

HORSE KICK INJURY

GRADE 3 MCL. RUPTURED ACL & MPFL.

*"The surgeon said reconstruct - 3 surgeries.
The patient said no.*

This is what we did instead."

Who Am I



MSK Radiologist

Fellowship-trained in interventional musculoskeletal imaging and regenerative procedures



Served as IOF President & Board Member

Board of Directors, Interventional Orthopedics Foundation — building the field



CMO & CSO, RedVive Health

Leading the integration of photobiomodulation into regenerative medicine workflows



Dr. Malanga, Centeno, and Desai leading the IOF



Conflict of Interest Disclosure

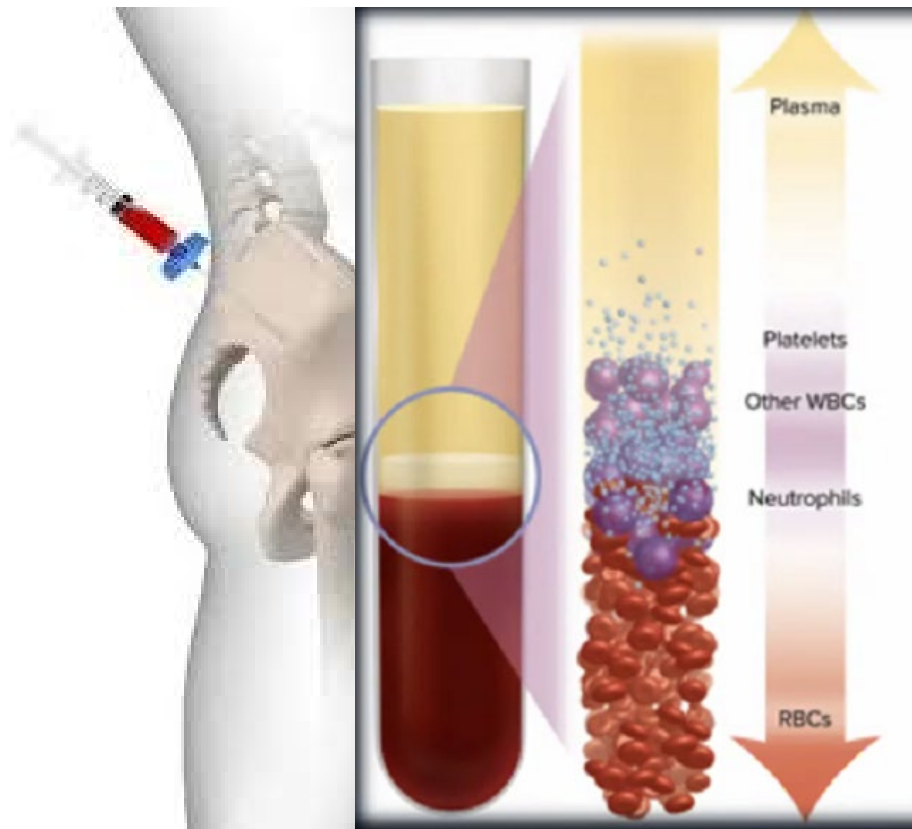
Rahul Desai, MD

CMO & Chief Science Officer, RedVive Health

Everything presented today is supported by published peer-reviewed data and my own MRI case series. I will introduce the RedVive system in the final section — but the science comes first, and it stands independently.



BLP + PBM

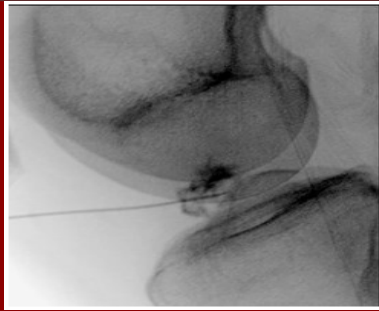


ACL Intra-Ligamentous Injection — Ligamentogram Sequence

Case: ACL + MCL complete tear + MPFL tear (patellar dislocation) · Horse rider · Sept 10, 2023

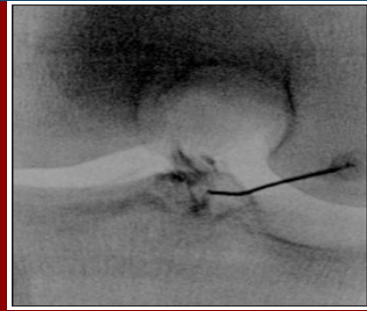
MULTI-LIGAMENT

1 — Needle Placement



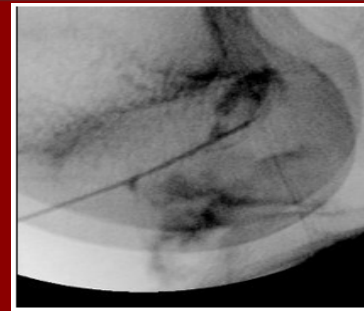
Tibial footprint · AP + lateral

2 — Contrast: Zone 1



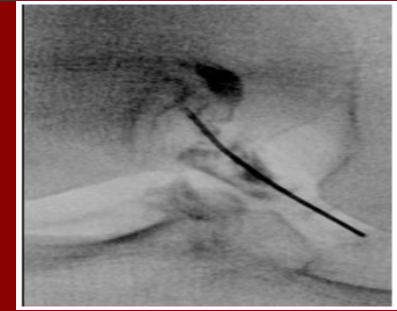
Small bolus · intra-lig spread

3 — Cells: Zone 1



Deposit at tear · check back-pressure

4 — Reposition



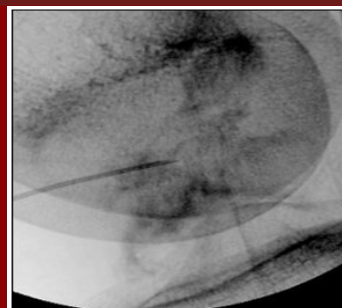
Advance to proximal zone

5 — Contrast: Zone 2



Progressive fill · both bundles

6 — Cells: Zone 2



2nd deposit · ~3cc total

7 — Final Ligamentogram ✓

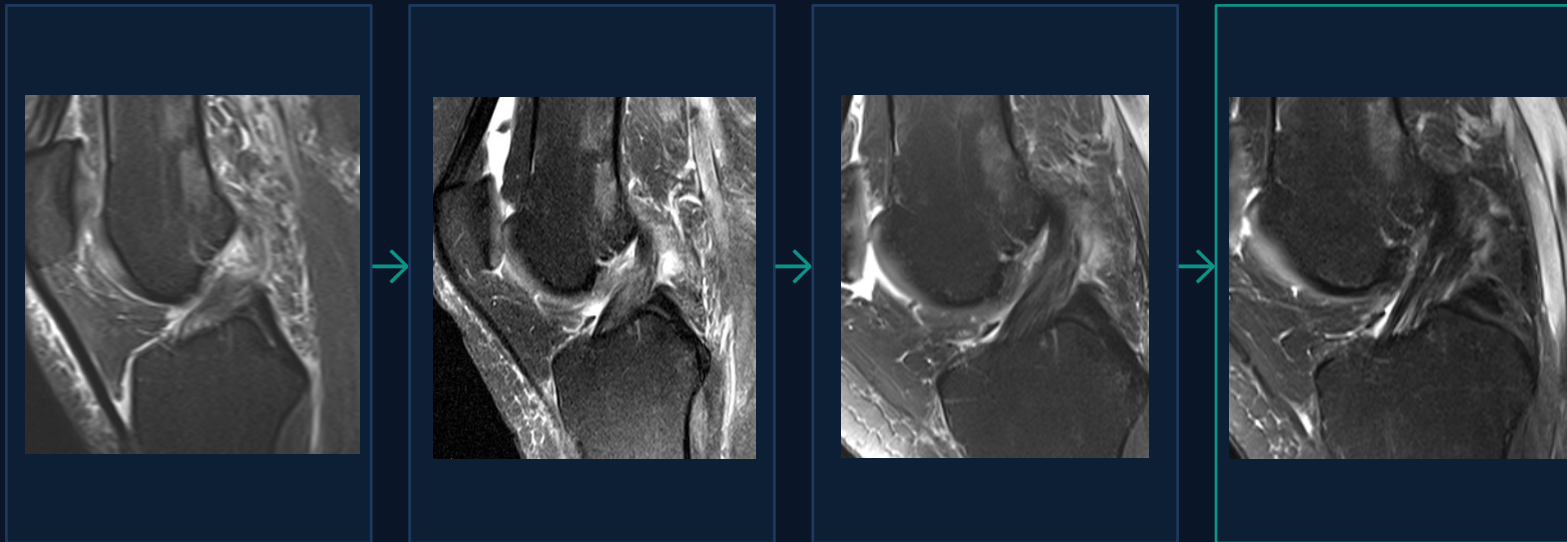


Full AM + PL coverage · done

STOP if: significant back pressure · patient pain · contrast outside ligament

GOAL: ~3cc total · full AM + PL coverage · intra-ligamentous spread confirmed

Serial MRI Evidence: 0 → 7wk → 11wk → 7mo



BASELINE
Day 0

EARLY
7 Weeks

MID
11 Weeks

LATE
7 Months

Light-enhanced stem cells + PRP · No surgery · Four serial MRIs · This is what tissue remodeling looks like when you give biology the right signal.

