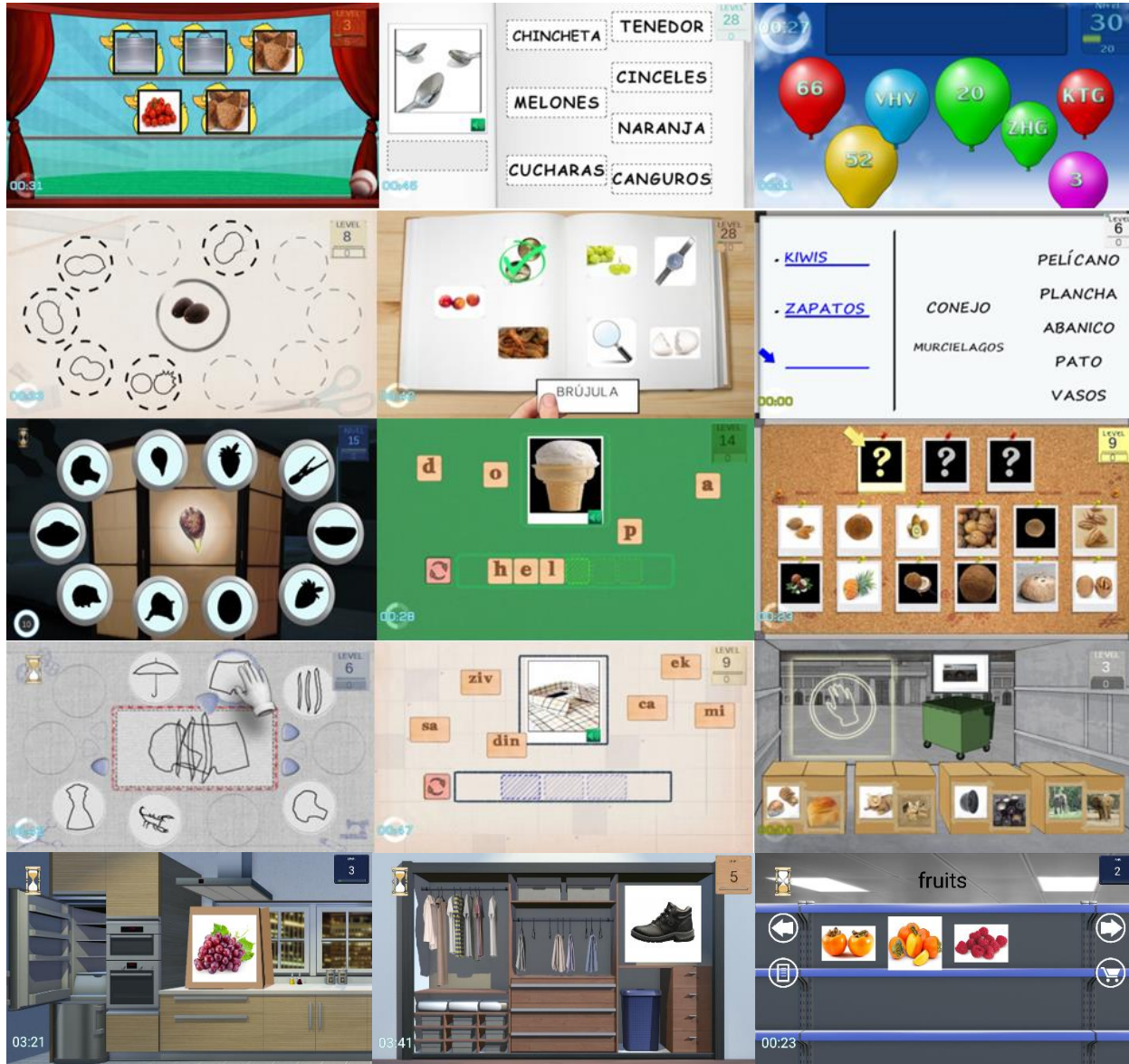
Coordination

- Alternating Coordination
- Simultaneous Coordination
- Coordinated Shoulder Range of Motion
- Lower Extremity Coordination
- Upper Extremity Coordination
- Bimanual Coordination

Body Control

- Head Control
- Trunk Control
- Body Control

more than 50 cognitive exercises available



Attention

- Selective Attention
- Sustained Attention

Working Memory

- Visual Working Memory
- Verbal Working Memory
- Auditive Working Memory

Perception

- Simple Perception
- Complex Perception
- Simultagnosia

Language

- Comprehension
- Expression

Executive Functions

- Categorization
- Short-Term Memory
- Cognitive Flexibility
- Perceptive Integration
- 2D Spatial Orientation
- Progressive Sequencing
- Inverse Sequencing
- Calculation

Daily Life Activities

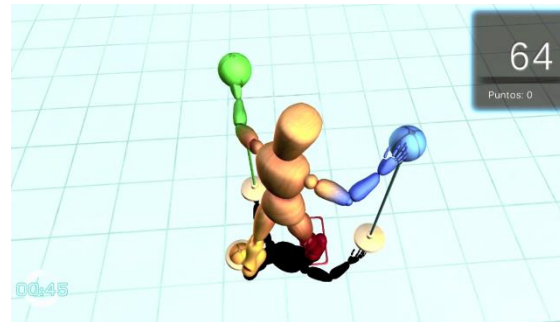
- Store your Food
- Order your Closet
- Find the Missing Ingredients
- Shopping
- Pay for your Shopping
- Check your Change

design treatment plans in 3-steps

| COGNITIVE EXERCISES | |
|-----------------------|----|
| Attention | 6 |
| Memory | 10 |
| Language | 7 |
| Perception | 9 |
| Executive Functions | 14 |
| Daily Life Activities | 12 |
| TOTAL | 58 |

| PHYSICAL EXERCISES | |
|--------------------|----|
| Balance | 11 |
| Coordination | 10 |
| Gait Initiation | 5 |
| Range of Motion | 15 |
| Body Control | 11 |
| Transfers | 3 |
| TOTAL | 55 |

