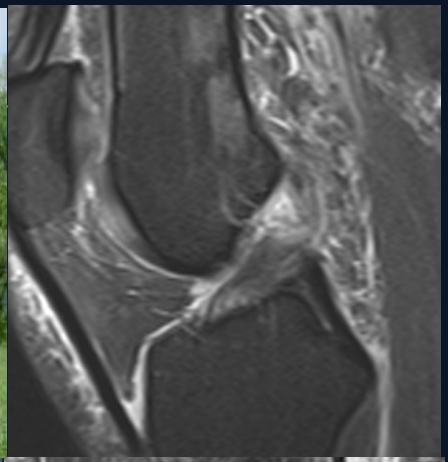
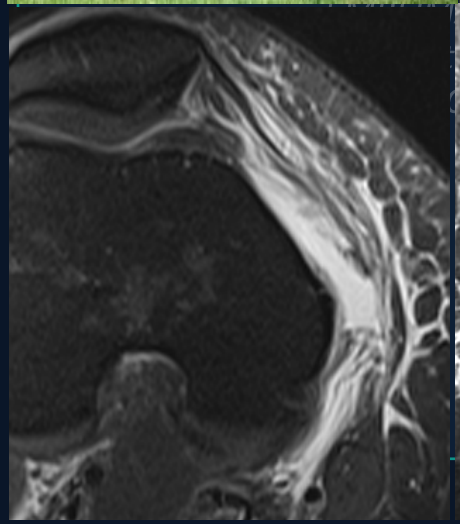
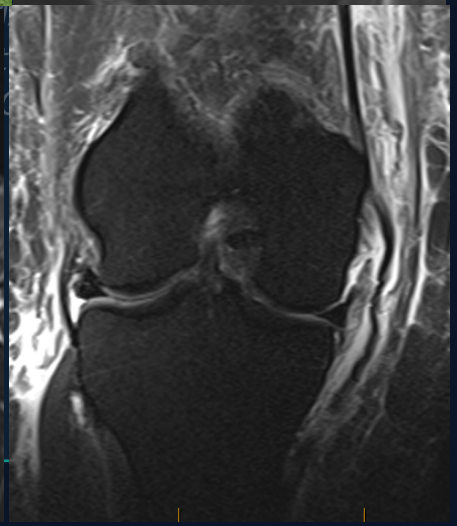






HORSE KICK INJURY

GRADE 3 MCL.
RUPTURED ACL & MPFL.

"The surgeon said reconstruct - 3 surgeries.

The patient said no.

This is what we did instead."

CREDENTIALS

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

TRANSPARENCY

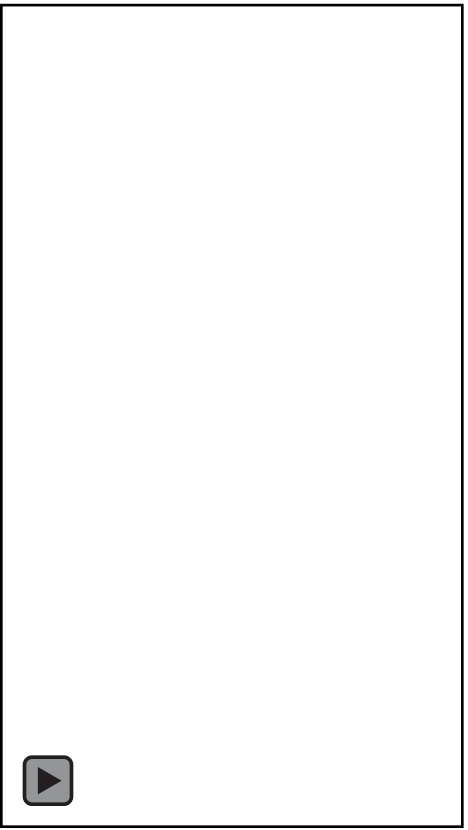
Conflict of Interest Disclosure

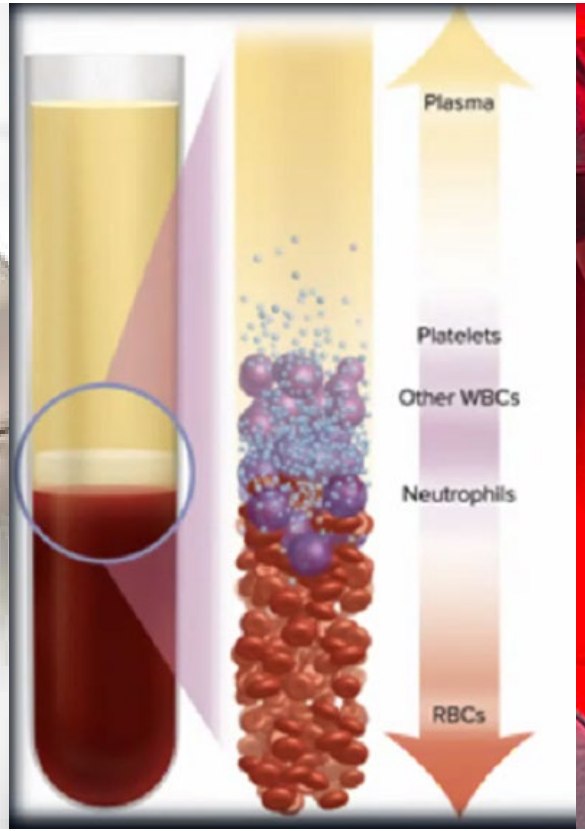
Rahul Desai, MD

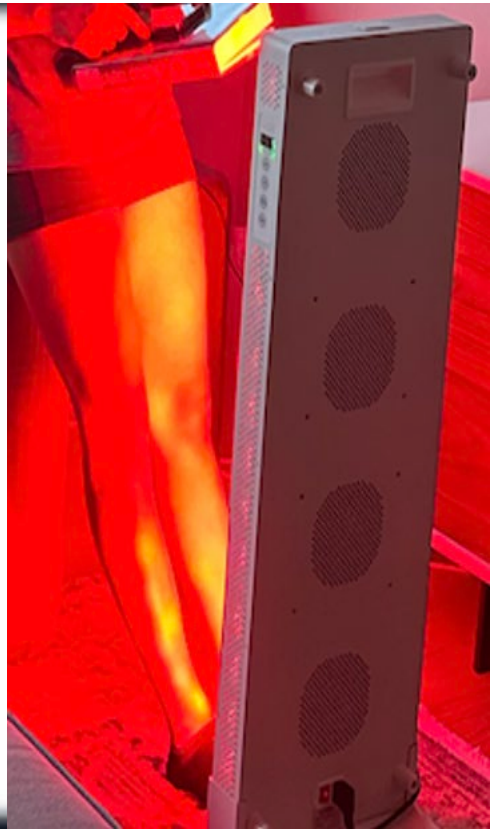
CMO & Chief Science Officer, RedVive Health

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





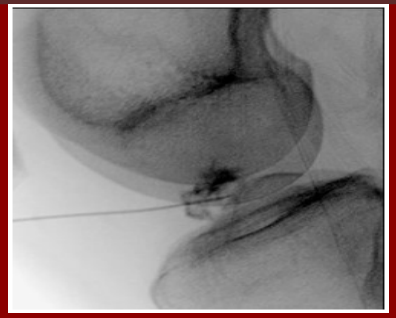


ACL Intra-Ligamentous Injection — Ligamentogram Sequence

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

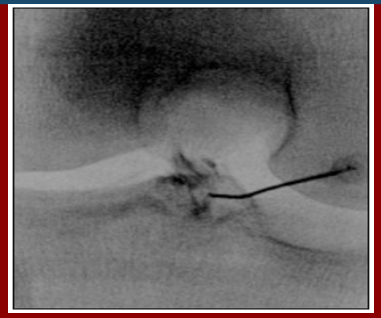
MULTI-LIGAMENT

1 — Needle Placement



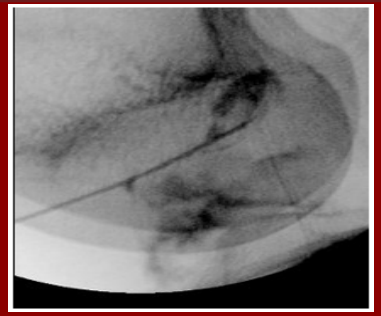
Tibial footprint · AP + lateral

2 — Contrast: Zone 1



Small bolus · intra-lig spread

3 — Cells: Zone 1



Deposit at tear · check back-pressure

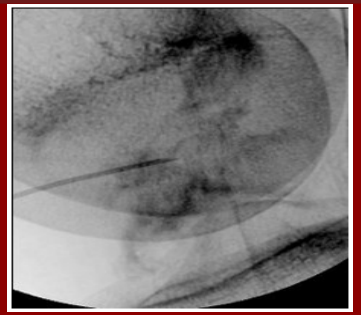
4 — Reposition

Advance to proximal zone

5 — Contrast: Zone 2

Progressive fill · both bundles

6 — Cells: Zone 2



2nd deposit · ~3cc total

7 — Final Ligamentogram ✓

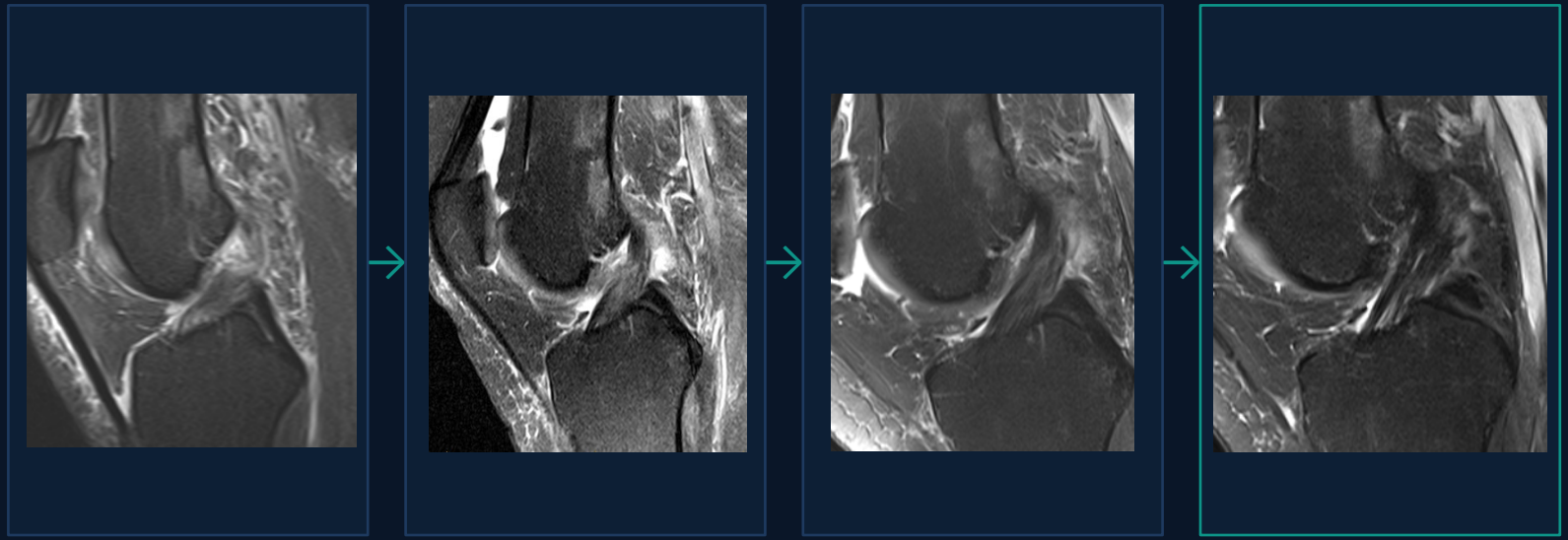
Full AM + PL coverage · done

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

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

PROGRESSION OF HEALING

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.