A New Standard in Regenerative Orthopedics



*Photobiomodulation as the Missing Layer
in Your Regenerative Practice*

RAHUL DESAI, MD

MSK Radiologist · CMO & CSO, RedVive Health · Regenerative Radiologist

I've Been the Patient on the Table

Ehlers-Danlos Syndrome

Hypermobile connective tissue — chronic instability, pain, fatigue,
Beighton 8/9

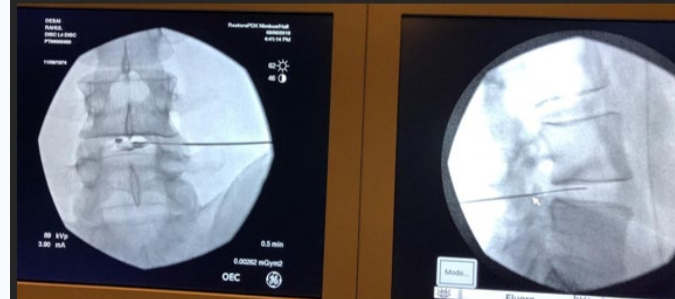
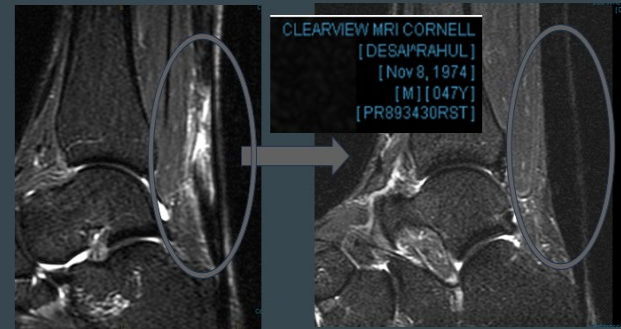
19 Injections into My Own Joints & Spine

Not theoretically — I have been on the procedure table myself, 19 Regen
Injections

Personal Transformation

From functional limitation to performance through regenerative protocols

Autologous Intra-lesional BLP



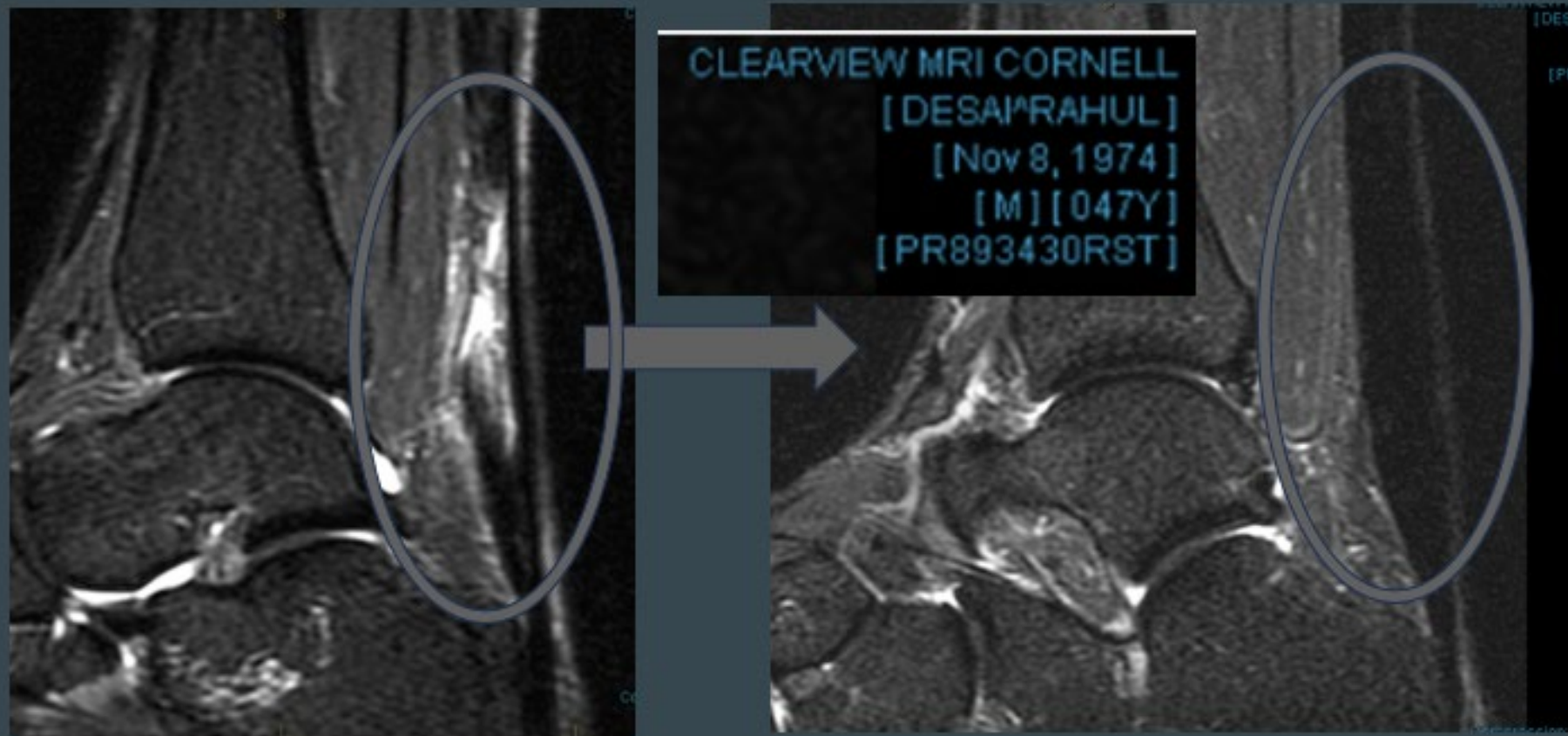
This Was Me at My Worst.



Loss of functional confidence.

Loss of identity as both physician and patient.

Autologous Intra-lesional BLP



2X DAILY
LIGHT THERAPY
X 1.5 YEAR



From Pain to Performance



2x

Daily treatment

1.5

Years of consistent use

0

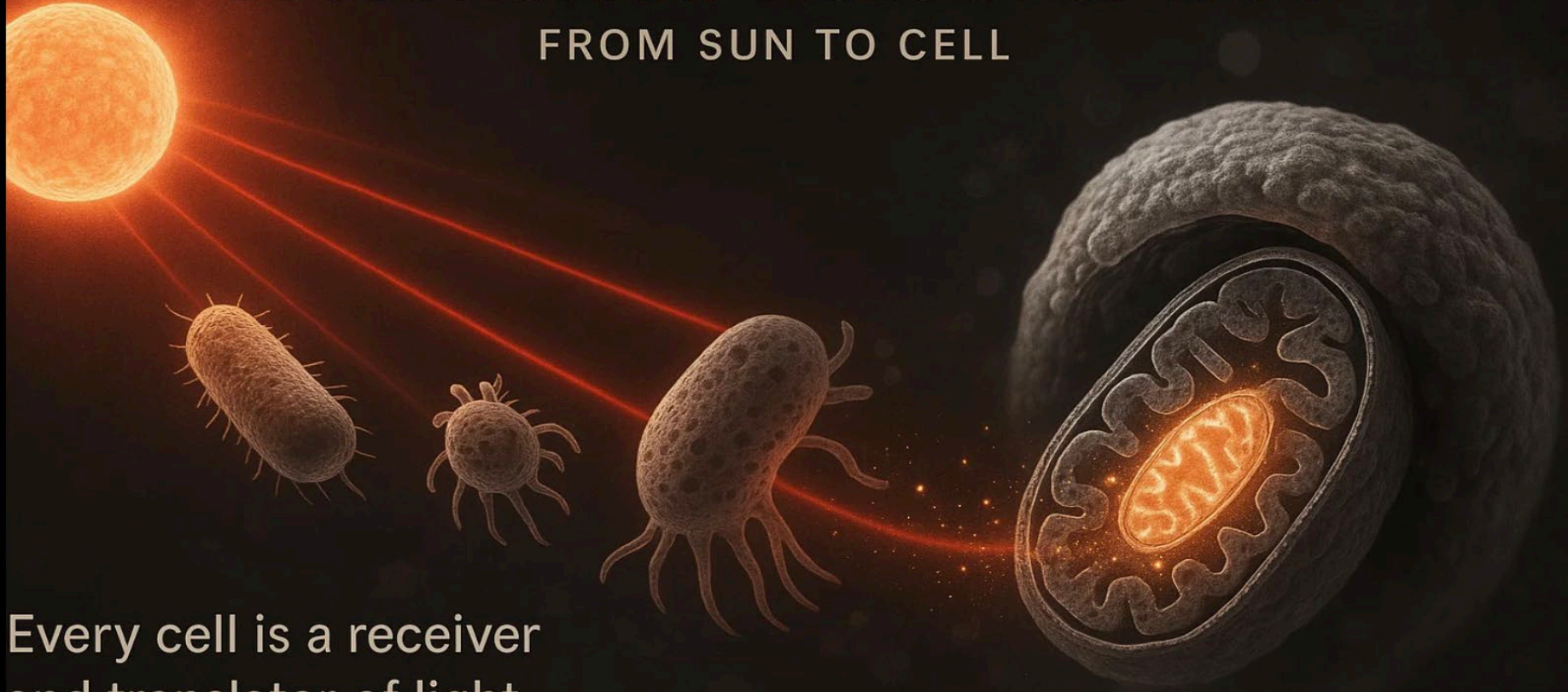
Changes in training or supplements

- Not cosmetic — this was biological
- No change in training, supplements, or medication
- Only light — 2x daily for 1.5 years
- Most clinicians who've gone deepest with this system did it first for themselves, family, loved ones

"If you're dealing with something personally — I see you."

EVOLUTIONARY BIOLOGY OF LIGHT

FROM SUN TO CELL



Every cell is a receiver
and translator of light.

From the first bacteria to modern humans, life has always used photons as information.

For 400,000 years, sunrise and sunset trained our cells to respond to red and near-infrared light.

Modern life hides that signal.
Photobiomodulation brings it back.



The diagram illustrates the spectrum of light from the sun. On the left, a bright sun is shown with a spectrum of light rays extending downwards. The rays are color-coded: blue and violet at the top, transitioning through green and yellow to red and near-infrared at the bottom. A person's silhouette is shown on the left side of the spectrum, with arrows pointing to the blue and violet light. On the right side, another person's silhouette is shown, with arrows pointing to the red and near-infrared light. The background is a gradient from blue on the left to orange and red on the right, representing the sky during sunrise or sunset.