1- select exercise mix



2- personalize exercises

Duration

Rest Time

Distractors

Time Pressure

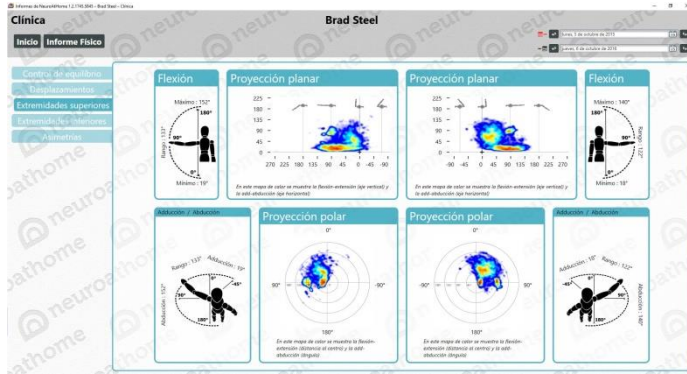
Difficulty

Others...

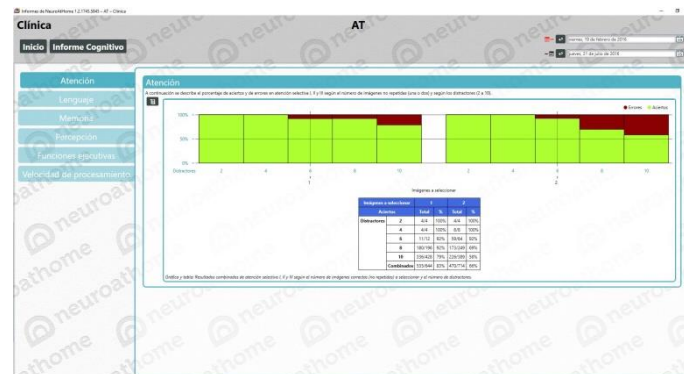


3- schedule weekly sessions

measuring rehabilitation across care settings



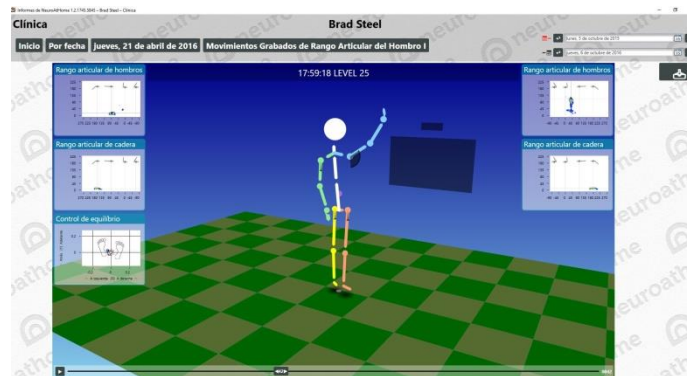
biomechanical report



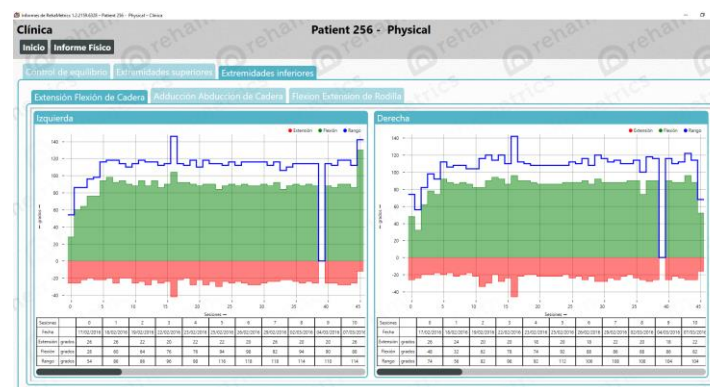
cognitive report



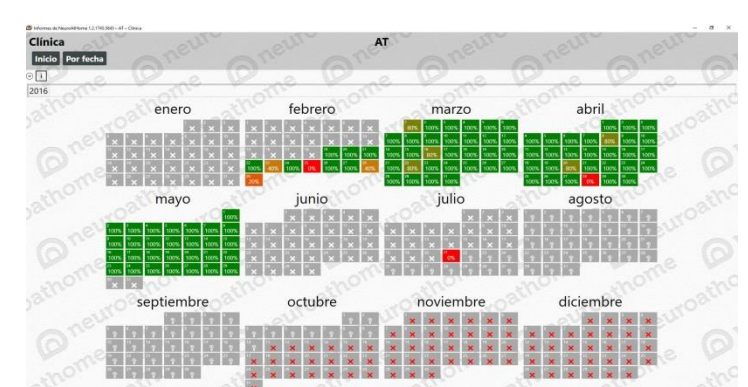
progress analysis



recorded session
viewer



physical evolution analysis



calendar view

complete control during the session



pause / continue / stop the exercise

increase / decrease the difficulty

increase / decrease session time

enables clinicians to manage exercises without interrupting sessions

use already available tablets and mobile phones



rehametrics is available in Android and Windows:

- together, they represent nearly 80% of all mobile phones and tablets currently in the market
- direct download from Google Play
- enables automatic updates
- prescribe cognitive rehabilitation sessions directly to the patient from the hospital
- use the patient's mobile phone or tablet: **there is no need to acquire new devices**

export reports to include in the patient's EHR

generate progress reports

By using data collected during completed sessions

personalize reports

add your logo or a digital signature, delete pages and write in freestyle text boxes

recalculate report data

change the dates to obtain new reports for the selected dates

ready to print

export to PDF



Patient data

| | |
|------------------|-----------------------------|
| First name | |
| Last name | |
| Alias | Patient 256 - Physical |
| Identify number | |
| Date of birth | Saturday, November 10, 1962 |
| Age | 54 |
| Primary language | Spanish (Spain) |