MSK CONFERENCE KEYNOTE

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

THE WOUNDED HEALER

I've Been the Patient on the Table

Ehlers-Danlos Syndrome

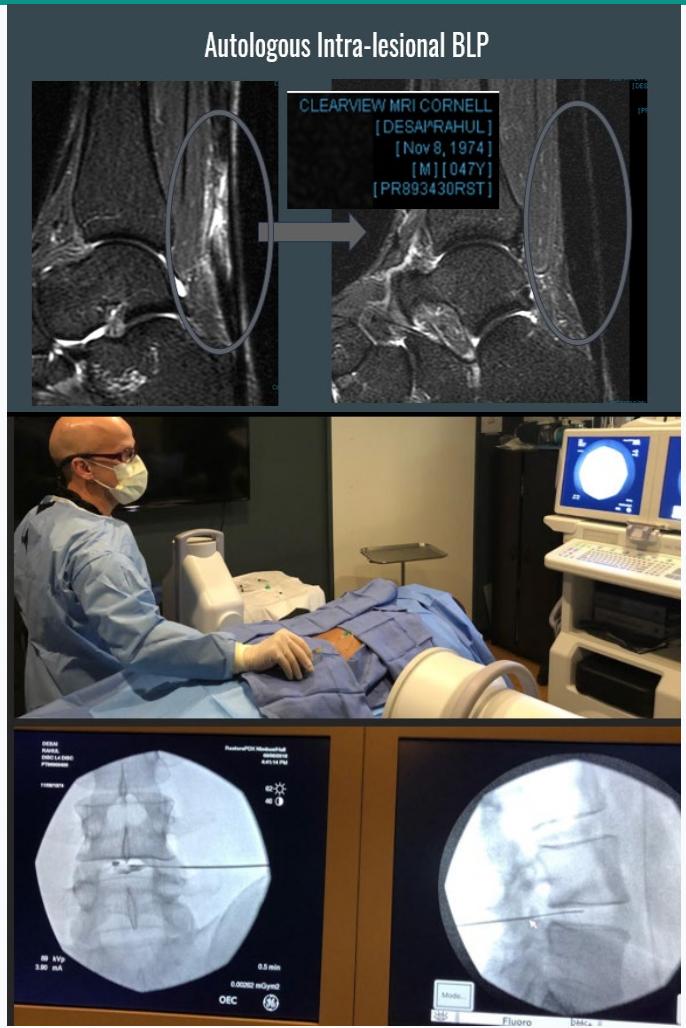
Hypermobile connective tissue — chronic instability, pain, fatigue, Beighton 8/9

19 Injections into My Own Joints & Spine

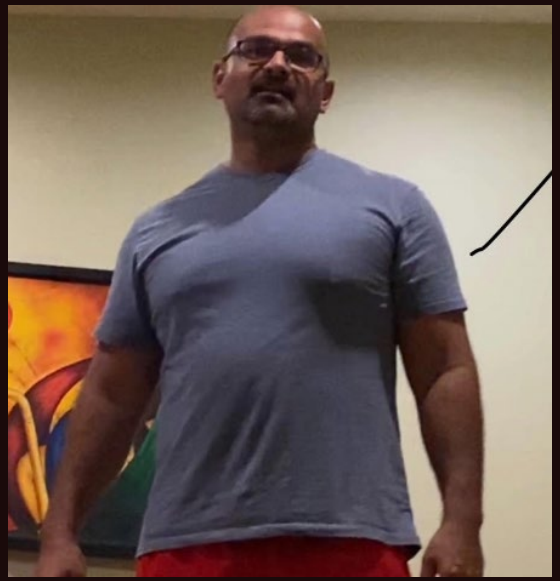
Not theoretically — I have been on the procedure table myself, 19 Regen Injections

Personal Transformation

From functional limitation to performance through regenerative protocols



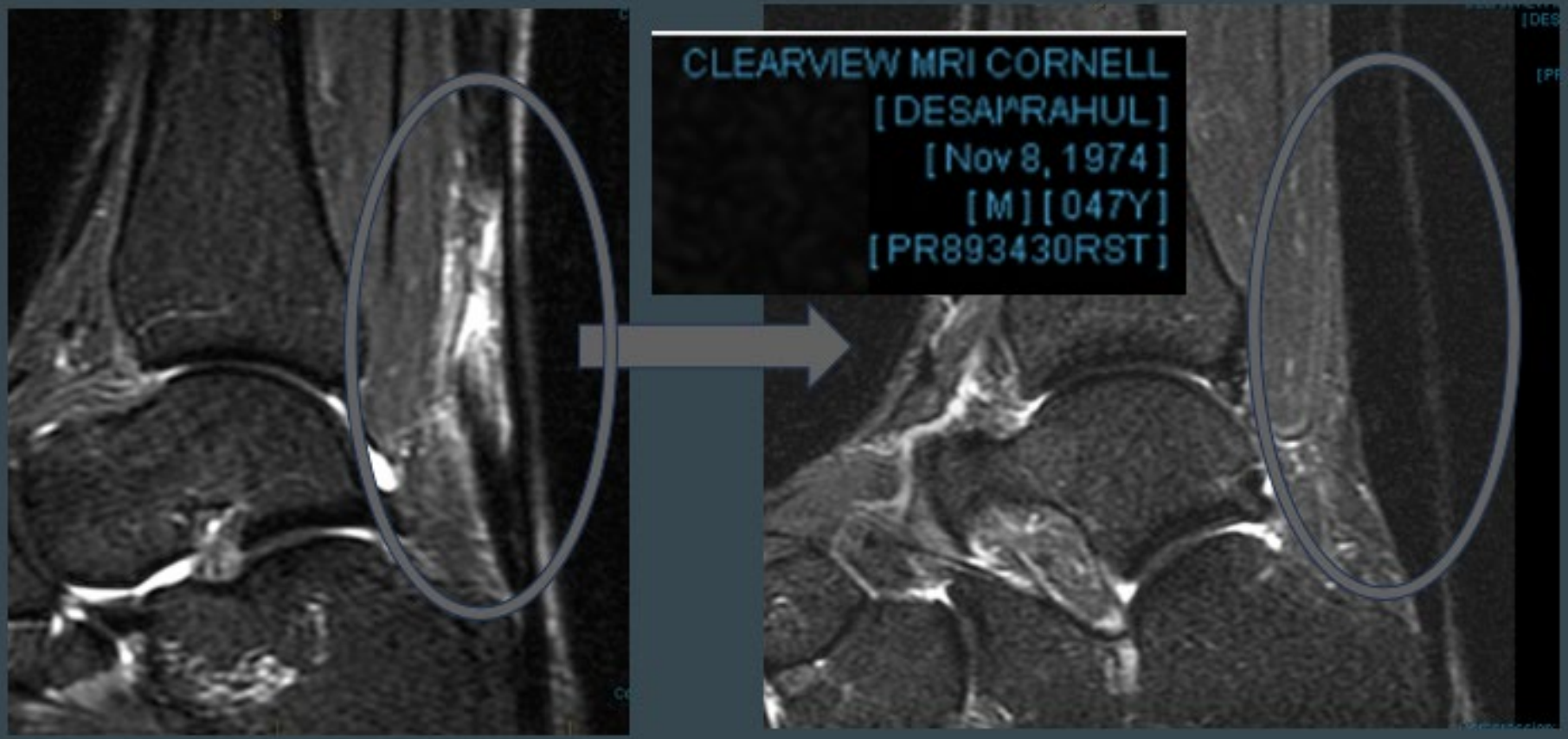
This Was Me at My Worst.



Loss of functional confidence.

Loss of identity as both physician and patient.

Autologous Intra-lesional BLP



2X DAILY LIGHT THERAPY X 1.5 YEAR

THE RESULT

From Pain to Performance

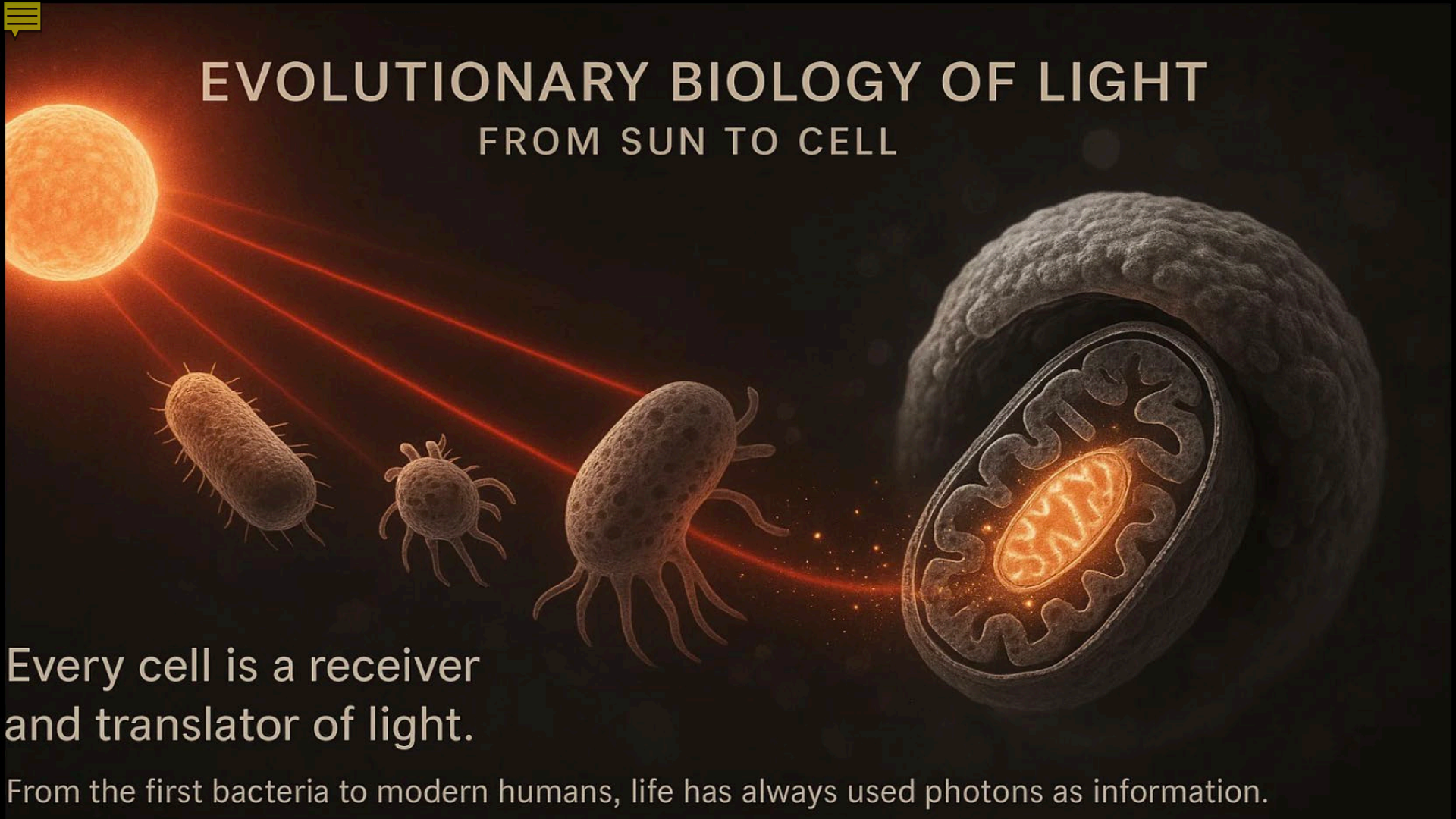
2x	1.5	0
Daily treatment	Years of consistent use	Changes in training or supplements