UV-Blues
DAYTIME

LOW SUN ANGLE

Red-NIR
SUNRISE/SUNSET

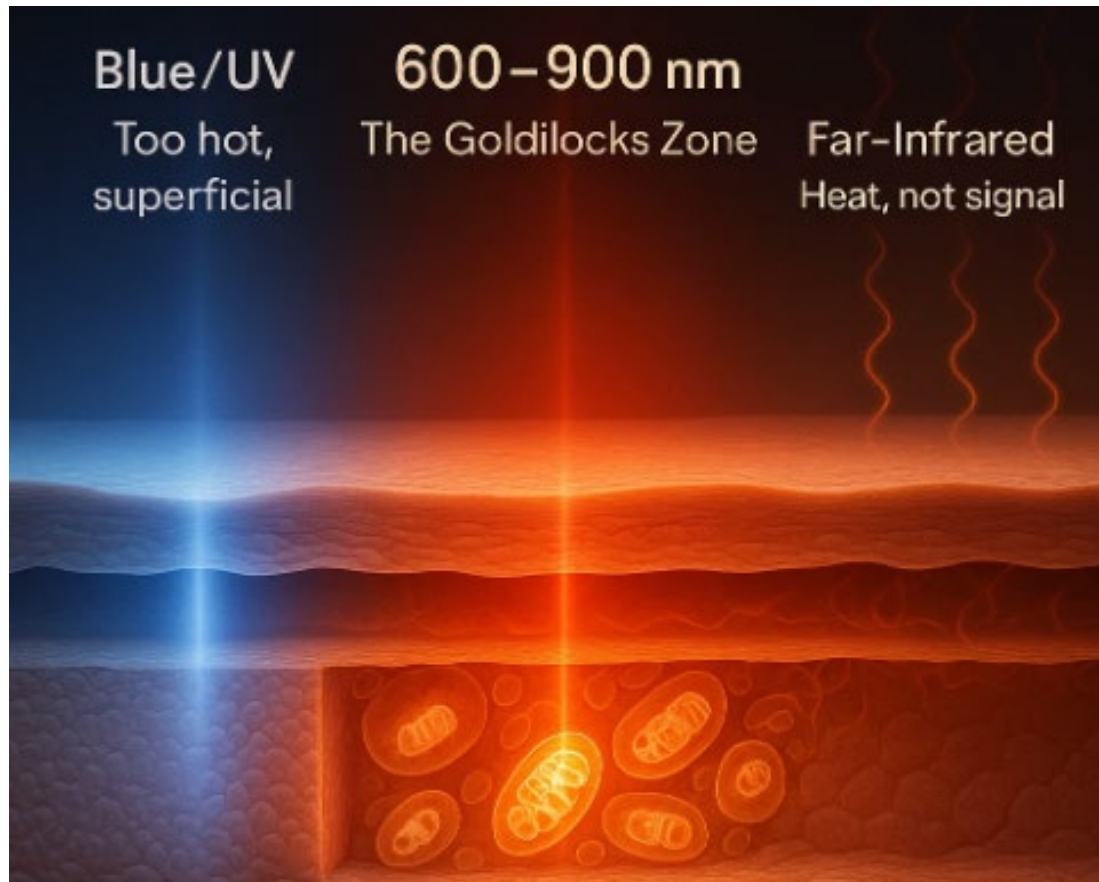
Blue/UV

Too hot,
superficial

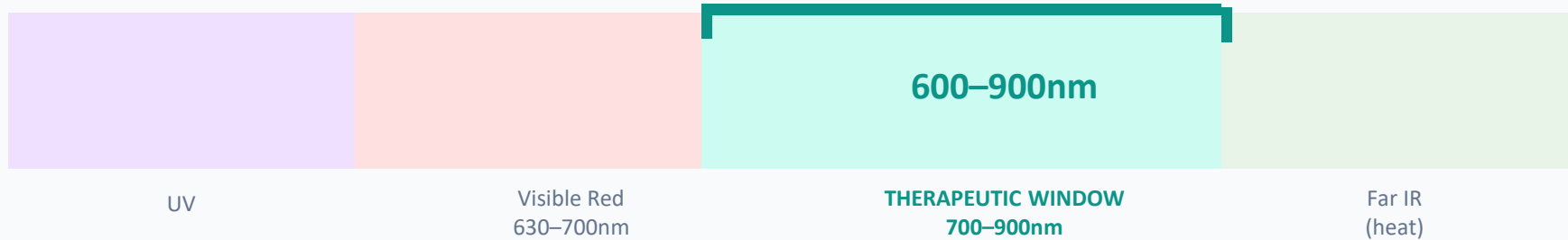
600–900 nm

The Goldilocks Zone

Far-Infrared
Heat, not signal



The Therapeutic Window: The Goldilocks Zone



Too Shallow

UV and visible light absorbed at skin surface — never reaches target tissue

✓ Optimal Range

Red and near-infrared penetrate tissue, reach mitochondria, trigger biologic cascade

Just Heat

Far infrared absorbed as thermal energy only — no photobiomodulation effect

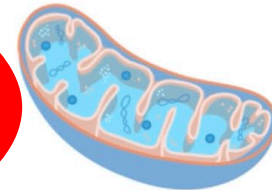
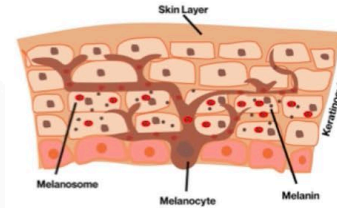
Skin's Chromophores - Light Sponges

1. **Hemoglobin** - the iron-containing oxygen-transport protein present in red blood cells. Hemoglobin in blood carries oxygen from the respiratory organs to the other tissues of the body, where it releases the oxygen to enable aerobic respiration which powers the animal's metabolism

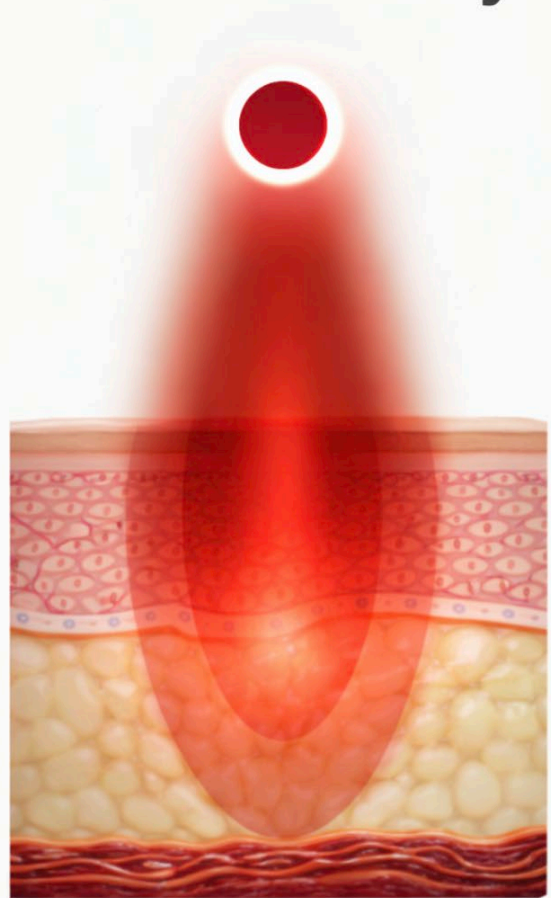
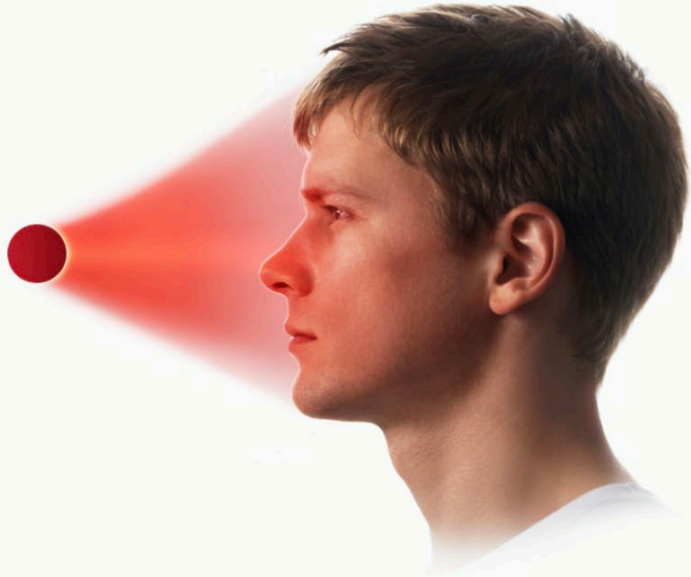
2. **Melanin** - a broad term for a group of natural pigments found in most organisms. The melanin pigments are produced in a specialized group of cells known as melanocytes.

3. **Water** - By weight, the average adult human is approximately 60% water, and the average child is approximately 70% water.^[1] Most animal body water is contained in various body fluids including; extracellular fluid; plasma; interstitial fluid; and transcellular fluid.^[5] Water is also found in the gastrointestinal, circulatory, and respiratory systems.

4. **Opsins - Cytochrome c-oxidase CCO** - enzyme cytochrome c oxidase or Complex IV is a large transmembrane protein complex that is the last enzyme in the respiratory electron transport chain of cells located in the membrane, participating in synthesizing ATP.



2 pathways for RLT in our body



What Is Photobiomodulation?

Let me give you the mechanism in four steps.

1

Photon Delivery

Red (635-670nm) and near-infrared (810-850nm) light penetrate tissue at therapeutic depth

2

Mitochondrial Activation

Photons absorbed by cytochrome c oxidase (CCO) in the electron transport chain

3

ATP Upregulation

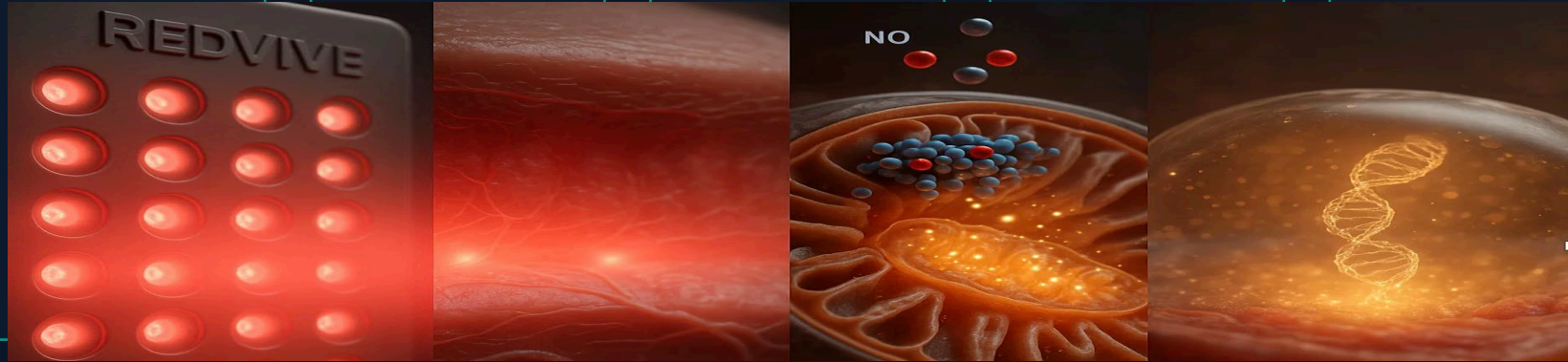
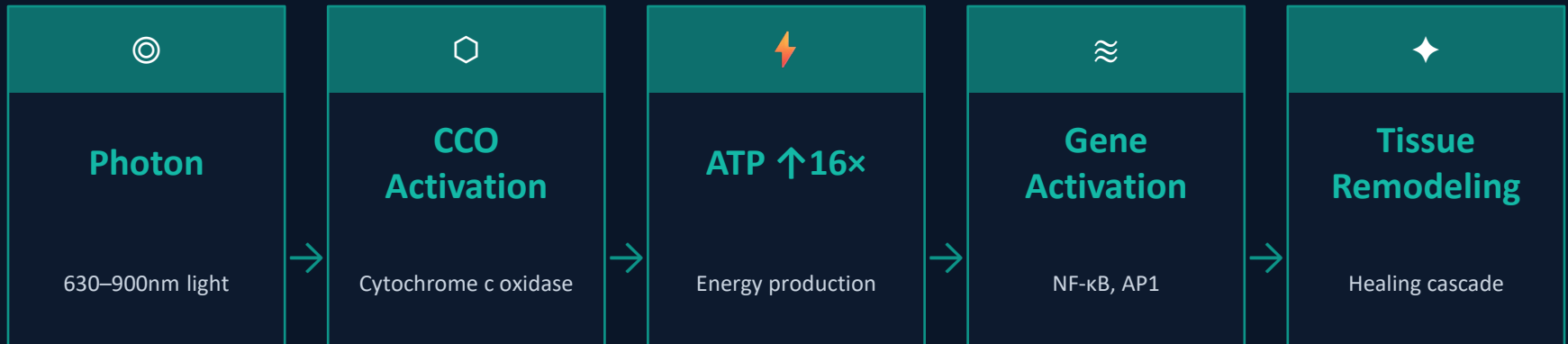
Nitric oxide dissociates, oxygen binds — ATP production increases up to 16x