Dates

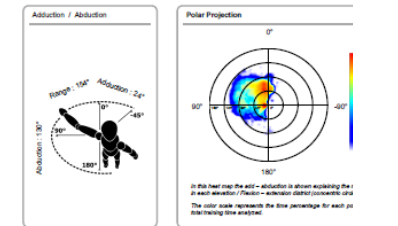
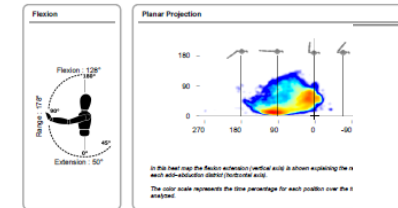
This report summarizes exercise results from 2016-02-17 to 2016-05-26

Lorem ipsum dolor sit amet, consetetur elipscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu.

Upper Extremities

Left

This section provide quantitative data about the performance of superior and inferior extremities. The report is divided by anatomical planes and by the employed body side. In the sagittal plane we represent the flexion-extension values, and in the frontal plane we represent the add-abduction values.



Patient 256 - Physical

7

Response time

Lorem ipsum dolor sit amet, consetetur elipscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu.

| | | Responses | | Failed due to time pressure | | Average time | |
|---------------------|----------------------------|-------------|------------|-----------------------------|-----------|--------------|--------|
| | | Correct | Incorrect | Correct | Incorrect | Overall | |
| Attention | Selective Attention | 1948 (72 %) | 732 (27 %) | 43 (2 %) | 1874 | 26.1s | 20.7s |
| | Comprehension | 4278 (98 %) | 35 (1 %) | 51 (1 %) | 1304 | 16.9s | 13.1s |
| Memory | Expression: Syllables | 1364 (98 %) | 0 (0 %) | 16 (1 %) | 17.1s | - | 17.1s |
| | Spelling | 1209 (98 %) | 0 (0 %) | 118 (9 %) | 28.6s | - | 28.6s |
| Perception | Memory: Visual | 809 (98 %) | 0 (0 %) | 422 (51 %) | 51.2s | - | 51.2s |
| | Memory: Verbal | 752 (95 %) | 0 (0 %) | 401 (54 %) | 53.2s | - | 53.2s |
| Executive functions | Visual perception: complex | 3960 (98 %) | 45 (1 %) | 4 (0 %) | 4.2s | 10.8s | 4.2s |
| | Spatial orientation | 860 (96 %) | 28 (3 %) | 10 (1 %) | 4.4s | 6.9s | 4.5s |
| Categorization | Simultaneous | 1210 (92 %) | 734 (28 %) | 3 (0 %) | 14.8s | 18.5s | 16.2s |
| | Sequencing | 3679 (93 %) | 0 (0 %) | 270 (7 %) | 12.4s | - | 12.4s |
| Calculation | Calculation | 2830 (94 %) | 0 (0 %) | 182 (5 %) | 8.3s | - | 8.3s |
| | Cognitive flexibility | 1061 (92 %) | 0 (0 %) | 93 (8 %) | 10.9s | - | 10.9s |
| Categorization | Categorization | 786 (98 %) | 11 (1 %) | 1 (0 %) | 114.9s | 495.6s | 119.6s |

Attention

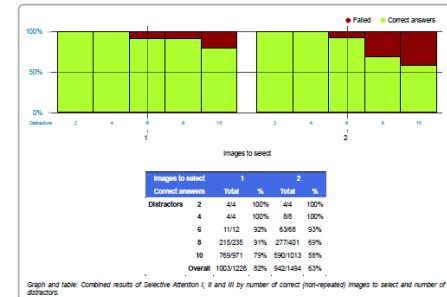
Lorem ipsum dolor sit amet, consetetur elipscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu.

| Tables for selective attention, based on performance in Selective Attention I, II and III: | | | | | | |
|--|--------------------------------|-------------|-----------------|-----|---------|-------------------|
| Find a stimulus among others | | Repetitions | Correct answers | | Failed | Total time worked |
| | | Total | Total | % | Total | |
| Selective attention | Stimuli which share a category | 1412 | 1041 | 74% | 371 26% | 09:20:10 |
| | Same stimulus | 1308 | 604 | 60% | 404 31% | 08:54:37 |
| Overall | | 2720 | 1945 | 72% | 775 28% | 18:14:48 |

Stimuli are images or geometric shapes which must be selected from among distractor stimuli (with greater or lesser similarity).

Selective Attention

Percentage of correct and incorrect responses in selective attention tests by number of repeated images (one or two) and distractors (2 to 10).



Graph and table: Combined results of Selective Attention I, II and III by number of correct (non-repeated) images to select and number of distractors.