- Not cosmetic — this was biological
- No change in training, supplements, or medication
- Only light — 2× 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."

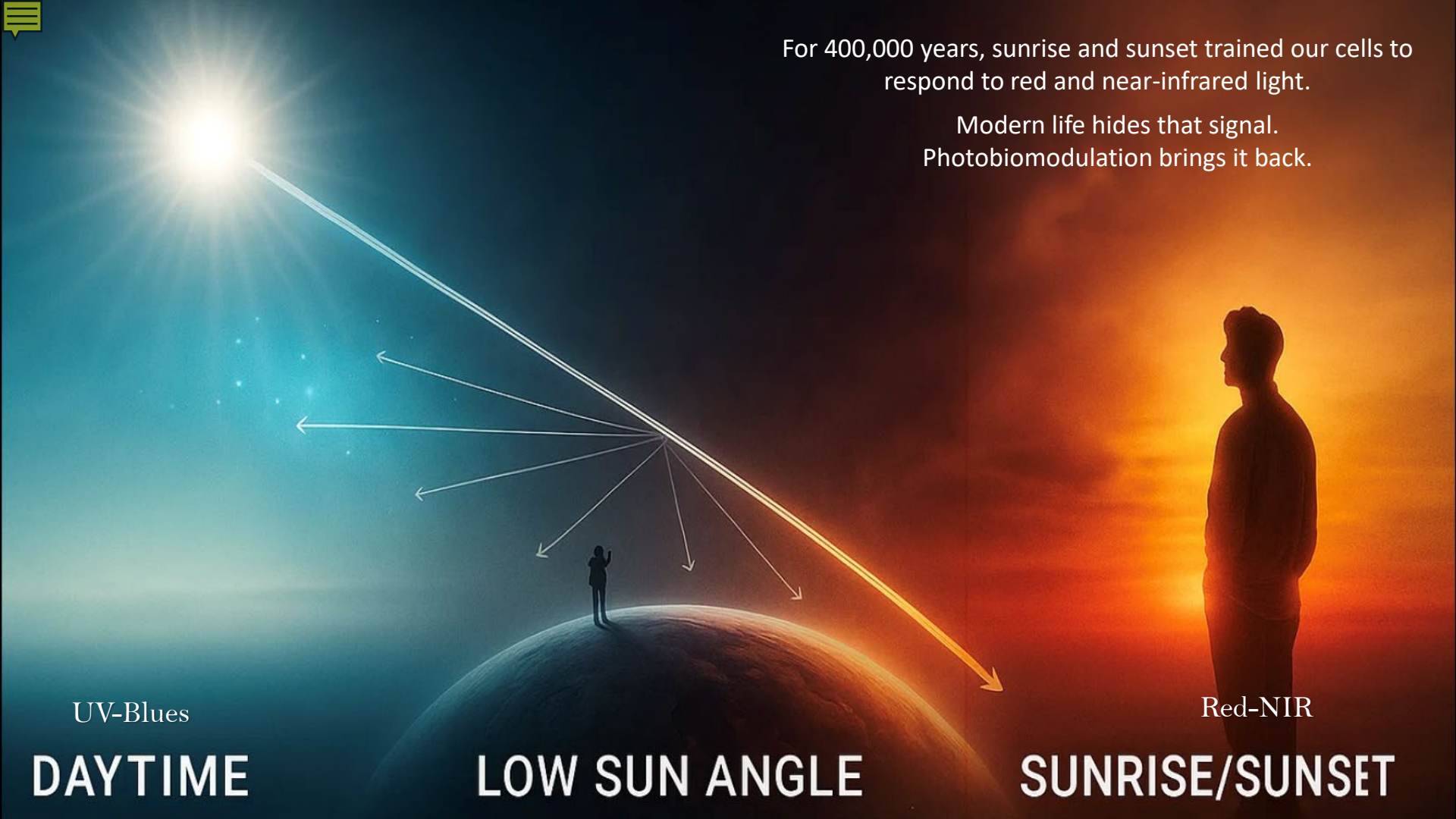
EVOLUTIONARY BIOLOGY OF LIGHT

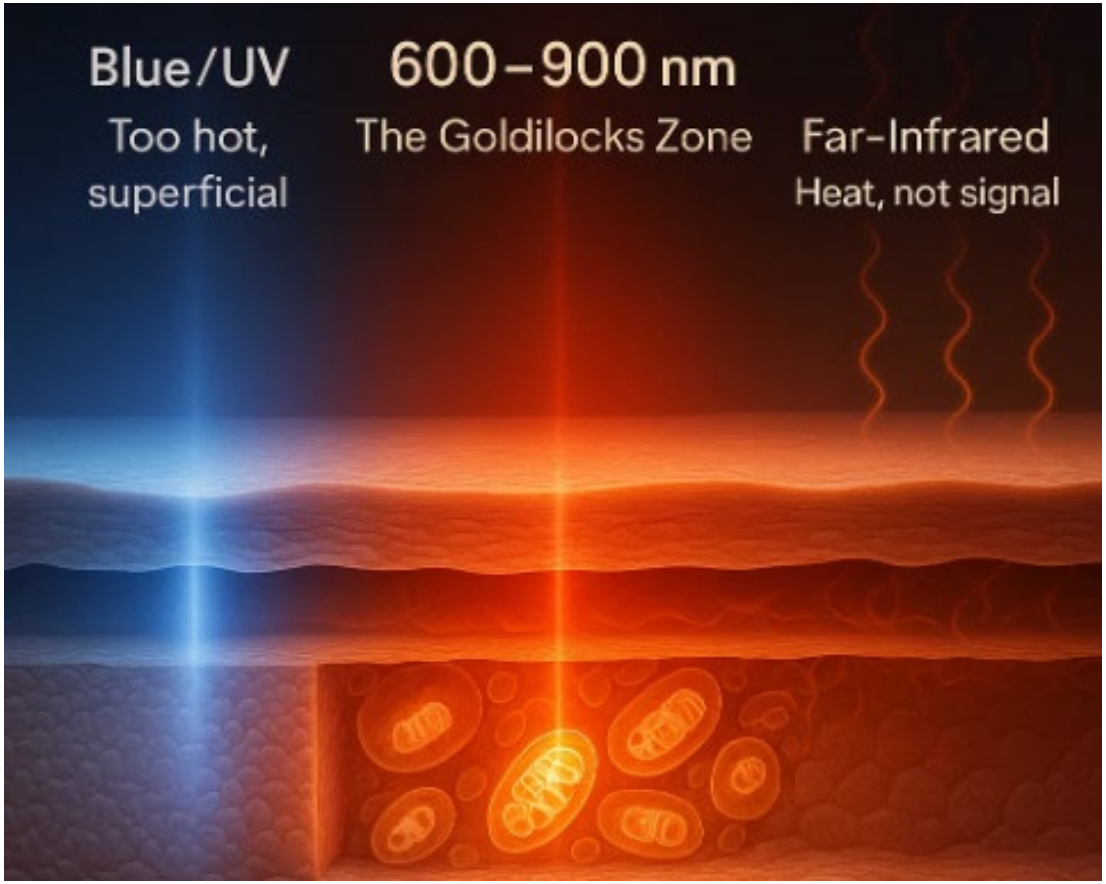
FROM SUN TO CELL



Every cell is a receiver
and translator of light.

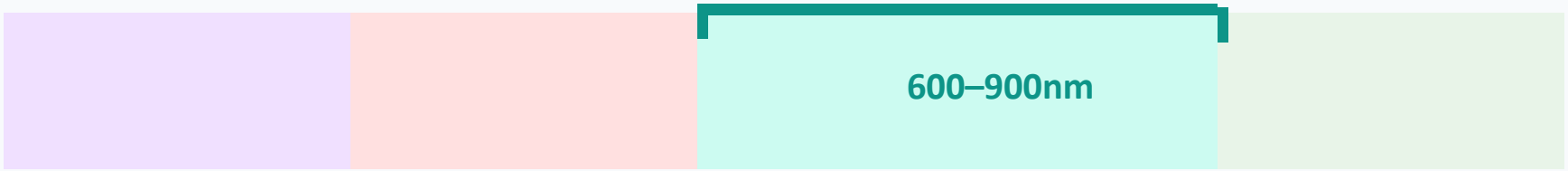
From the first bacteria to modern humans, life has always used photons as information.


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.
UV-Blues
Red-NIR
DAYTIME
LOW SUN ANGLE
SUNRISE/SUNSET


Blue/UV
Too hot, superficial
600–900 nm
The Goldilocks Zone
Far-Infrared
Heat, not signal

WAVELENGTH SCIENCE

The Therapeutic Window: The Goldilocks Zone



UV

Visible Red
630–700nm

THERAPEUTIC WINDOW
700–900nm

Far IR
(heat)

Too Shallow

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

✓ Optimal Range

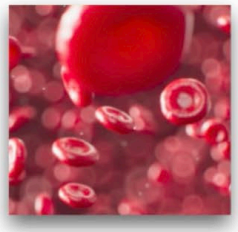
Red and near-infrared penetrate tissue, reach mitochondria, trigger biologic cascade

Just Heat

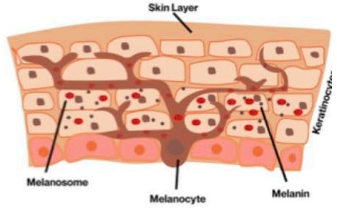
Far infrared absorbed as thermal energy only — no photobiomodulation effect

Skin's Chromophores - Light Sponges

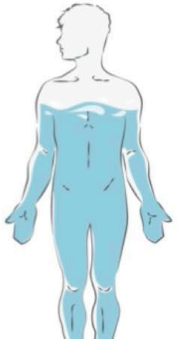
1. **Hemoglobin** - the iron-containing oxygen-transport protein present in red blood cells. Hemoglobin in blood carries oxygen from the respiratory organs to the other tissues of the body, where it releases the oxygen to enable aerobic respiration which powers the animal's metabolism



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.