4

Downstream Biology

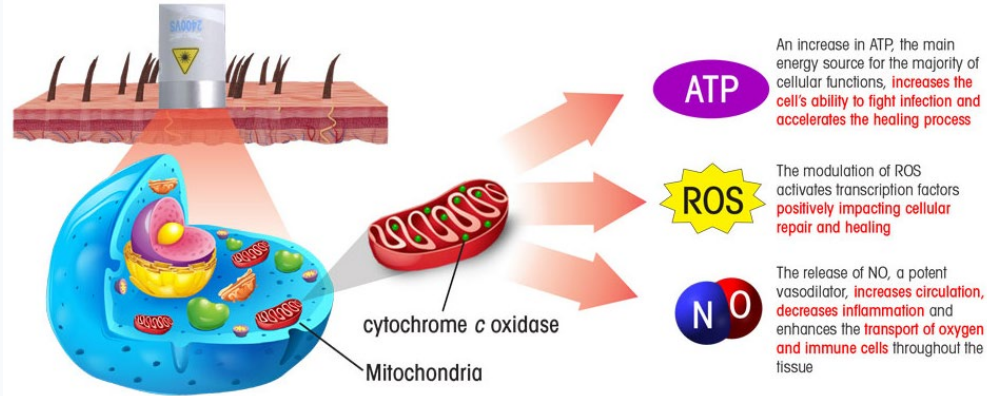
Gene activation, transcription factors, tissue remodeling, stem cell mobilization

The Core Mechanistic Chain



Photon hits CCO → NO dissociates → O₂ binds → ATP increases → Gene activation → Tissue remodeling

Nitric Oxide Release & O₂ Binding



1 Laser light at a wavelength of 670nm, 808nm or 904nm is delivered to the tissue via a probe in **contact mode** with the surface of the skin.

2 The light enters the cell's mitochondria and is absorbed by the chromophores, including the prolific cytochrome c oxidase (CCO) which then **increases its activity**.

3 As a result of this heightened activity, three molecules are affected: Adenosine Triphosphate (ATP), Reactive Oxygen Species (ROS) and Nitric Oxide (NO)

Cytochrome c Oxidase
Activation

Vasodilation

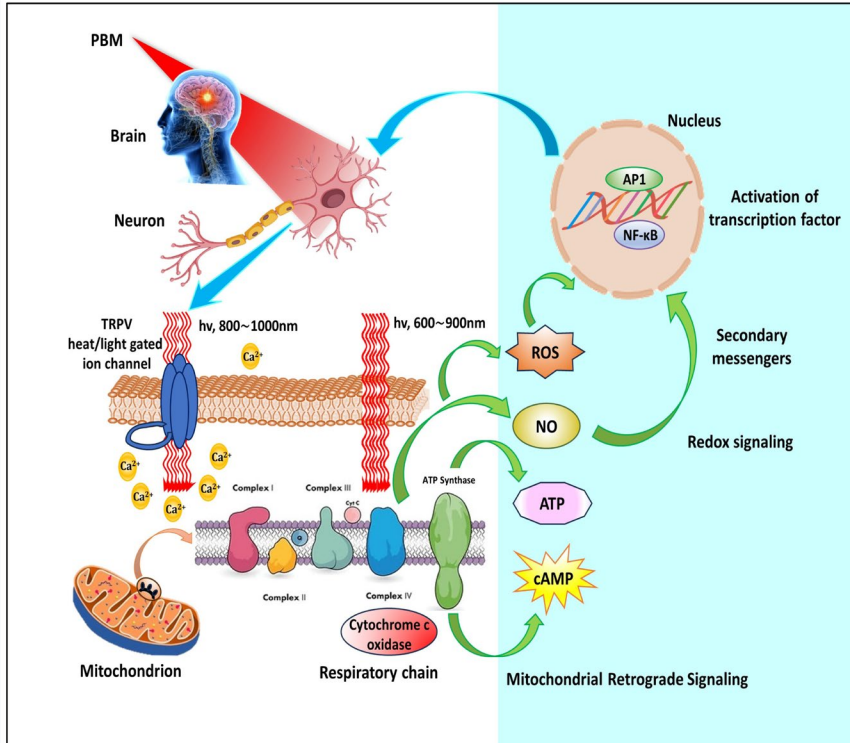
NO release causes local vasodilation — improved biologic delivery to target tissue

Anti-Inflammatory

Reduced inflammatory signaling in the post-procedure window — less swelling, faster recovery

Directly relevant to your biologic injection protocols

PBM Neural Support



TRVP1 Modulation

Reduces pain signaling and facilitates immediate analgesia

Anti-Inflammatory & Regenerative

Reduces Neural Inflammation and Supports Nerve Regeneration

Directly relevant to your biologic injection protocols

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Photobiomodulation Therapy to Autologous Bone Marrow in Humans Significantly Increases the Concentration of Circulating Stem Cells and Macrophages: A Pilot Study

Amir Oron, MD,¹ Shai Efrati, MD,² Keren Doenyas-Barak, MD,²
Hana Tuby, PhD,³ Lidya Maltz, MSc,³ and Uri Oron, PhD³

Abstract

Objective: The aim of this study was to examine the effect of photobiomodulation therapy (PBMT) of the bone marrow (BM) on the concentration of stem cells and other cells in the circulating blood (CB) in humans.

Background: Circulating stem cells have received increasing attention in recent years due to their potential role in regenerative medicine. Various biological processes have been shown to be affected by PBMT.

Methods: The study was conducted on 15 volunteers. Ga-Al-As diode laser 808 nm wavelength was applied to both tibias of each volunteer for PBMT to the BM. The kinetics of concentration of various cells in the CB was followed by comparing blood samples relative to their baseline levels prior to application of PBMT to the BM. CD-34+ cells and macrophages were identified in CB samples using flow cytometry technology.

Results: PBMT to the BM caused a significant ($p < 0.01$) increase in the concentration of CD-34+ cells in the CB from $7.8 \pm 3.0\%$ (mean \pm SD) of total mononucleated cell to $29.5 \pm 10.1\%$ of total commencing at about 2 h post-PBMT. The levels of CD-34+ cells peaked at 2–4 days post-PBMT and then gradually returned to baseline levels. Macrophages in the CB were also significantly ($p < 0.01$) elevated following PBMT to the BM from $7.8 \pm 6.0\%$ (mean \pm SD) of the total mononucleated cells to $52.1 \pm 7.9\%$ of total.

Conclusions: Application of PBMT to the BM in humans can significantly increase the concentration of CD-34+ cells and macrophages in the CB. These cells may consequently home in on the impaired target organs and improve their function, as has been previously shown in experimental animal models. Furthermore, the results may also have clinical relevance in respect to enrichment of CB in cells that may be consequently isolated for cell therapy. Clinical Trial Registration No. is 7/14.

Keywords: low-level laser therapy, photobiostimulation, humans, bone marrow, stem cells

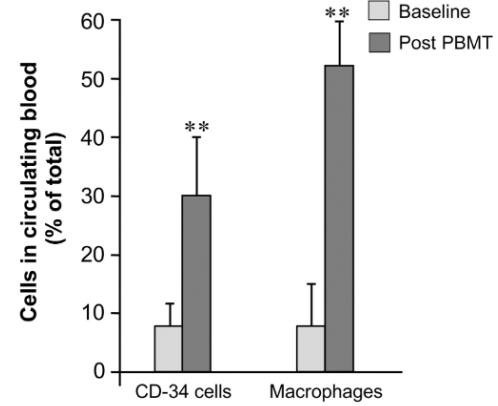


FIG. 1. Levels of CD-34+ cells and macrophages in circulating blood at baseline (open columns) and 2 days (gray columns) post-PBMT to the BM of volunteers. Results are mean \pm SD of 15 subjects. ** $p < 0.01$. BM, bone marrow; PBMT, photobiomodulation therapy; SD, standard deviation.

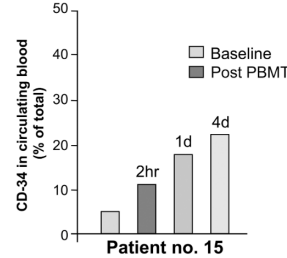


FIG. 2. Levels of CD-34+ cells in circulating blood at baseline (gray column) and 2h, 1d, and 4 days post-PBMT to the BM in patient no. 15. Note that about a twofold increase in the level of CD-34 cells already occurred at 2h post-PBMT to the BM, followed by a gradual and continued increase on the next day and for 4 days afterward.

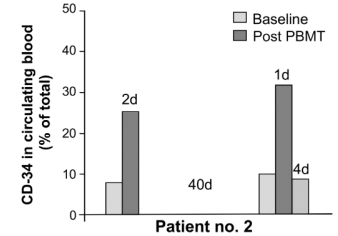
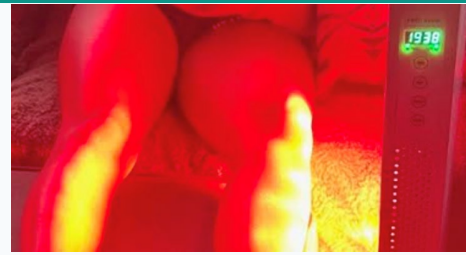


FIG. 3. Levels of CD-34+ cells in circulating blood at baseline (gray column) and different time intervals post-PBMT (red and purple columns) to the BM in patient no. 2. Note that 40 days post-PBMT the level of CD-34 cells in the circulating blood had returned to baseline level, but increased significantly again (1 day) after a second PBMT followed by a decrease 4 days later.