multi-language support



Session 2



Session 3



Currently Supported Languages



English



Spanish



Italian



Russian



Portuguese



German



Polish

point-based patient ranking

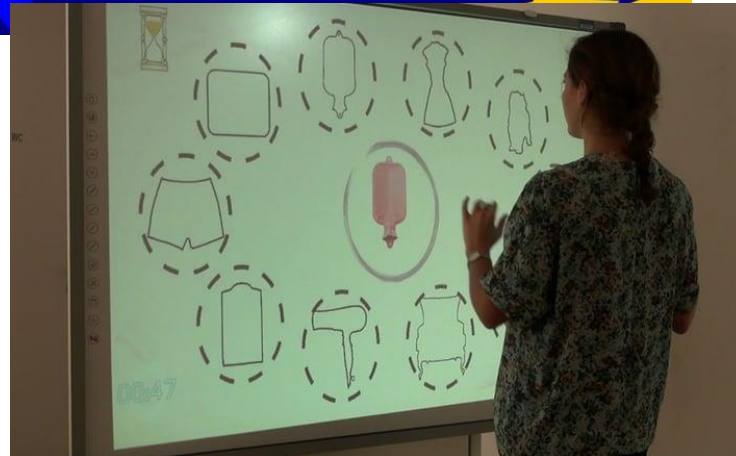
| | | |
|----|------------|-------|
| 1 | PGVG001 | 16390 |
| 2 | ACGG001 | 15460 |
| 3 | TTTTTT002 | 15320 |
| 4 | RRREEEE01 | 14780 |
| 5 | QAZQAZ02 | 12870 |
| 6 | 1234567 | 11560 |
| 7 | POLKMN | 10230 |
| 8 | RRELSL | 9870 |
| 9 | ADFASDF30 | 8540 |
| 10 | ADFAFADF34 | 6780 |

more motivation for everyone

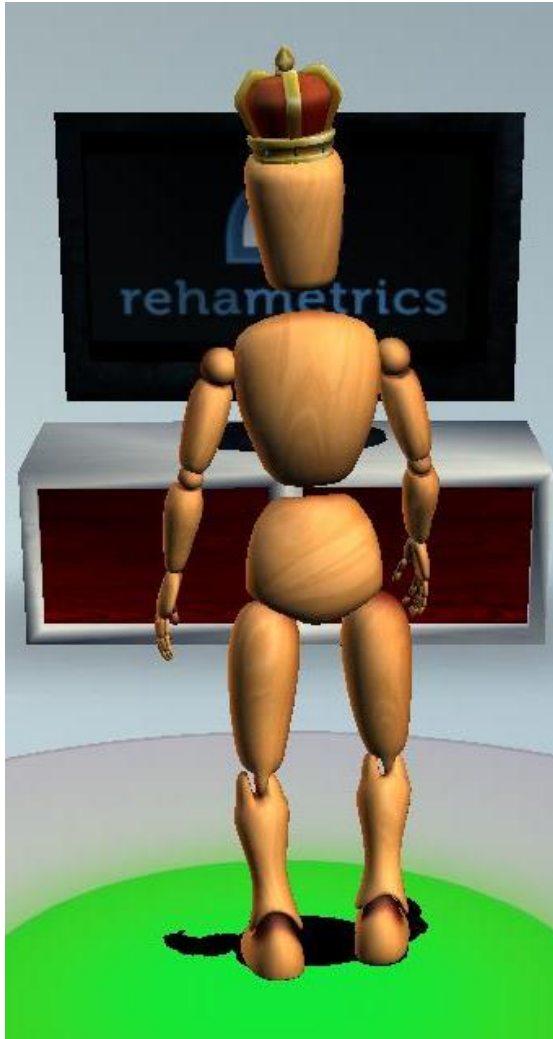
rehametrics will use the number of correct movements/answers and the percentage of sessions completed by the patient during the last 5 days to generate a point-based ranking for each online clinic.

the patient ranking system:

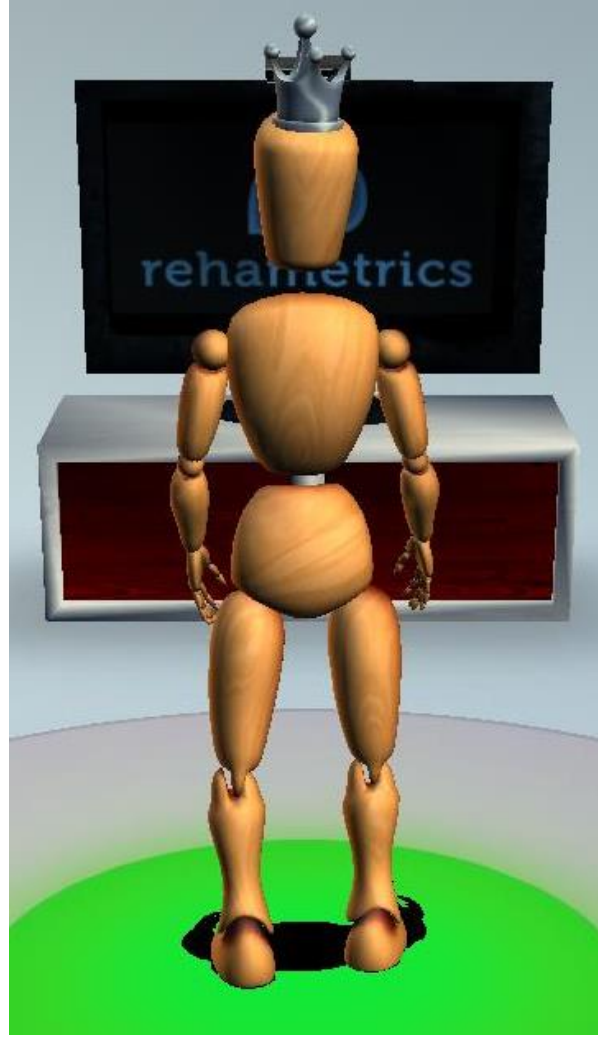
- lists the top 10 patients for each online clinic based on their points
- will update every day