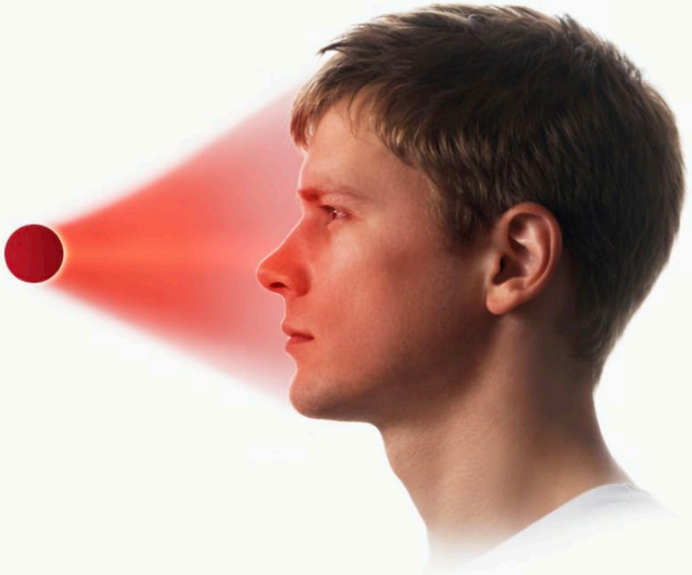


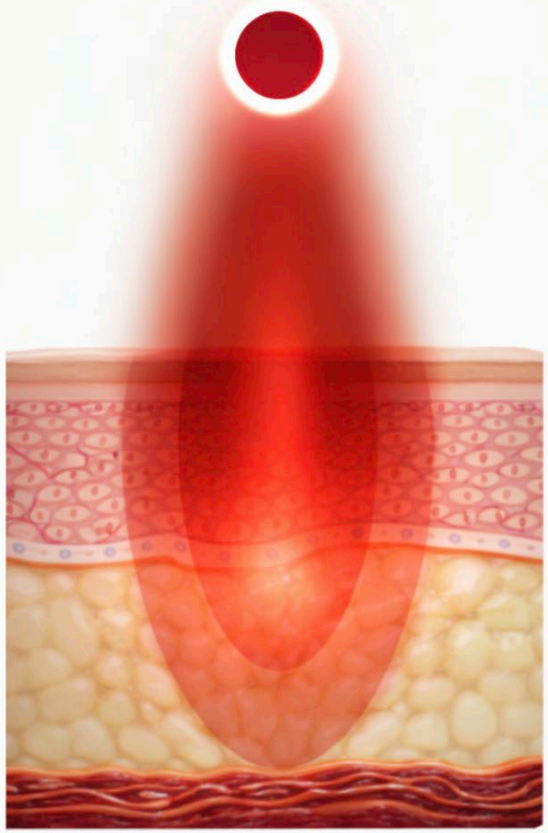
3. **Water** - By weight, the average adult human is approximately 60% water, and the average child is approximately 70% water.[1]Most animal body water is contained in various body fluids including; extracellular fluid; plasma; interstitial fluid; and transcellular fluid.[5] intestinal,



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





THE SCIENCE

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 16×

4

Downstream Biology

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

The Core Mechanistic Chain

Photon
630–900nm light

→

CCO Activation
Cytochrome c oxidase

→

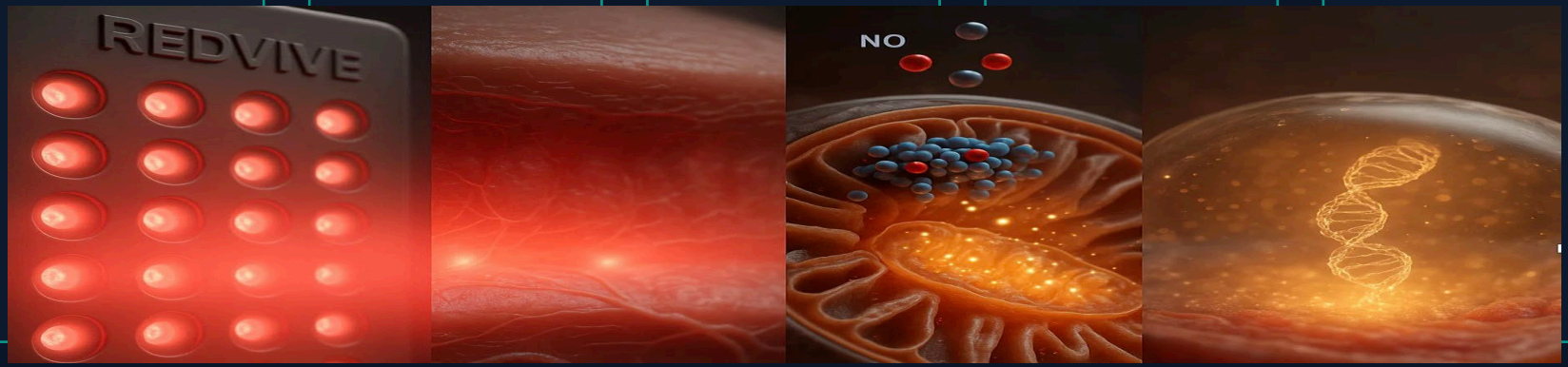
ATP ↑16×
Energy production

→

Gene Activation
NF-κB, AP1

→

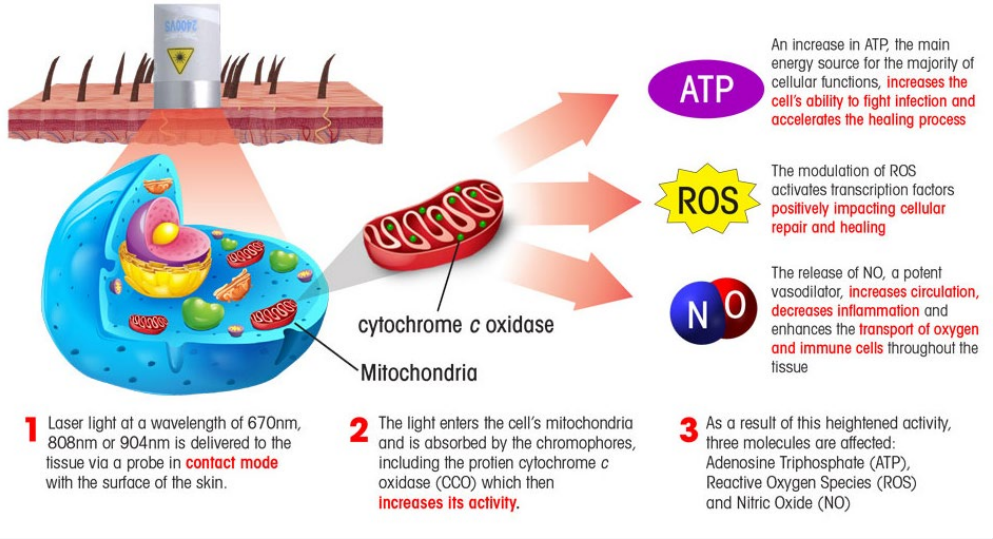
Tissue Remodeling
Healing cascade



Photon hits CCO → NO dissociates → O_2 binds → ATP increases → Gene activation → Tissue remodeling

MECHANISM DETAIL

Nitric Oxide Release & O_2 Binding



Cytochrome c Oxidase Activation

Vasodilation

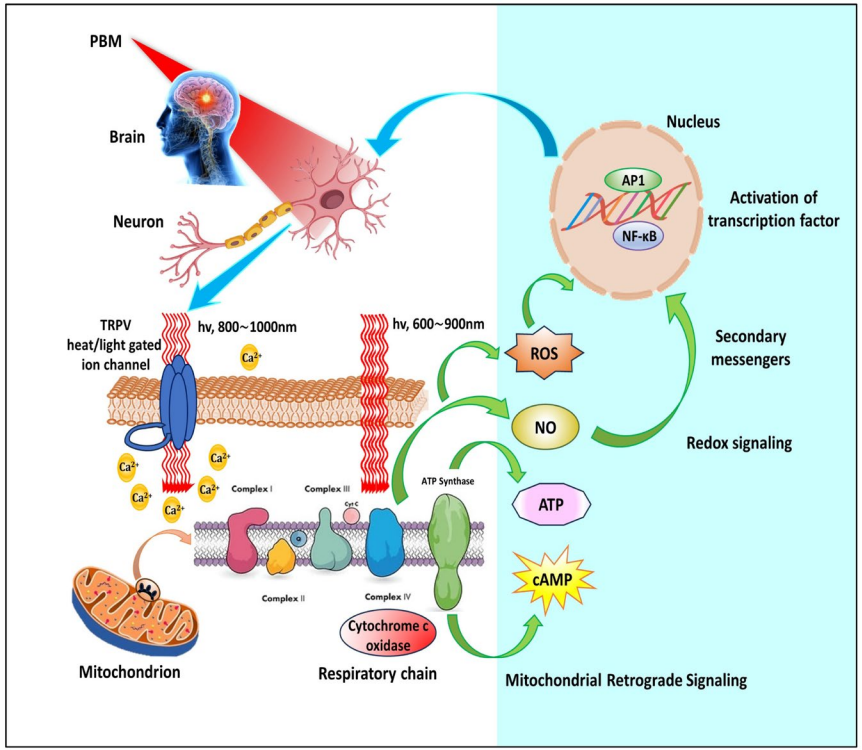
NO release causes local vasodilation — improved biologic delivery to target tissue

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

Photobiomodulation, Photomedicine, and Laser Surgery
Volume 40, Number 3, 2022

Pp. 178–182
DOI: 10.1089/photob.2021.0123

Photobiomodulation

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, PhD[3]

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 ± 3.0% (mean ± SD) of total mononucleated cell to 29.5 ± 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 ± 6.0% (mean ± SD) of the total mononucleated cells to 52.1 ± 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

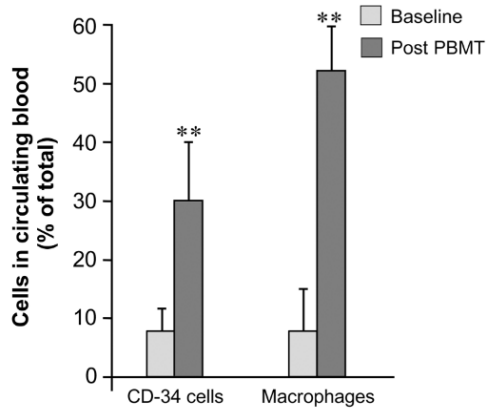


FIG. 1. Levels of CD-34+ cells and macrophages in circulating blood at baseline (open columns) and 2 days (gray columns) post-PBMT to the BM of volunteers. Results are mean ± SD of 15 subjects. $^{**}p < 0.01$. BM, bone marrow; PBMT, photobiomodulation therapy; SD, standard deviation.