Stem Cell Homing Data: The Oron Study



Oron et al. — Pilot Study: PBM Applied to Bone Marrow

Low-level light irradiation to bone marrow resulted in significant increase in circulating CD34+ cells and macrophage populations

↑ CD34+

Circulating stem cells

*Significant increase post-PBM
Avg. 300%*

↑ Mac

Macrophage mobilization

Enhanced tissue surveillance

Pre-BM

Application timing

Optimal: before harvest

Clinical Implication: Pre-condition bone marrow with PBM before harvest to maximize CD34+ yield

POWER OF RED AND-NEAR- INFRARED ON STEM CELL ACTIVATION

RED LIGHT

NEAR-INFRARED LIGHT

Light Exposure as a Tool to Enhance the Regenerative Potential of Adipose-Derived Mesenchymal Stem/Stromal Cells

Kaarthik Sridharan ¹, Tawakalitu Okikiola Waheed ¹, Susanne Staehle ¹, Alexander Riess ², Mario Mand ², Juliane Meyer ³, Hermann Seitz ^{2 4}, Kirsten Peters ¹, Olga Hahn ¹

Affiliations + expand

PMID: 40801576 PMCID: [PMC12346127](#) DOI: [10.3390/cells14151143](#)

differentiation. In contrast, red and near-infrared light preserved cell viability and metabolic function while enhancing cell migration, consistent with their documented ability to stimulate proliferation and mitochondrial activity in mesenchymal stem cells. These findings highlight the necessity of precise wavelength and dosage selection in PBM applications and support the

STEM CELL ACTIVATION

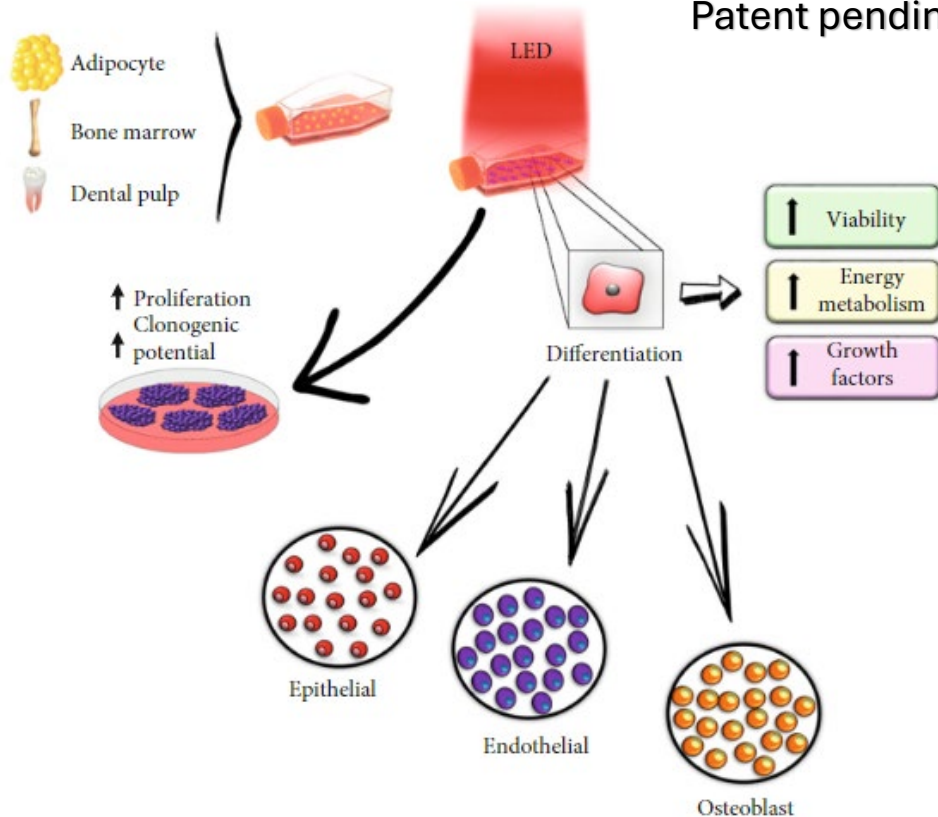
dose-dependent increase in intracellular reactive oxygen species, accompanied by reduced cell proliferation, metabolic activity, interleukin-6/interleukin-8 secretion, and adipogenic differentiation. In contrast, red and near-infrared light preserved cell viability and metabolic function while enhancing cell migration, consistent with their documented ability to stimulate proliferation and mitochondrial activity in mesenchymal stem cells. These findings highlight the necessity of precise wavelength and dosage selection in PBM applications and support the potential of PBM as a customizable tool for optimizing patient-specific regenerative therapies.

Keywords: adipogenic differentiation; cytokines; human adipose-derived mesenchymal stem/stromal cells (adMSCs); migration; photobiomodulation (PBM); reactive oxygen species (ROS).

[PubMed Disclaimer](#)

Ex-Vivo PBM – Cell Priming

Patent pending



**BIOLOGIC
AMPLIFIER**



Mitochondria Performance

THE BOTTOM LINE

PBM doesn't replace your procedure.

It makes your procedure work better.

Stem Cell
generation

**TRVP
Pain
Inflammation**

It is the conditioning layer that wraps your entire biologic workflow — before, during, and after.



What Influences DOSE?



Time

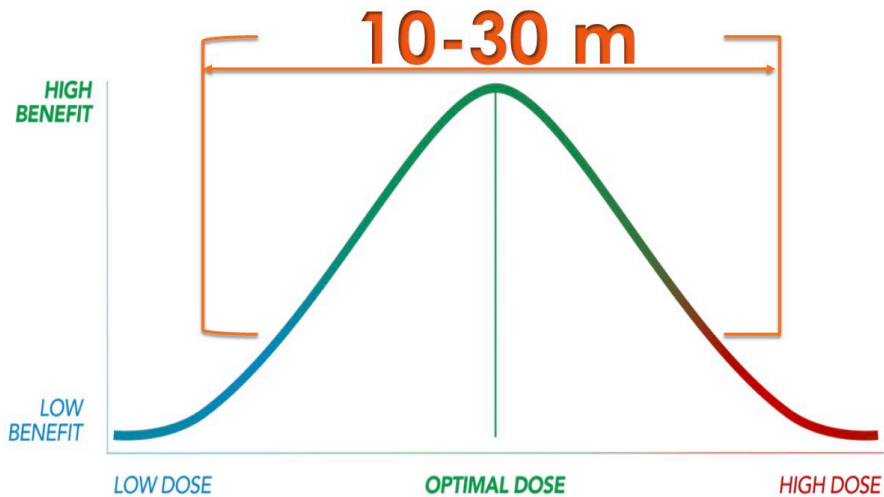


Distance



Power

Dosimetry: The Therapeutic Window is Real



Too Little

Sub-therapeutic dose — no meaningful biologic response

Just Right

Optimal irradiance and fluence — full biologic cascade activated

Too Much

Inhibitory effect — paradoxical reduction in cellular response

Dose matters. Protocol design matters. Not all devices are equivalent.

From Science to Practice to the Home

*So how does this actually fit into what
you do Monday morning?*



The next section maps PBM to your existing workflow
-not as a replacement, but as the conditioning layer

Six Touchpoints. One Integrated System.