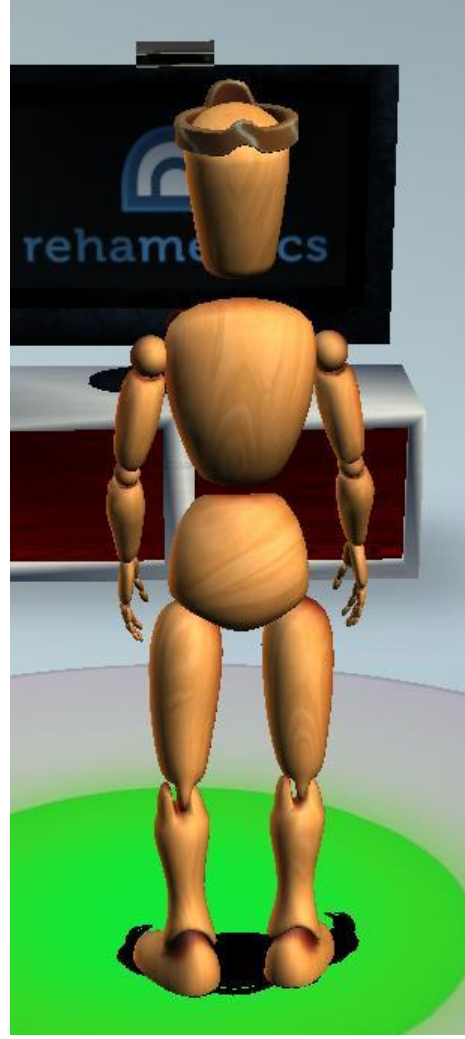
new game achievements



1st place



2nd place



3rd place

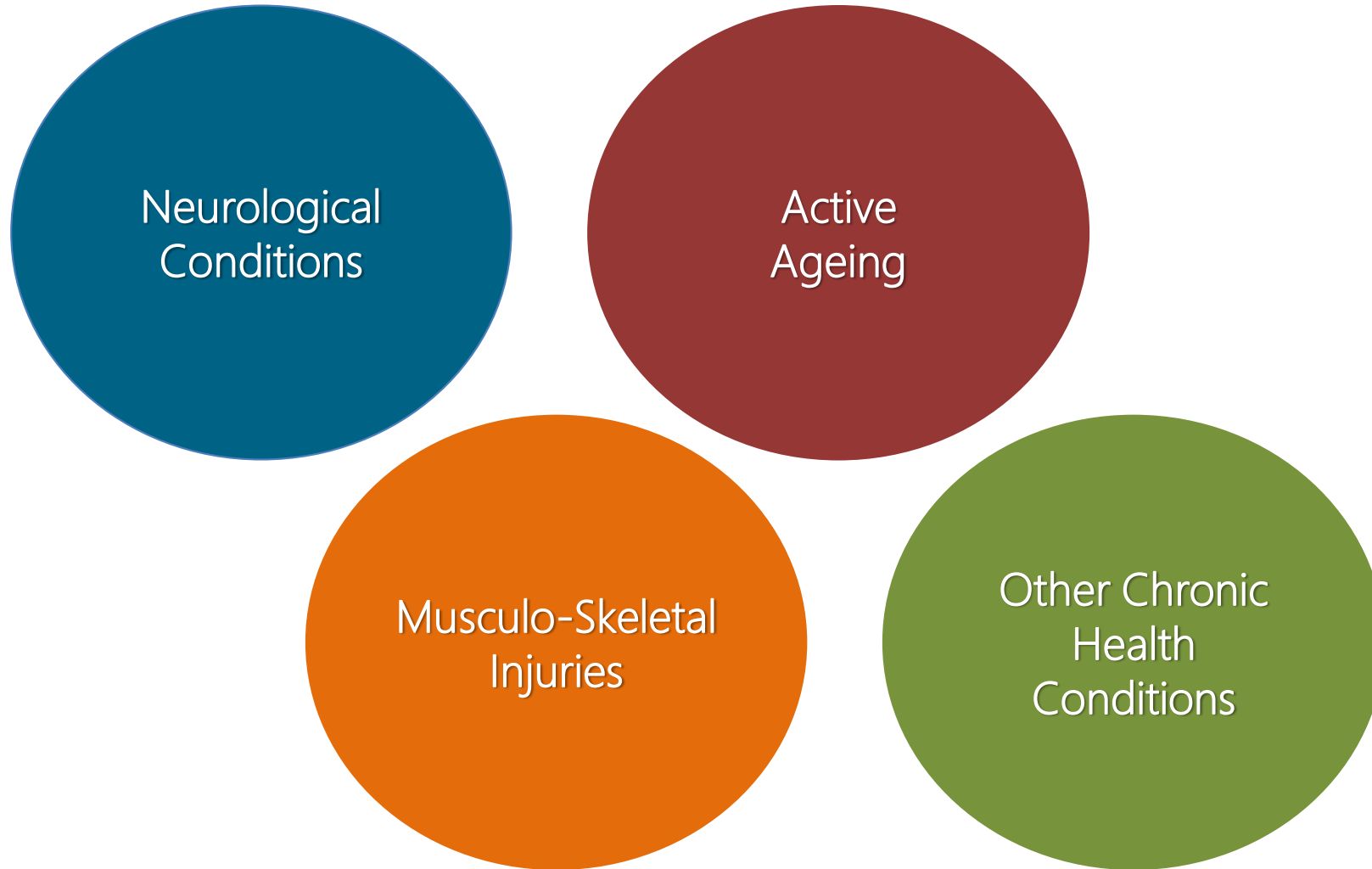
more motivation for everyone

patients that get the first three spots in the patient ranking will see how their avatar changes to reflect what they have achieved

crowns will appear on the avatar in all exercises using it

patients will maintain the crown as long as they remain in the top three spots in the ranking

who can benefit from rehametrics?