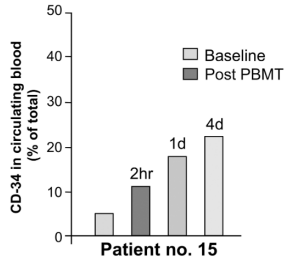


FIG. 2. Levels of CD-34+ cells in circulating blood at baseline (gray column) and 2 h, 1 day and 4 days post-PBMT to the BM in patient no. 15. Note that about a twofold increase in the level of CD-34 cells already occurred at 2 h post-PBMT to the BM, followed by a gradual and continued increase on the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

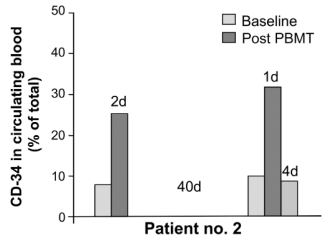
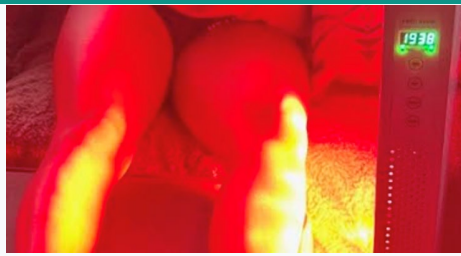


FIG. 3. Levels of CD-34+ cells in circulating blood at baseline (gray column) and different time intervals post-PBMT (red and purple columns) to the BM in patient no. 2. Note that 40 days post-PBMT the level of CD-34 cells in the circulating blood had returned to baseline level, but increased significantly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

PUBLISHED EVIDENCE

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

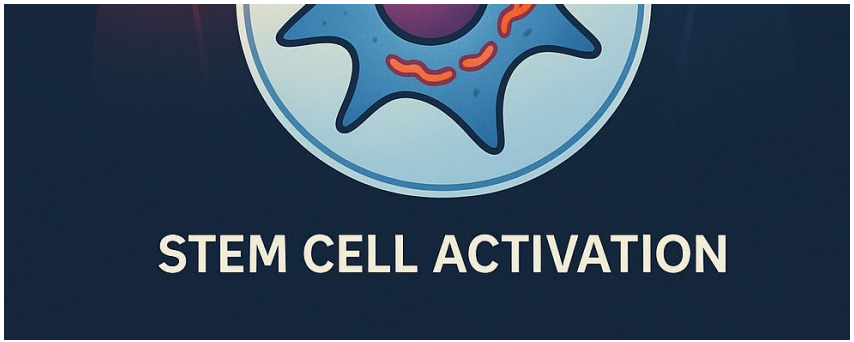
Light Exposure as a Tool to Enhance the Regenerative Potential of Adipose-Derived Mesenchymal Stem/Stromal Cells

Kaarthik Sridharan [1], Tawakalitu Okikiola Waheed [1], Susanne Staehlke [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

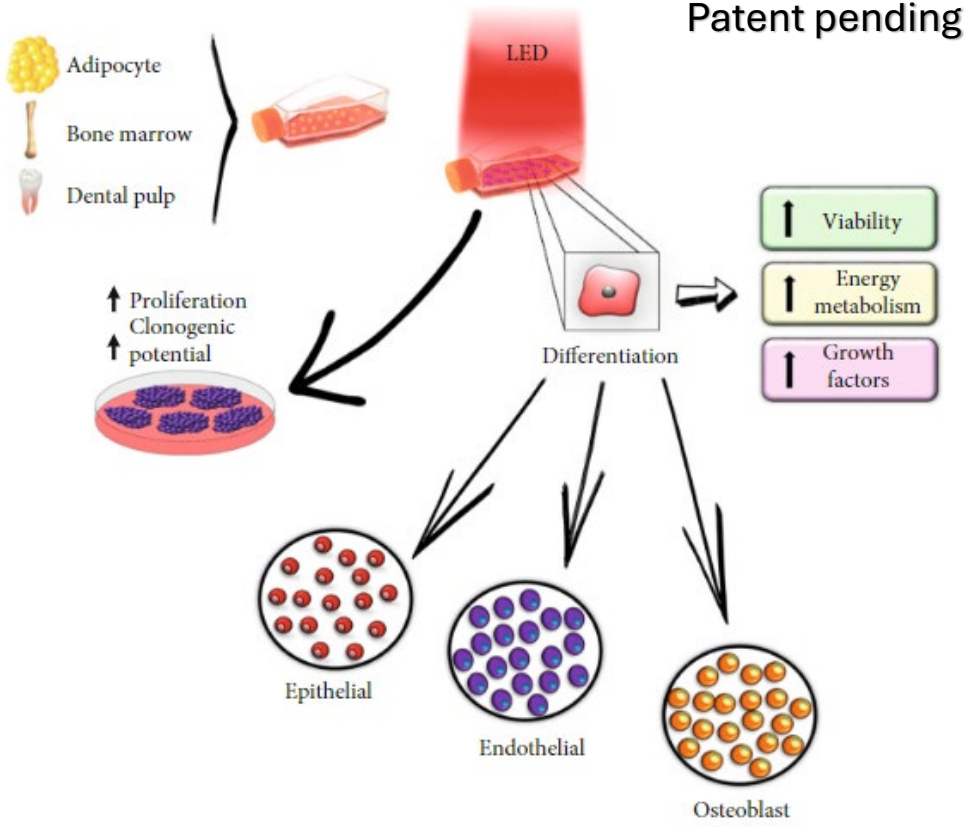


dose-dependent increase in intracellular reactive oxygen species, accompanied by reduced cell proliferation, metabolic activity, interleukin-6/interleukin-8 secretion, and adipogenic differentiation. In contrast, red and near-infrared light preserved cell viability and metabolic function while enhancing 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).

Ex-Vivo PBM – *Cell Priming*

Patent pending



THE BOTTOM LINE

PBM doesn't replace your procedure.

It makes your procedure work better.

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

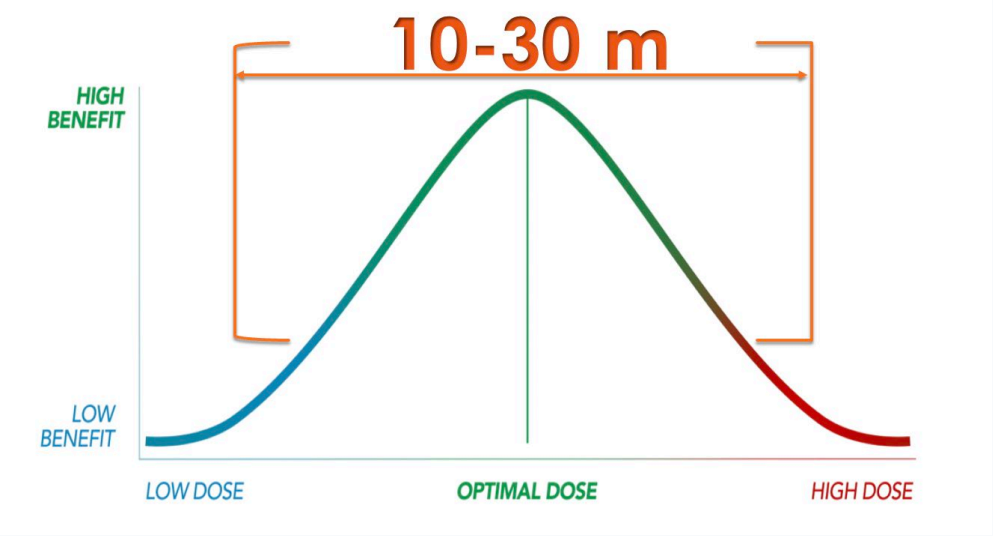
What Influences DOSE?

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

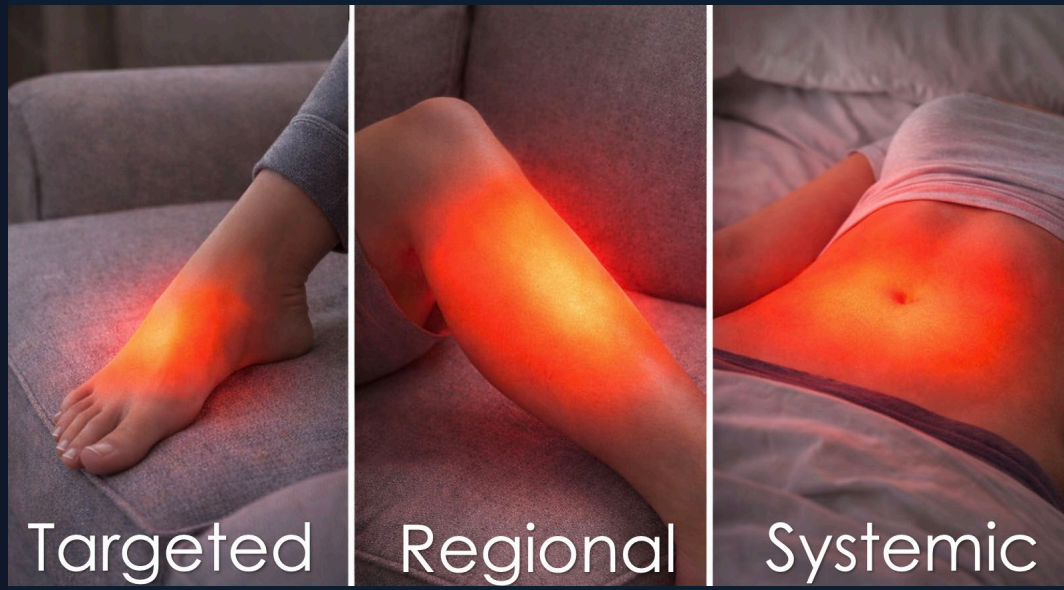
Too Much

Inhibitory effect — paradoxical reduction in cellular response

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

From Science to Practice to the Home

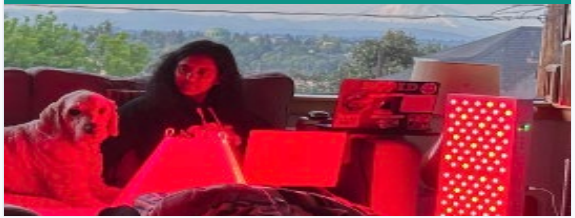
So how does this actually fit into what you do Monday morning?