01 Pre-Condition



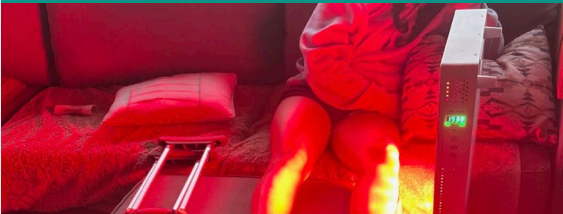
02 BioStim



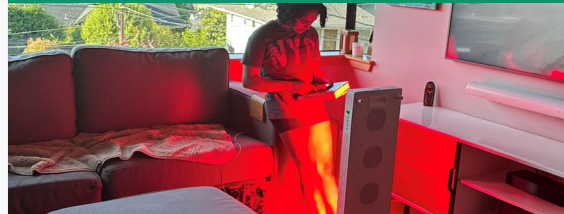
03 Ex-Vivo



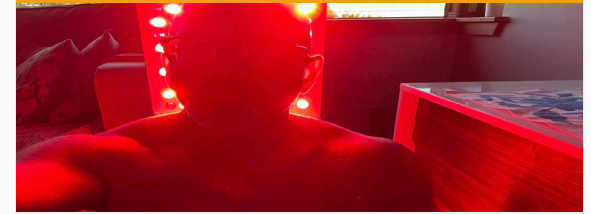
04 Post-Tx



05 Recovery - RTS

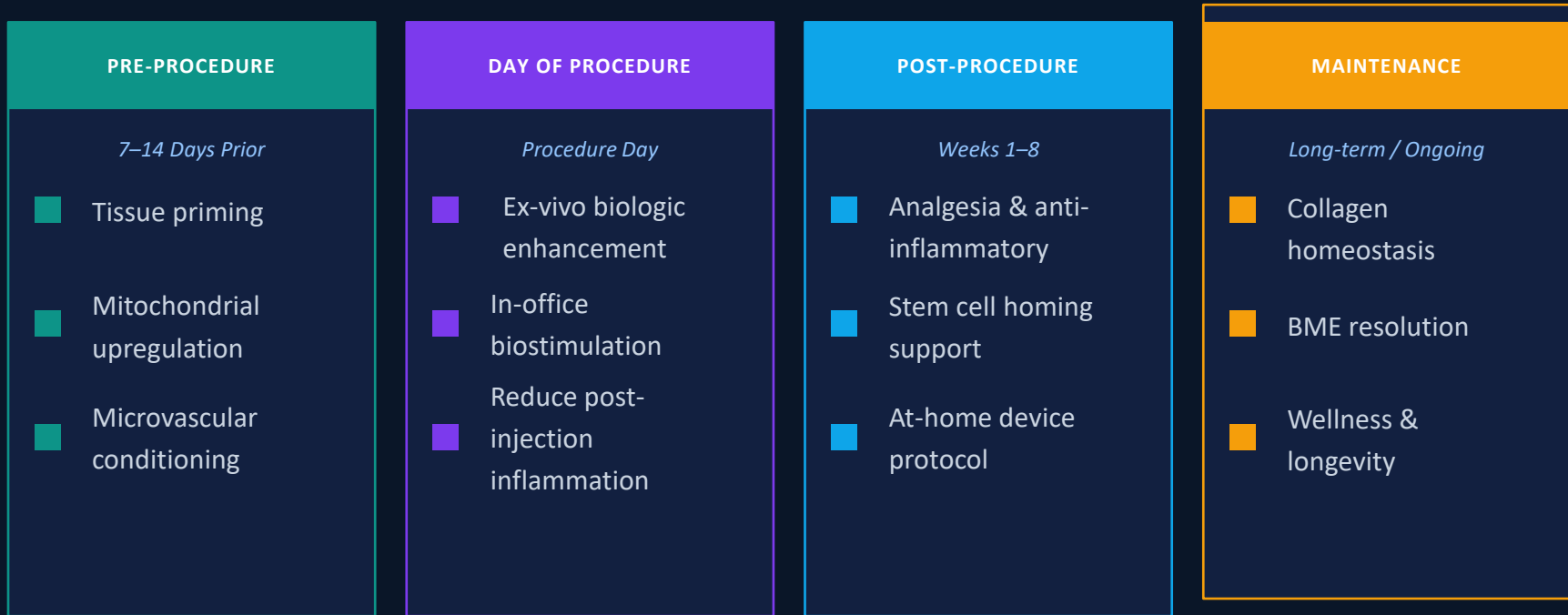


06 Thrive



PBM wraps your entire biologic workflow — not as a replacement, but as the conditioning layer.

PBM in the MSK Regenerative Workflow



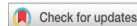
You're not adding a step — you're optimizing every step.

Shining a Light on Mucositis

A new study conducted by St. Jude Nursing Research uses a painless therapy to help children avoid a common side effect of bone marrow transplantation.

By Carrie L. Strehlau; Photos by Justin Veneman





OPEN **Monte Carlo based dosimetry of extraoral photobiomodulation for prevention of oral mucositis**

Anna N. Yaroslavsky^{1,2}, Tyler W. Iorizzo^{1,3}, Amy F. Juliano⁴, Ather Adnan⁵, James D. Carroll⁶, Stephen T. Sonis^{7,8,9}, Christine N. Duncan¹⁰, Wendy B. London¹⁰ & Nathaniel S. Treister^{7,8}

Photobiomodulation therapy (PBMT) is recommended for prevention and treatment of oral mucositis, a painful condition that occurs in cancer patients. Intraoral PBMT is limited to treating distal oral mucosa and oropharynx. Extraoral PBMT may provide a more efficient intervention. The goal of this study was to develop a clinically viable protocol for extraoral PBMT. Monte Carlo modeling was used to predict the distribution of 850 nm light for four treatment sites, using anatomical data obtained from MRI and optical properties from the literature. Simulated incident light power density was limited to 399 mW/cm² to ensure treatment safety and to prevent tissue temperature increase. The results reveal that total tissue thickness determines fluence rate at the oral mucosa, whereas the thickness of individual tissue layers and melanin content are of minor importance. Due to anatomical differences, the fluence rate varied greatly among patients. Despite these variations, a universal protocol was established using a median treatment time methodology. The determined median treatment times required to deliver efficacious dose between 1 and 6 J/cm² were within 15 min. The developed PBMT protocol can be further refined using the combination of pretreatment imaging and the Monte Carlo simulation approach implemented in this study.

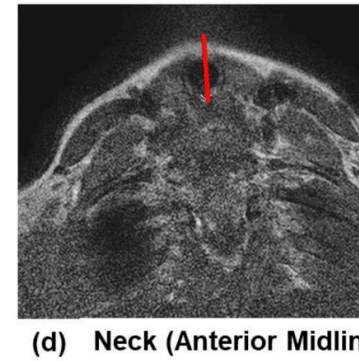
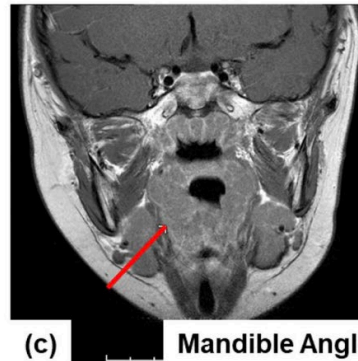
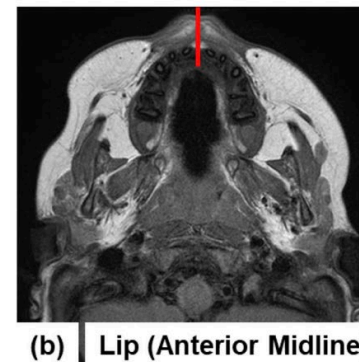


Figure 1. Example MR Images. Example MR images of cheek (a), lip (anterior midline) (b), mandible angle (c), and neck (anterior midline) (d) treatment sites. Tissue types and thicknesses were recorded along each trajectory indicated by the red line.

- A. Zecha et al., *Support Care Cancer*, 2019 — LED PBM reduces severity of mucositis in head-and-neck radiotherapy.
- P. Bensadoun et al., *Lasers Med Sci*, 2016 — LED PBM provides equivalent benefit to diode laser PBM.

The World Association Just Said It Out Loud.

WALT Position Paper 2026 · Journal of Clinical Medicine · Published Feb 6, 2026

“

While lasers are often marketed as superior due to coherence and polarization, photobiological evidence indicates that **wavelength and delivered photon dose** are the primary determinants of tissue penetration and physiological effects — **not coherence or type of light source.**

WALT Position Paper 2026 · Hanna et al. · J Clin Med · DOI: 10.3390/jcm15031304

200+

Years Combined
PBM Expertise

International Expert Panel

557

Patients
Meta-Analysis

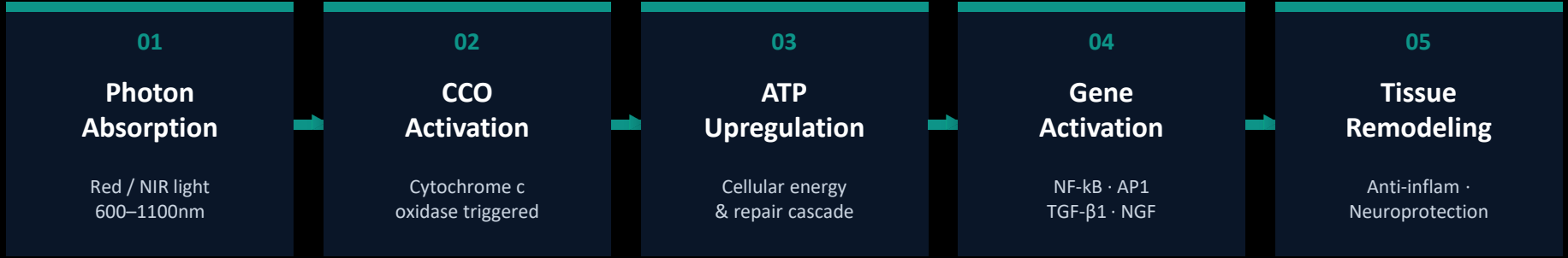
High-Confidence SR · BMS

0

Adverse Events
Reported

Across All Included Trials

How PBM Heals: The Chain the WALT Paper Validates



Clinical Evidence from the Paper:

LEVEL I EVIDENCE

Burning Mouth Syndrome

557 patients · 9 Low-RoB RCTs

Statistically significant pain reduction
VAS MD -1.47 (p=0.002)

Strong Recommendation · WALT CPG

LEVEL II EVIDENCE

Trigeminal Neuralgia

98 patients · 3 Low-RoB RCTs

Clinically meaningful pain reduction
No adverse effects reported

Expert Consensus Opinion

LEVEL II EVIDENCE

Post-Herpetic Neuralgia

103 patients · 3 Low-RoB Studies

Short-term analgesic effects confirmed
Dose-dependent response shown

Expert Consensus Opinion

Consistency Isn't a Feature. It's the Mechanism.

What WALT's clinical evidence actually shows about why occasional PBM doesn't work:

What The Evidence Shows

Sugaya 2016 — 4 sessions, 2 weeks:

No difference from placebo.

Hanna 2022 — 2×/week × 5 weeks:

VAS 7.6 → 3.9, sustained 9 months.

Kemmostsu 1991 — up to 36 sessions:

12/63 patients: complete pain relief.

PHN in-patients (4–6×/week):

Superior outcomes vs 2×/week.

WALT Recommended Protocol

→ NIR wavelength (660–980nm)