rehabilitation across care settings

multi-user
licenses

Professional
Station



Treatment Stations

multiple users from the same station

mostly used in *clinical settings*

unlimited number of patients and
sessions per station

Physical
Multi-User Station



Cognitive
Multi-User Station



personal
licenses

single user from the same station

mostly used in *home settings*

unlimited number of sessions per
station

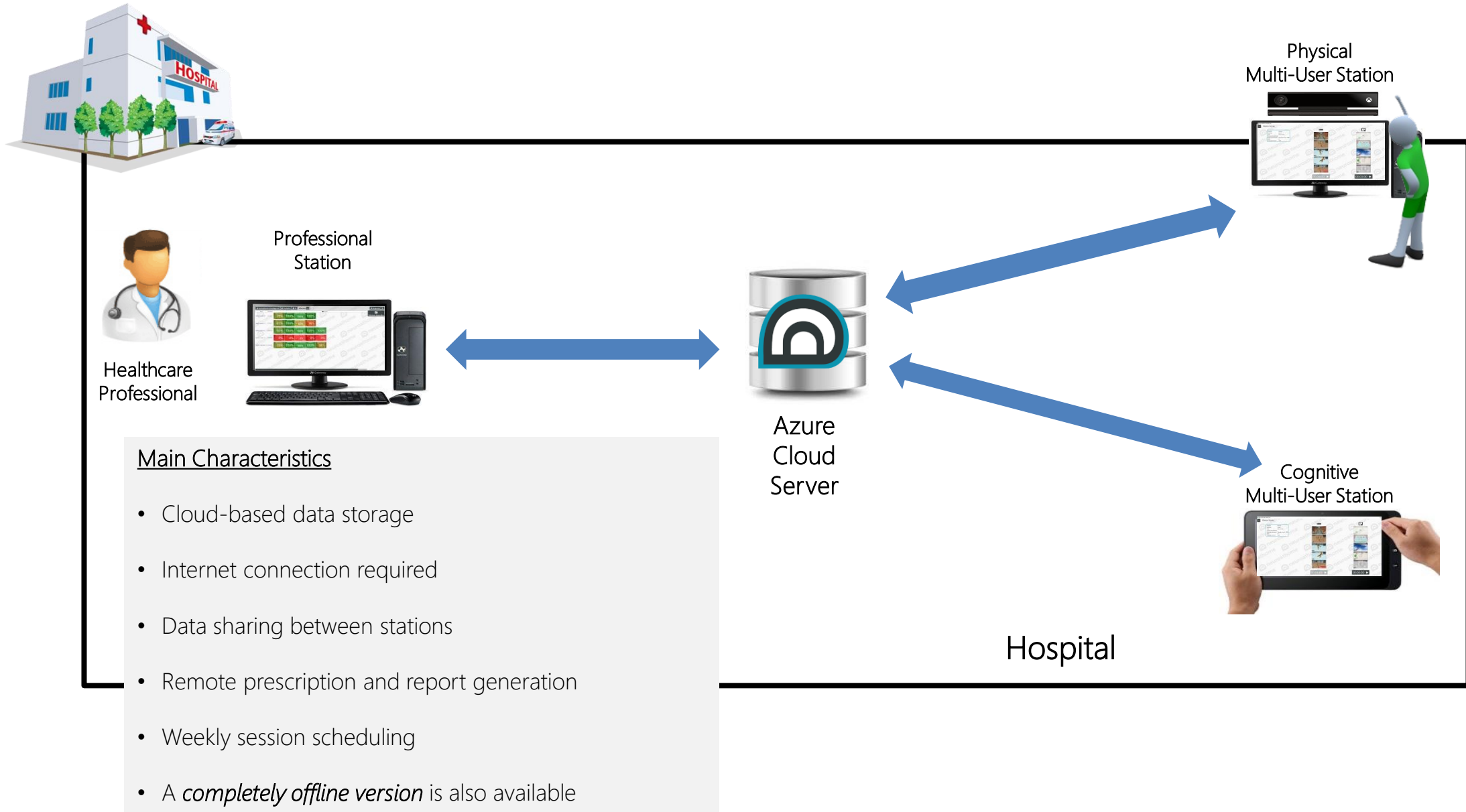
Physical
Personal Station