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

Six Touchpoints. One Integrated System.

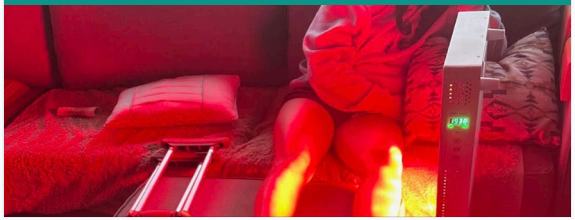
01 Pre-Condition



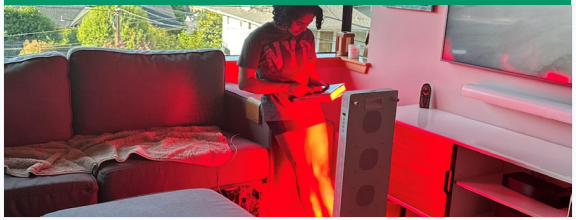
02 BioStim

03 Ex-Vivo

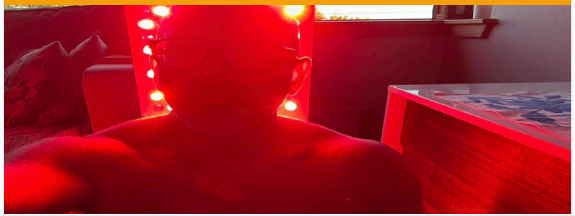
04 Post-Tx



05 Recovery - RTS



06 Thrive



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

NEW — WORKFLOW INTEGRATION

PBM in the MSK Regenerative Workflow

PRE-PROCEDURE

7–14 Days Prior

- Tissue priming
- Mitochondrial upregulation
- Microvascular conditioning

DAY OF PROCEDURE

Procedure Day

- Ex-vivo biologic enhancement
- In-office biostimulation
- Reduce post-injection inflammation

POST-PROCEDURE

Weeks 1–8

- Analgesia & anti-inflammatory
- Stem cell homing support
- At-home device protocol

MAINTENANCE

Long-term / Ongoing

- Collagen homeostasis
- BME resolution
- Wellness & longevity

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

Rahul Desai, MD | CMO & CSO, RedVive Health | Regenerative Radiologist

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

St. Jude Children's Research Hospital®

From Oral Mucositis to Podiatry — Proof of Penetration

scientific reports

Check for updates

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. Juliano[4], Ather Adnan[5], James D. Carroll[6], Stephen T. Sonis[7,8,9], Christine N. Duncan[10], Wendy B. London[10] & 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/cm^2 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/cm^2 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.

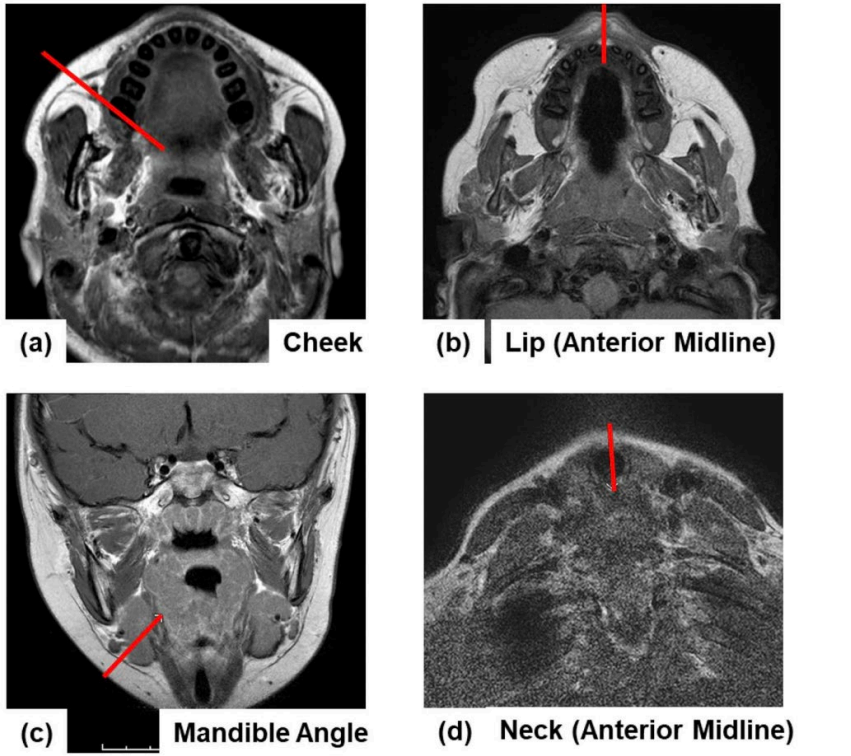


Figure 1. Example MR Images. Example MR images of cheek (**a**), lip (anterior midline) (**b**), mandible angle (**c**), and neck (anterior midline) (**d**) treatment sites. Tissue types and thicknesses were recorded along each trajectory indicated by the red line.

- 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.

GLOBAL AUTHORITY

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

Rahul Desai, MD | CMO & CSO, RedVive Health | Regenerative Radiologist

MECHANISM + CLINICAL PROOF

How PBM Heals: The Chain the WALT Paper Validates

01
Photon Absorption
Red / NIR light
600–1100nm

→

02
CCO Activation
Cytochrome c
oxidase triggered

→

03
ATP Upregulation
Cellular energy
& repair cascade

→

04
Gene Activation
NF-kB · AP1
TGF-β1 · NGF

→

05
Tissue Remodeling
Anti-inflam ·
Neuroprotection

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

DOSING IS EVERYTHING

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

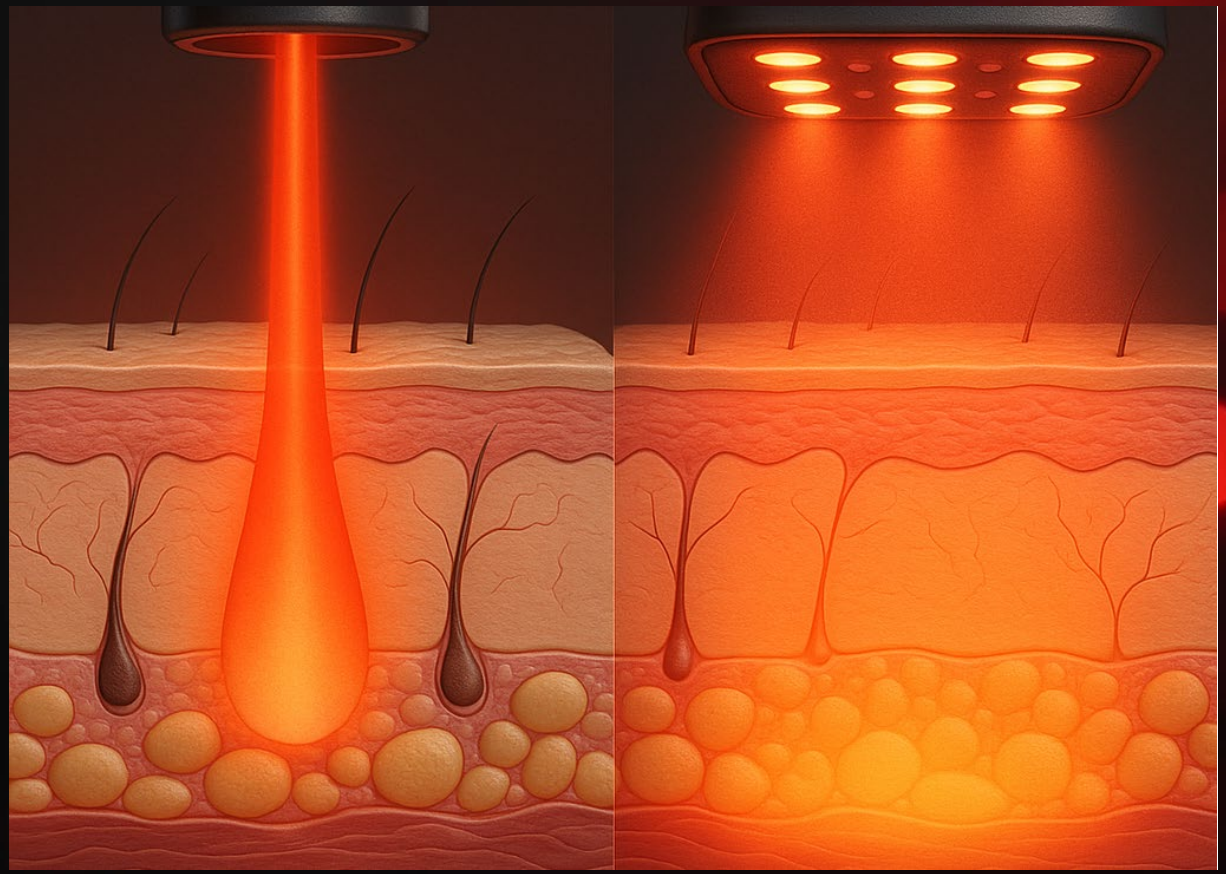
WALT confirms mitochondria require **repeated stimulation** for durable change. If 2×/week outperforms placebo and 4–6×/week outperforms 2×/week — **daily home dosing is the logical conclusion.**

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

Rahul Desai, MD | CMO & CSO, RedVive Health | Regenerative Radiologist

"Total Energy, Not Peak Power, Drives Biology."