→ 2× per week · 5 consecutive weeks

→ ~6J per point · 9–52 irradiation points

→ Adjust for patient response

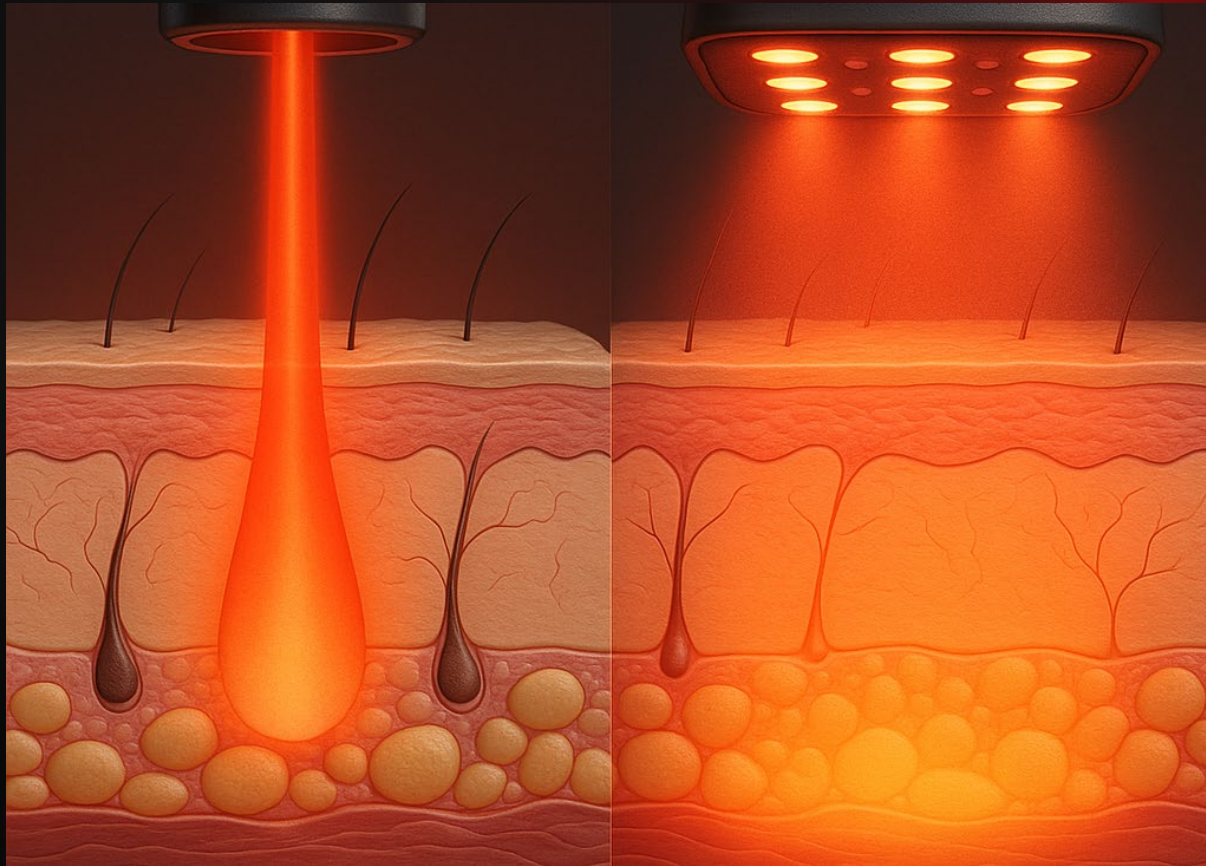
The Daily Dosing Advantage

WALT confirms mitochondria require **repeated stimulation** for durable change. If 2×/week outperforms placebo and 4–6×/week outperforms 2×/week — **daily home dosing is the logical conclusion.**

Source: WALT Position Paper 2026 · Hanna et al. · J Clin Med 15(3):1304 · <https://doi.org/10.3390/jcm15031304>

“Total Energy, Not Peak Power, Drives Biology.”

- A single 2-minute laser exposure delivers maybe
- 10-30J/cm² once a week.

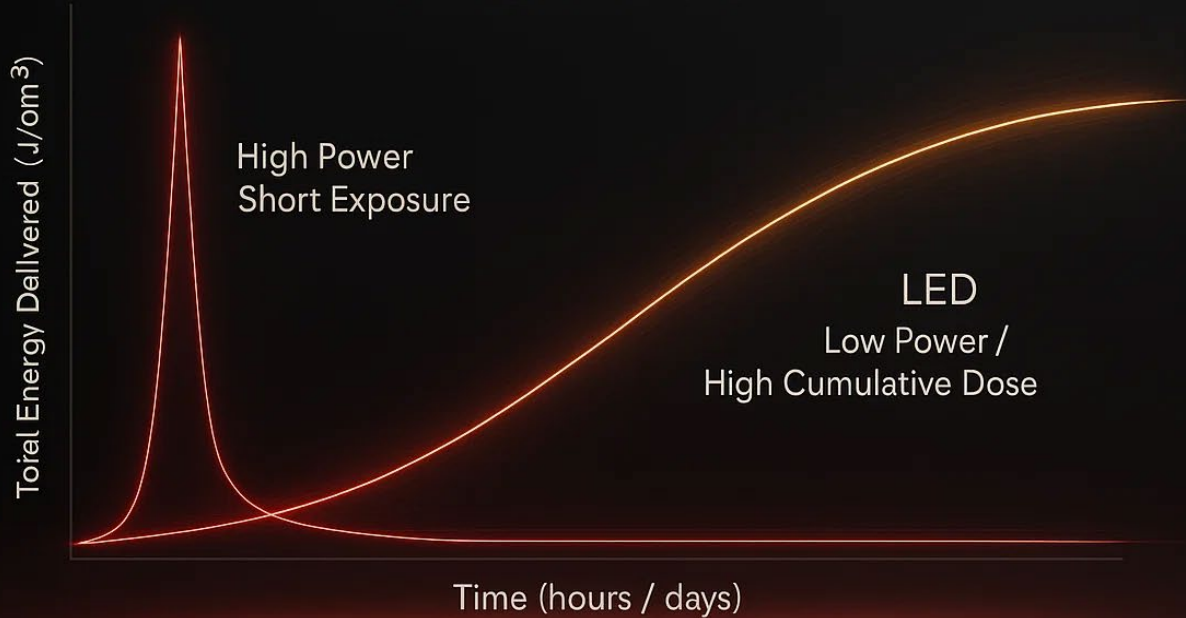


- Redvive daily LED sessions deliver 2-3 J/cm² twice a day =
- 40-60 J/cm² per week

DAILY DOSING = COMPOUNDING DOSE

Healing responds to total energy absorbed, not peak wattage delivered

Daily RedVive PBM builds cumulative dosing at the mitochondrial level—
the way biology actually heals.

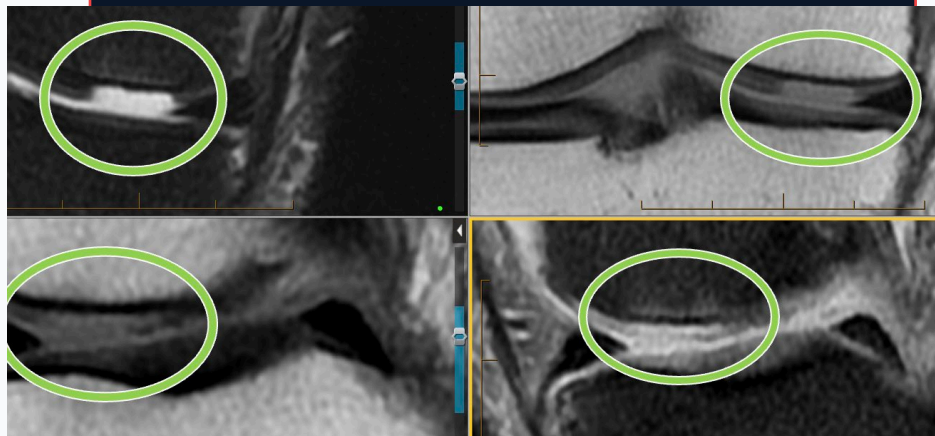


REDVIVE IS PHYSIOLOGICALLY INTELLIGENT

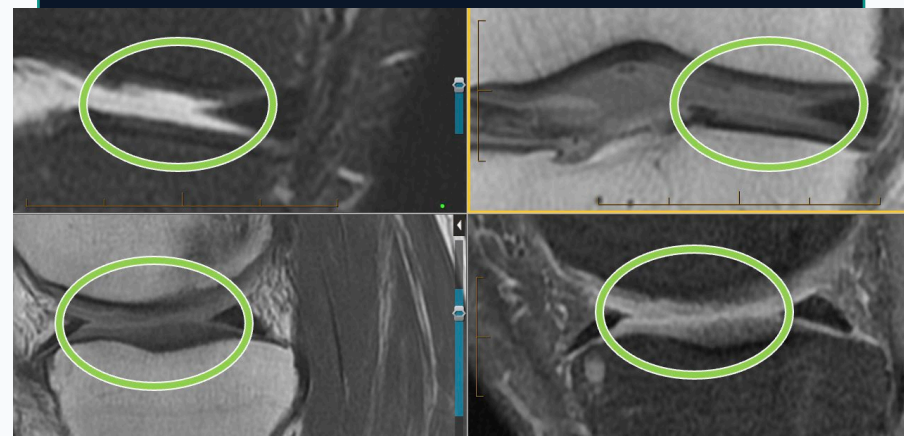
- **Daily Dosing: density and frequency**
- **Region & Systemic coverage**
- **Compounding Photon Delivery**
- **Biologic adequacy**
 - LED light *reaches the same depth and triggers the same targets.*



Cartilage Regeneration

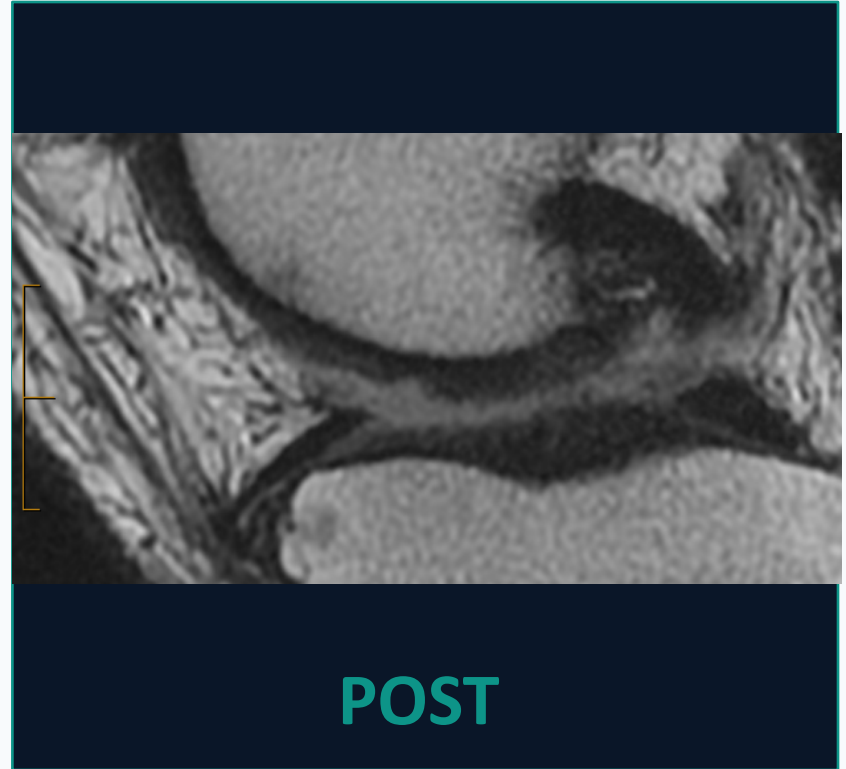
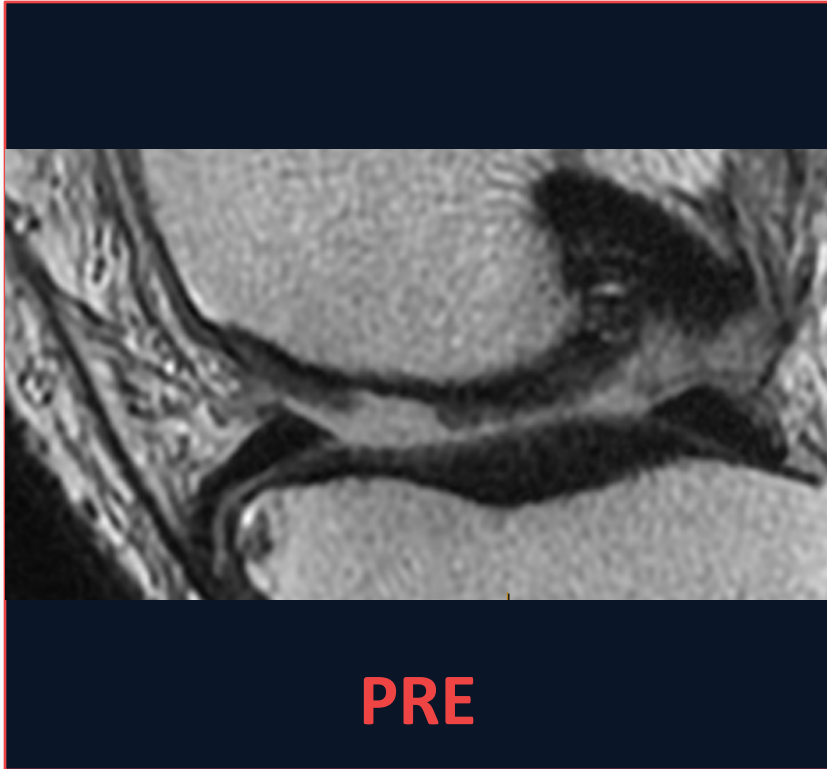