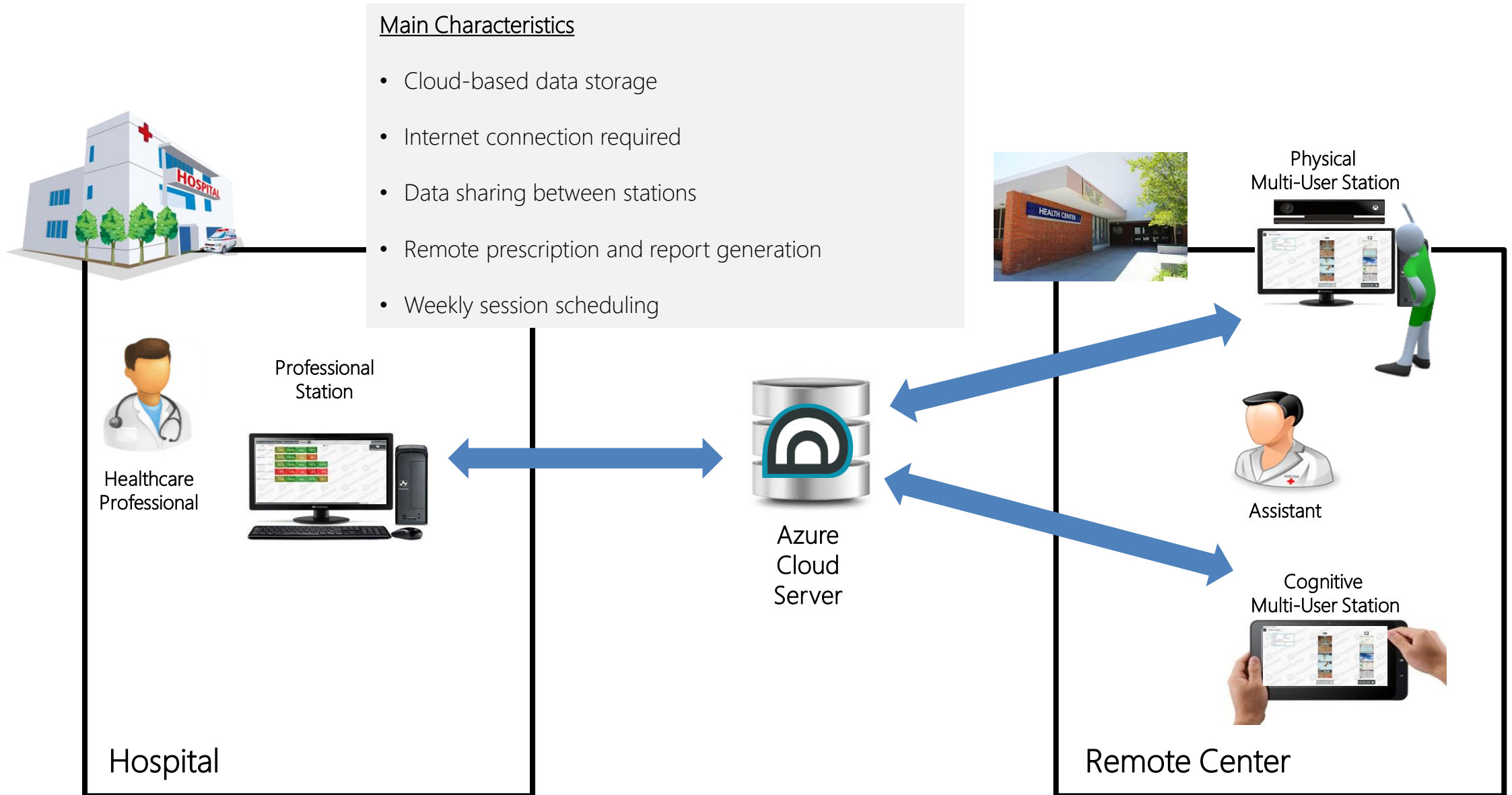
Cognitive
Personal Station



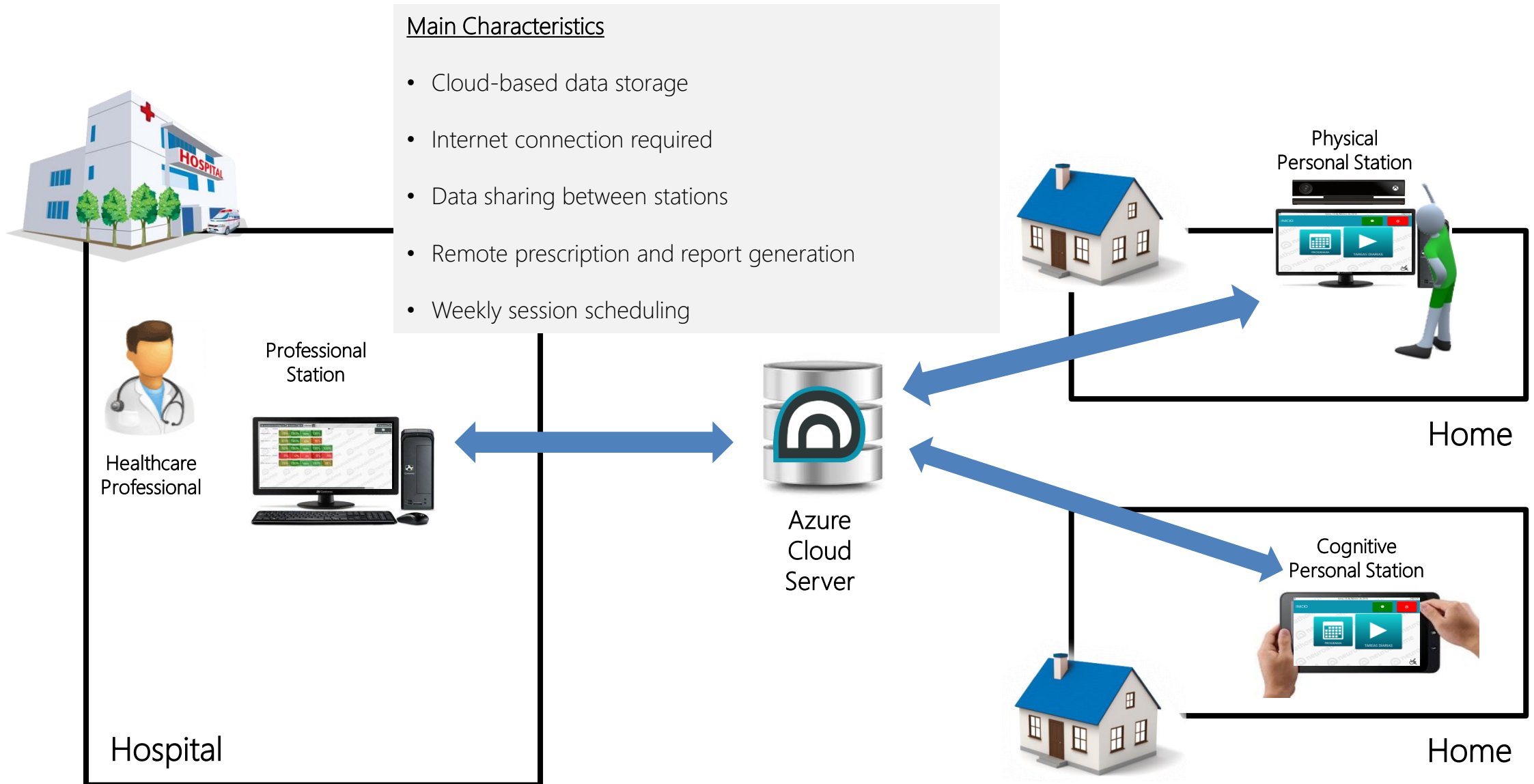
option 1: increasing productivity in clinical settings



option 2: managing treatments in remote clinical settings



option 3: managing treatments in home settings



rehametrics has been clinically validated

Scientific Journals

Lu, Penades, Blasco, Chirivella, Gagliardo. *Evaluation of Kinect2 based balance measurement*. Neurocomputing, Volume 208, October 2016 (290-298).