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

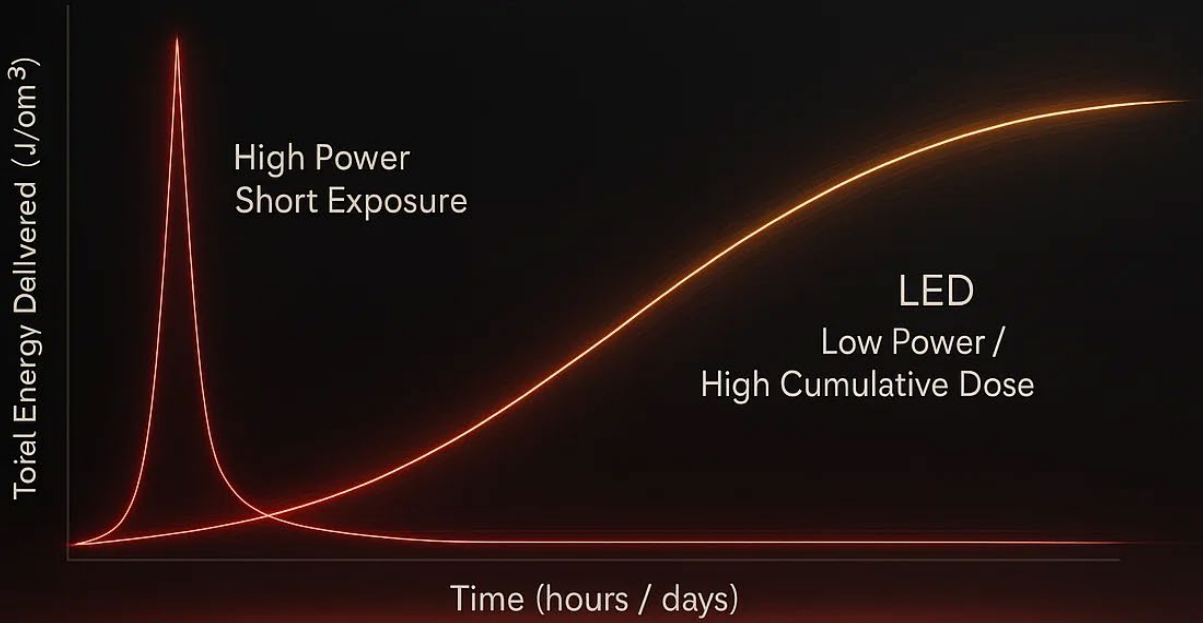


- Redvive daily LED sessions deliver 2–3 J/cm² twice a day =
- 40–60 J/cm² per week

DAILY DOSING = COMPOUNDING DOSE

Healing responds to total energy absorded, not peak wattage delivered

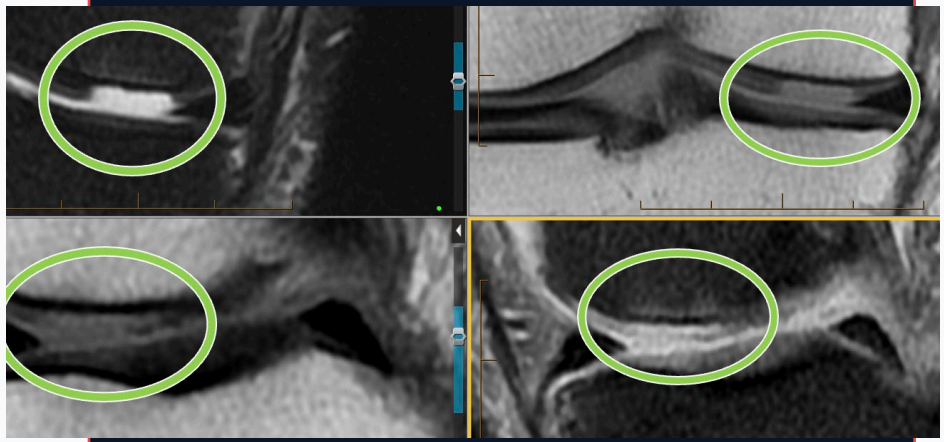
Daily RedVive PBM builds cumulative dosing at the mitochondrial level—
the way biology actually heals.



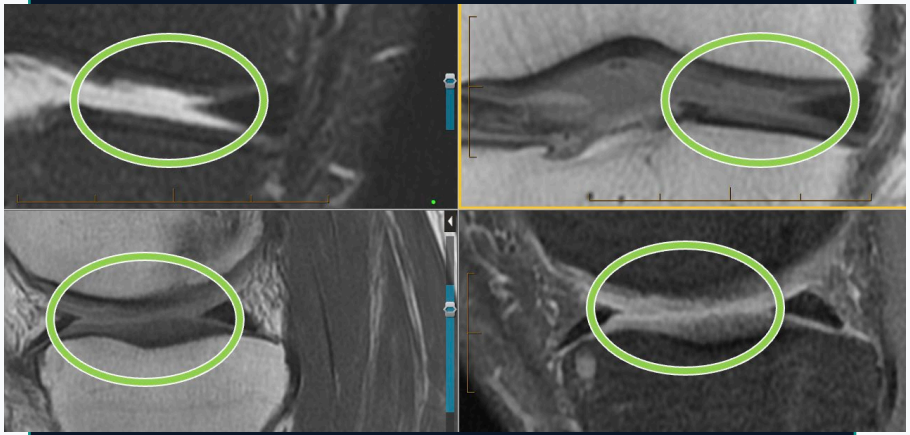
REDVIVE IS **PHYSIOLOGICALLY INTELLIGENT**

- **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



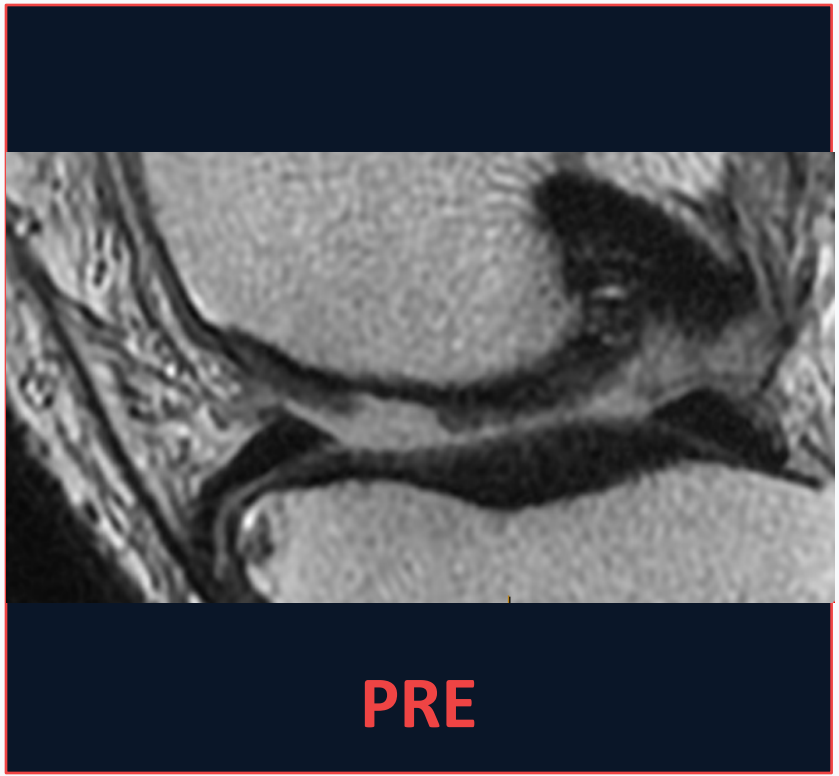
PRE

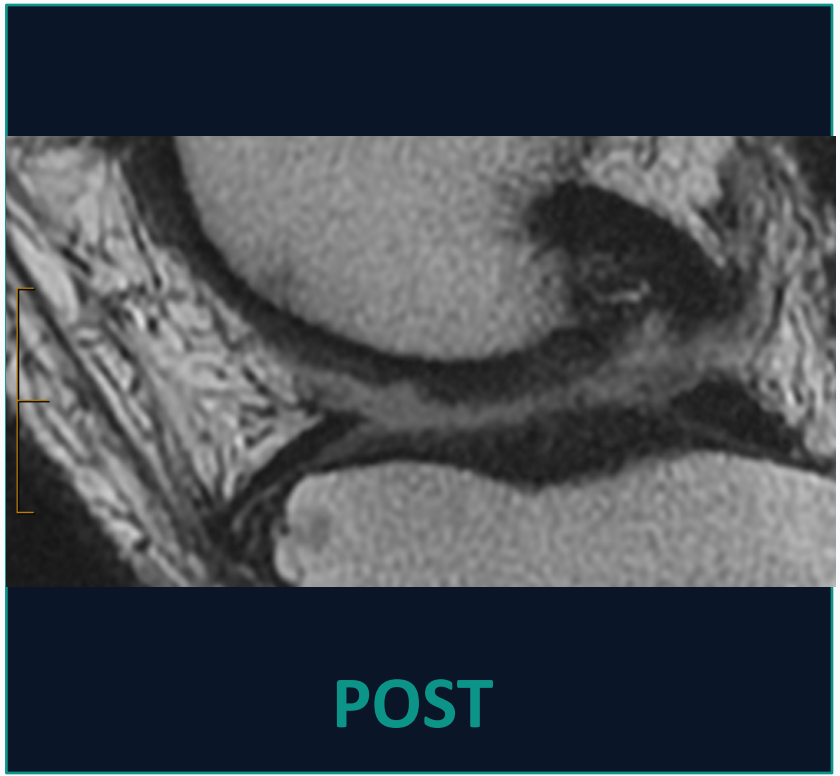


POST

Cartilage remodeling visible on T2 — measurable structural improvement without surgery

Cartilage Regeneration

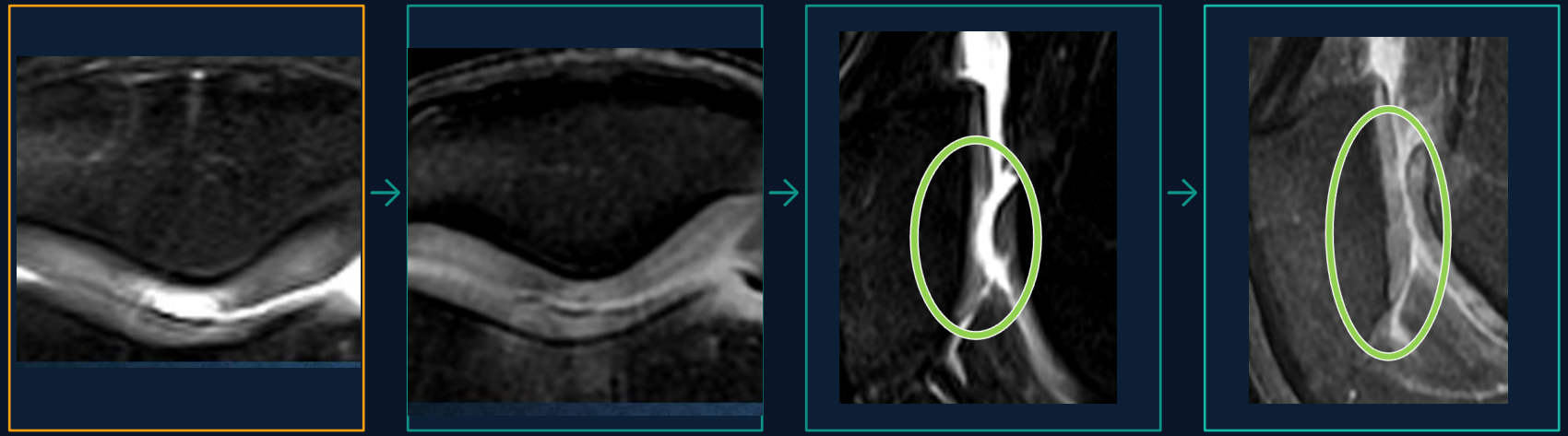




Cartilage remodeling visible on T2 — measurable structural improvement without surgery

LONG-TERM EVIDENCE

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.

REDVIVE SYSTEM

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.

THE DEVICES

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.