PRE

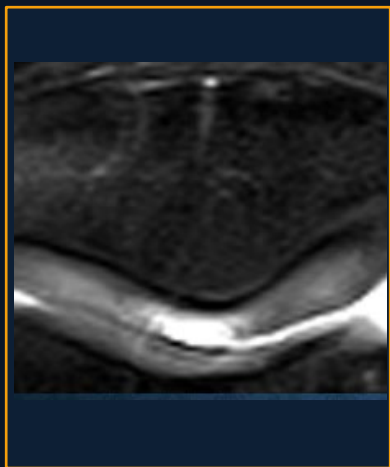


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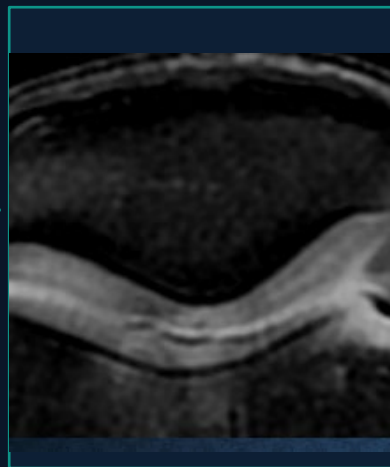
Cartilage Regeneration



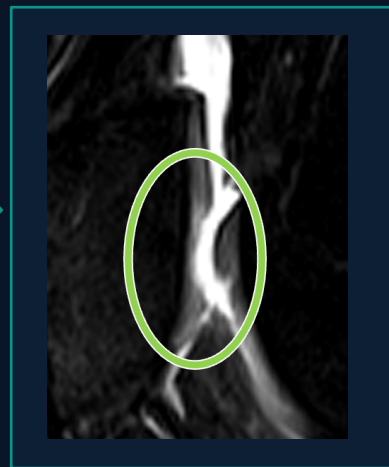
35F — 4 Years Post BLP Cell Therapy



Baseline



4 year
Follow-Up



Baseline



4 Year
Follow-Up

Sustained cartilage remodeling at 4 years post-procedure. This isn't placebo.

Choosing the Right PBM Partner

Not all devices – or companies – are created equal.



The #1 Barrier Isn't Skepticism. It's Implementation.

The #1 reason clinicians don't integrate a new modality isn't that they don't believe the science.

It's that they don't know how to operationalize it without it becoming a headache.

That's what we built.

A complete implementation system — protocols, training, devices, and support — so you can go from today's talk to Monday morning.

Multiple Panel Options. One Complete System.

TARGETED

RedVive 60

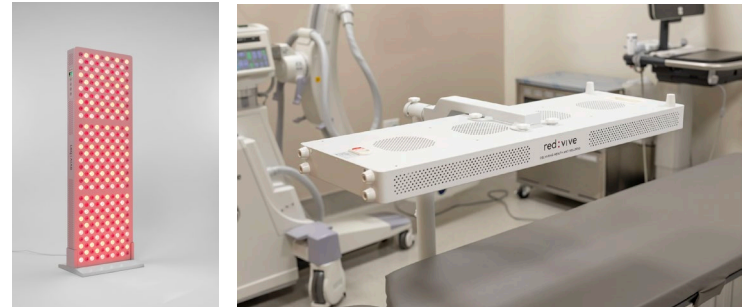


Focused Therapy – Travel Compatible

Focused treatment for specific joints and anatomical targets.
Perfect for in-office procedures and guided biologic delivery.

TARGETED
+SYSTEMIC

RedVive 300



Full Body · Pre-Conditioning · Wellness

High-irradiance panel for systemic treatment. Bone marrow
pre-conditioning, full-body recovery, and wellness
maintenance.



Redvive University



**REDVIVE
UNIVERSITY**

Protocols by Specialty

Knee degeneration, ACL, spine, shoulder — each with a dedicated PBM protocol

Comprehensive Searchable Reading Room

Full PDF access to the latest and most relevant literature

Staff Education

The science, and clinical skills training, ex-vivo education, talk tracks

Ready to Use on Day 1

Not a curriculum — an operational manual for your practice

What Your Staff Sees on Day 1

Daily Use Guide (DUG)

Foot & Ankle Arthritis Support

Purpose

Support joint comfort, mobility, and daily function in the foot and ankle using red and near-infrared photobiomodulation (PBM).

Who This Is For

- Foot or ankle arthritis (degenerative or post-traumatic)
- Chronic joint stiffness or achiness
- Pain with walking, standing, or first steps after rest
- Limited range of motion or swelling
- Adjunctive support alongside medical, rehabilitative, or injection-based care

Where to Place the Light

- Over the painful joint(s), such as:
 - Ankle joint (front, sides, or back as directed)
 - Subtalar or hindfoot region
 - Midfoot joints (dorsal or plantar surface)
- Treat the full joint region rather than a single point
- Optional: treat both sides for symmetry and balance
- Optional 2: Regional and Systemic treatments to optimize results

RedVive Medical Protocols

All Protocols By Medical Field Implementation Timeline

Protocol Name	Medical Field	Provider Type	Patient Population	
REDVIVE "ROPE" - Regenerative Optimization & Protocol Enhancement - 5	Orthobiologics General	Dentist MD/Physician	Adult Adolescent Pediatr	Purpose
REDVIVE Knee Degeneration & Photobiomodulation (PBM) + Inj with Orth	Orthopedics	MD/Physician	Pediatric Adolescent Adu	option
<input type="checkbox"/> REDVIVE Sleep Appliance & Photobiomodulation (PBM) + Der <input type="button" value="OPEN"/>	Dental	Dentist Specialist MD	Adolescent Adult	education
REDVIVE TMJ + Photobiomodulation (PBM) + PRF Injection	Dental	Dentist Specialist MD	Adolescent Adult	
RedVive Therapy Sleep Optimization Protocol	Sleep/Wellness	MD/Physician Dentist Sp	Adult Adolescent Pediatr	
RedVive Therapy (RLT)_ A Comprehensive Patient Guide (2)		MD/Physician Dentist Sp	Pediatric Adolescent Adu	
RedVive Titration & Sensitivity Guide				
RedVive_PBM_for_Concussion_Recovery_1Pager				
Ex-Vivo Technology Integration Training Sheet (1)				

+ New item

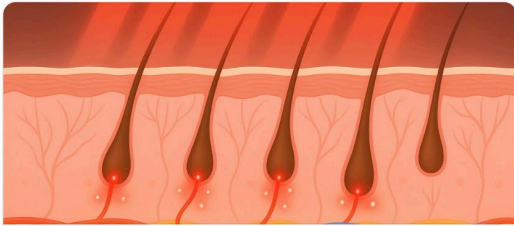
- Brand Book /
- Teamspace H
- FAQs Databa

Halo PBM CAP Protocols

Click on Links below to access protocols and assets

Gallery view Table Gallery Board Gallery

☰ ↕ 🔍



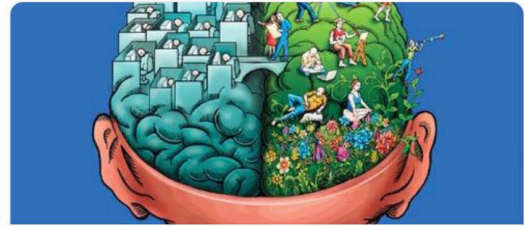
Hair Follicle Support and Scalp Health

RCP/DUG Halo H...



Neurodegenerative Support (Parkinsons, Alzheimers, Dementia)

RCP Parkinsons... Parkinson's Well... Parkinson's Sym...



Cognitive Performance & Brain Energy Support

RCP/DUG Halo C... Parkinson's Well... Parkinson's Sym...



Healthy Aging & Neural Longevity Support



Headache & Migrane Support



Stress Regulation & Autonomic Nervous System Support

WHY REDVIVE IS DIFFERENT?

Built by a clinician, inside a working regenerative medicine clinic.

REDVIVE was created to solve real, daily clinical problems:



inconsistent outcomes



poor compliance between visits



lack of continuity beyond the clinic

**THE RIGHT
PBM DELIVERY SYSTEM**



Precision **635nm, 670nm, 810nm, 850nm** wavelengths



Engineered LED Delivery with **30-degree beam angle**



Clinically aligned dosing philosophy

Only after it worked reliably in real patient care did it become clear that other practices needed the same system.

red:vive

A DUAL MISSION:



Bring science-aligned photobiomodulation to patients everywhere



Help regenerative medicine clinics thrive through outcomes, continuity and support

HOW WE DO THAT — TOGETHER:



Clinic + Home Continuity



Staff Education + Support



Evolving Education Model



Redvive Launch Pad



Authorized Clinic Pathway



PBM Certification Program
(in development)

red:vive



We've spent 30 years giving patients the best biologics we can.

PBM isn't a replacement for that.

**It's the missing signal that tells those biologics where to go
and what to do.**

The light was always part of the biology.

We just stopped delivering it.



**Order Your 50%
Off Experience
Package &
Receive a Redvive
Halo on us!**



- 2 Redvive 300s
- 5 Redvive 60s
- 2 Universal Stands
- 1 Redvive Halo



Experience Package