Blasco, Chirivella, Gagliardo, Ferreiro, Izquierdo, Penadés, Taylor. *Comparison between traditional physiotherapy and the combination of traditional treatment with virtual reality*. Brain Injury, 2016; 30 (5-6): 481-817

Blasco, J. Chirivella, Gagliardo, C. Chirivella, Penadés, Taylor. *Comparison between traditional neuropsychology treatment and the combination of traditional treatment with virtual reality*. Brain Injury, 2016; 30 (5-6): 481-817

Blasco, J. Chirivella, Gagliardo, C. Chirivella, Penadés, Taylor. *Quantitative electroencephalography (qEEG), virtual reality (VR) and transcranial random noise stimulation (tRNS) in a case of cognitive impairment related to Parkinson's disease*. Brain Injury, 2016; 30 (5-6): 481-817

Gagliardo, Ferreiro, Izquierdo, Penadés, Chirivella, Mas. *NeuroAtHome: A software platform of clinical videogames specifically designed for the motor rehabilitation of stroke patients*. Brain Injury, 2014; 28 (5-6): 517-878

Chirivella, del Barco, Blasco, Penadés, Gagliardo, Mas. *NeuroAtHome: A software platform of clinical videogames specifically designed for the cognitive rehabilitation of stroke patients*. Brain Injury, 2014; 28 (5-6): 517-878

Izquierdo, del Barco, Ferreiro, Blasco, Gagliardo, Penadés, Chirivella. *Use of a home-based telerehabilitation platform for motor and cognitive treatment of a patient with progressive spinocerebellar ataxia type 7 (SCA-7): a case report*. Brain Injury, 2014; 28 (5-6): 517-878

Larson, Feigon, Dvorkin, Gagliardo. *Virtual reality and cognitive rehabilitation: A review of current outcome research*. NeuroRehabilitation 2014 (06/2014).

Scientific Congresses

Olmo, Enguer, Blasco. *Effect of the NeuroAtHome platform versus traditional treatment in neuromuscular conditions*. LXVIII Conference of the Spanish Neurological Society.

Blasco, J. Chirivella, C. Chirivella, Manso, Gagliardo, Penadés, Taylor. Symposium: *Using virtual reality and gamification in daily clinical rehabilitation practice*. I Iberoamerican Congress on Neuropsychology.

Blasco, J. Chirivella, C. Chirivella, Manso, Gagliardo, Penadés, Taylor. *Using virtual reality in cognitive rehabilitation after stroke*. I Iberoamerican Congress on Neuropsychology.

Blasco, J. Chirivella, C. Chirivella, Manso, Gagliardo, Penadés, Taylor. *Using virtual reality in memory and self-care for individuals with a toxic-metabolic syndrome*. I Iberoamerican Congress on Neuropsychology.

Blasco, J. Chirivella, C. Chirivella, Manso, Gagliardo, Penadés, Taylor. *Gamification and motivation in attentional and functional rehabilitation after a traumatic brain injury*. I Iberoamerican Congress on Neuropsychology.

Blasco, J. Chirivella, C. Chirivella, Manso, Gagliardo, Penadés, Taylor. *Virtual reality program for the treatment of mild cognitive impairments assessed with a qEEG*. I Iberoamerican Congress on Neuropsychology.

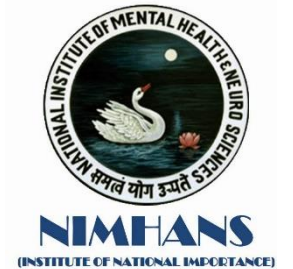
Blasco, Mas, Chirivella, Gagliardo, Penadés, Izquierdo, Ferreiro, Sanchis, Morera. *Virtual reality in upper extremity rehabilitation after stroke*. LXVII Conference of the Spanish Neurological Society.

Blasco, Mas, Sanchis, Morera, Gagliardo, Penadés, Chirivella, del Barco, Chirivella. *Outcome comparison between a treatment based on traditional cognitive therapy and a treatment combining traditional cognitive therapy with natural interfaces for the rehabilitation of patients with an acquired brain injury*. LXVI Conference of the Spanish Neurological Society.

Blasco, Sanchis, Mas, Morera, Gagliardo, Penadés, Chirivella, Ferreiro, Izquierdo. *Outcome comparison between a treatment based on traditional physical therapy and a treatment combining traditional physical therapy with natural interfaces for the rehabilitation of patients with an acquired brain injury*. LXVI Conference of the Spanish Neurological Society.

Castilla, Gómez, López, Berra. *Efficacy of a virtual rehabilitation treatment in unstable geriatric patients with mild cognitive impairments*. LXVI Conference of the Spanish Neurorehabilitation Society.

some of our current customers



measuring the benefits

increase clinician
productivity



30% more physical and
cognitive therapy sessions with
same resources

On average, patients
discharged 3 days earlier

improve outcomes
and treatment
efficiency



Achieved **better outcomes** in
physical and cognitive functions
than traditional therapy according
to several studies.

increase access to
rehabilitation and enable
new services



85% of home sessions
completed

Average **treatment duration** at
home: 8 months

Thank you



Microsoft Health

Innovation Awards 2015
WINNER



www.rehametrics.com