In-office · At-home · Dual revenue model


red:vive

REDVIVE SYSTEM

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 the the latest and most relevant literature

Staff Education

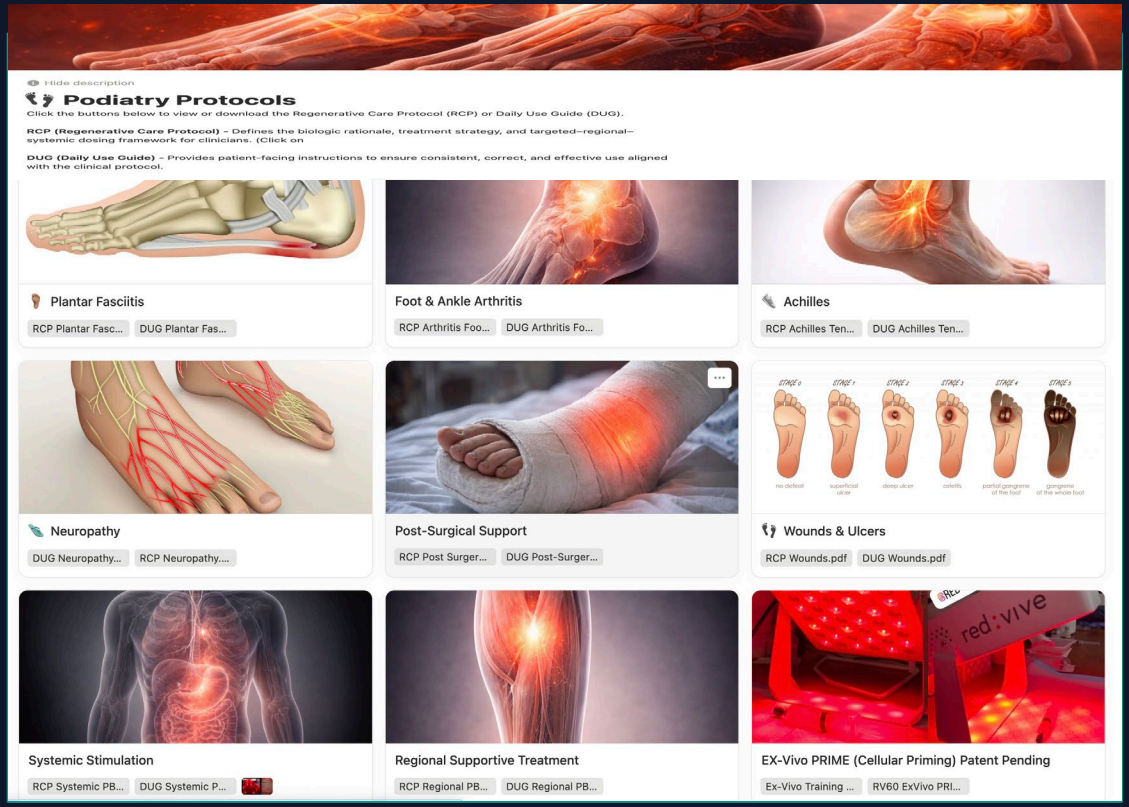
The science, and clinical skills training, ex-vivo education, talk tracks

Ready to Use on Day 1

Not a curriculum — an operational manual for your practice

OPERATIONAL SYSTEM

What Your Staff Sees on Day 1



Daily Use Guide (DUG)

Foot & Ankle Arthritis Support

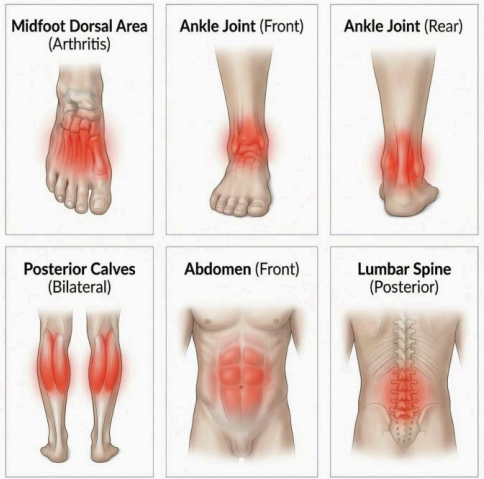
Purpose
Support joint comfort, mobility, and daily function in the foot and ankle using red and near-infrared photobiomodulation (PBM).

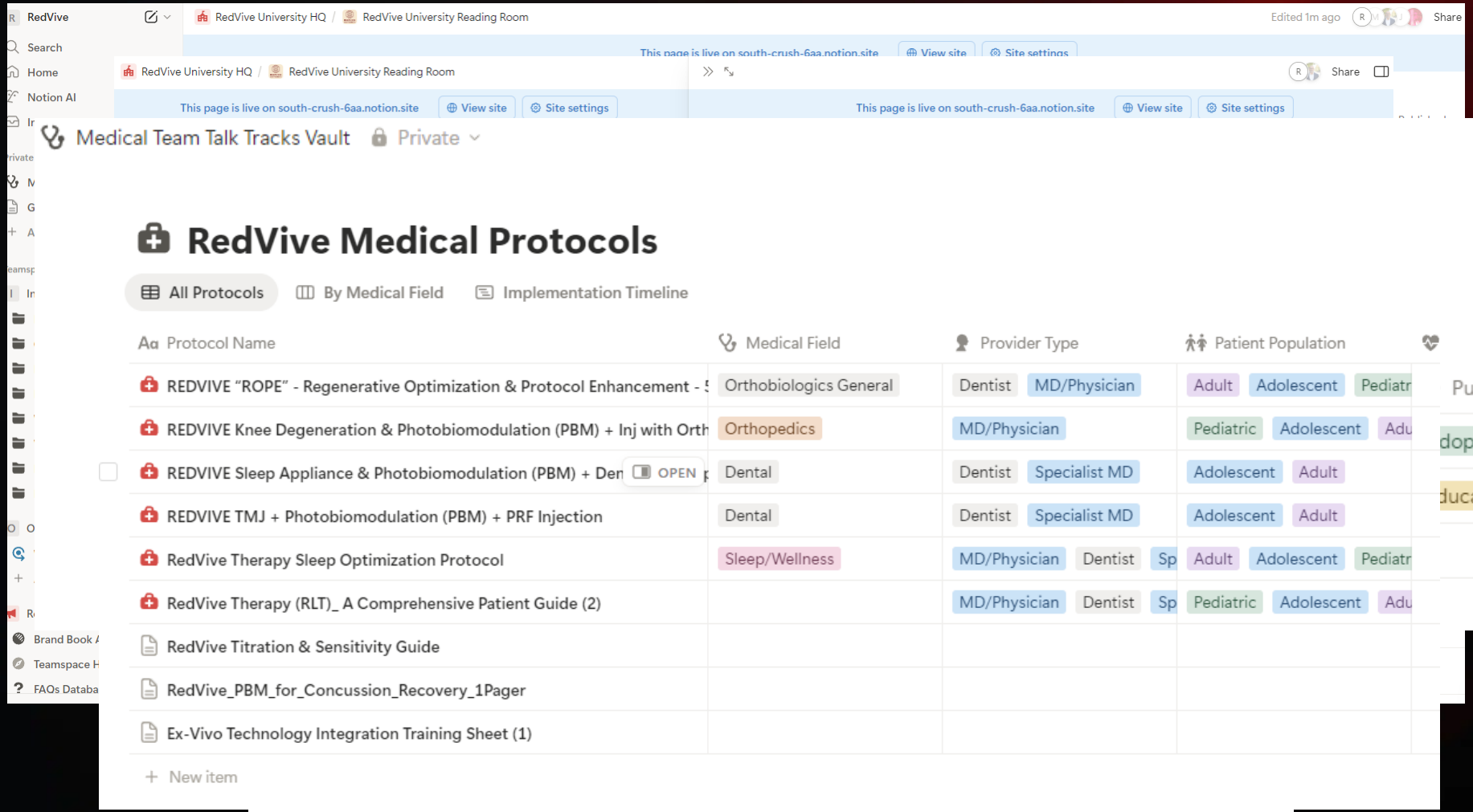
Who This Is For

- 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

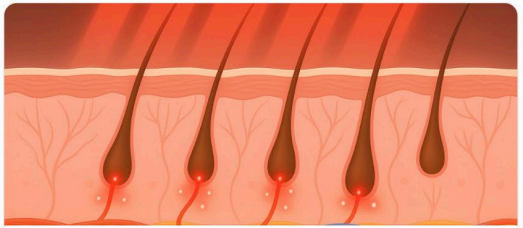



RedVive
Search
Home
Notion AI
RedVive University HQ / RedVive University Reading Room
Edited 1m ago
Share
This page is live on south-crush-6aa.notion.site
View site
Site settings
Medical Team Talk Tracks Vault
Private
RedVive Medical Protocols
All Protocols
By Medical Field
Implementation Timeline
Protocol Name
Medical Field
Provider Type
Patient Population
REDVIVE "ROPE" - Regenerative Optimization & Protocol Enhancement - 5
Orthobiologics General
Dentist
MD/Physician
Adult
Adolescent
REDVIVE Knee Degeneration & Photobiomodulation (PBM) + Inj with Orth
Orthopedics
MD/Physician
Pediatric
Adolescent
REDVIVE Sleep Appliance & Photobiomodulation (PBM) + Den
OPEN
Dental
Dentist
Specialist MD
Adolescent
Adult
REDVIVE TMJ + Photobiomodulation (PBM) + PRF Injection
Dental
Dentist
Specialist MD
Adolescent
Adult
RedVive Therapy Sleep Optimization Protocol
Sleep/Wellness
MD/Physician
Dentist
Adult
Adolescent
RedVive Therapy (RLT)_ A Comprehensive Patient Guide (2)
MD/Physician
Dentist
Pediatric
Adolescent
RedVive Titration & Sensitivity Guide
RedVive_PBM_for_Concussion_Recovery_1Pager
Ex-Vivo Technology Integration Training Sheet (1)
New item
Purpose
doption
ducation
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

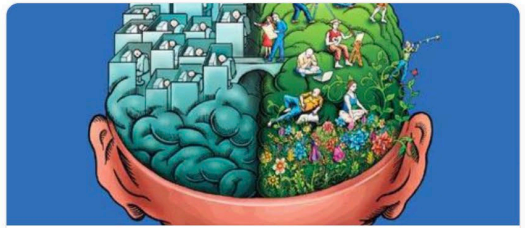


Hair Follicle Support and Scalp Health

RCP/DUG Halo H...

Neurodegenerative Support (Parkinsons, Alzheimers, Dementia)

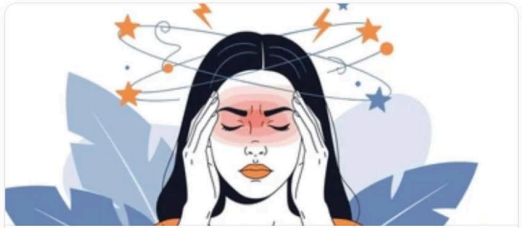
RCP Parkinsons.... | Parkinson's Well... | Parkinson's Sym...



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

red:vive
red:vive

Experience Package