

eksoBIONICS

Improving health and quality of life with advanced robotics designed to enhance, amplify, and restore human function.

Investor Presentation

October 2025



Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Any statements contained in this presentation that do not describe historical facts may constitute forward-looking statements. Forward-looking statements may include, without limitation, statements regarding (i) the plans, objectives and expectations of management with respect to the Company’s industry, growth and strategy, including the Company’s focus on securing more multi-unit orders with large network operators and its ability to obtain sustainable, long-term growth, scale and positive cash flow, (ii) a projection of financial results, financial condition, capital expenditures, capital structure or other financial items, (iii) the Company’s future financial performance and (iv) the increase in potential patient population as a result of CMS reimbursement, the expected market opportunities and the Company’s ability to successfully sell its products to such customers and the impacts to patients from the Company’s devices, (v) number or percentage of patients or workers that could potentially benefit from the Company’s products, (vi) potential technological and operational improvements, expected market opportunities and timing and release of certain products, and (vii) the assumptions underlying or relating to any statement described in points (i), (ii), (iii), (iv), (v) or (vi) above. Forward-looking statements can be identified by words such as “expect,” “continue,” “anticipate,” “estimate,” “believe,” “plan,” “projection,” “grow,” “potential,” “future,” “can,” “develop,” “proposition,” “position,” “expand” or words of similar meaning. Such forward-looking statements are not meant to predict or guarantee actual results, performance, events or circumstances and may not be realized because they are based upon the Company’s current projections, plans, objectives, beliefs, expectations, estimates and assumptions and are subject to a number of risks and uncertainties and other influences, many of which the Company has no control over. Actual results and the timing of certain events and circumstances may differ materially from those described by the forward-looking statements as a result of these risks and uncertainties. Factors that may influence or contribute to the inaccuracy of the forward-looking statements or cause actual results to differ materially from expected or desired results may include, without limitation, the Company’s inability to obtain adequate financing to fund and grow the Company’s operations and necessary to develop or enhance the Company’s technology, the significant length of time and resources associated with the development of the Company’s products, the Company’s failure to achieve broad market acceptance of the Company’s products, the failure of the Company’s sales and marketing efforts or of partners to market the Company’s products effectively, adverse results in future clinical studies of the Company’s medical device products, the failure to obtain or maintain patent protection for the Company’s technology, failure to obtain or maintain regulatory approval to market the Company’s medical devices, lack of product diversification, existing or increased competition, disruptions in the Company’s supply chain, the Company’s ability to sell additional units, and, once sold, recognize the expected margins and revenue, using the reimbursement code for our Ekso Indego Personal device with CMS, the Company’s ability to obtain reimbursement from CMS in a timely manner and at the expected reimbursement levels, the Company’s ability to obtain insurance coverage beyond CMS, the Company’s ability to obtain additional indications of use for its devices and the Company’s failure to implement the Company’s business plans or strategies. These and other factors are identified and described in more detail in the Company’s public filings with the Securities and Exchange Commission (“SEC”). You should carefully read the Cautionary Note Regarding Forward-Looking Statements and the factors described in the “Risk Factors” section of the Company’s public filings with the SEC to better understand the risks and uncertainties inherent in the Company. The Company does not undertake to update these forward-looking statements, except as required by law.

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Ekso Helps Restore Some of What's Been Lost



Deep Expertise & Industry Leadership



2001 – 2007

Company is Founded out of UC Berkeley

- Initial research grants secured through DARPA
- Contracts focusing on human to machine interface to enhance strength and endurance



2008 – 2012

Ekso Bionics Enters MedTech

- Beginning with an indication for use in Neuro-Rehab for SCI the first Ekso exoskeleton becomes commercially available
- Company name changes to Ekso Bionics



2016 – 2021

NASDAQ Listed & Forges Ahead in Neuro-Rehab

- Globally recognized as a respected name in robotic therapy
- First IDNs signed, paving the way to becoming a standard of care in neuro-rehab



2022 – Present

Market Expansion & Reimbursement

- Acquired Indego from Parker Hannifin Dec 2022
- CMS – April 11, 2024 – Reimbursement of \$91K
- Primary focus moved through building awareness and providing customer education to advancing a scalable go-to-market strategy for the personal channel

500+ centers, 1,000+ devices deployed worldwide

Innovative Wearable Robotics for Health and Daily Life

eksoHealth

ENTERPRISE HEALTH

- Neuro-rehabilitation treatment via acute care
- Inpatient rehabilitation hospitals (IRFs)
- Outpatient rehab facilities
- VA medical centers



eksoNR



eksoINDEGO
THERAPY



PERSONAL HEALTH

- Home and community use
- Individuals utilizing personal exoskeletons



eksoINDEGO
PERSONAL



FUTURE

eksoNOMAD*



In Development – not commercially available. Limited release for research in 2024, commercial release expected in 2025

Existing and Possible Future Indications for Use

EXISTING

FDA 510(k) Cleared
Indications for Use³⁹



**Spinal Cord
Injury**

20.6M Global¹
~308K US²
living with SCI



Stroke

15M Global³
800K US⁴
cases per year



TBI

69M Global⁵
2.9M US²
cases per year



MS

2.9M Global⁷
~1.0M US⁷
living with MS

eksoHealth		
eksoNR	eksoINDEGO THERAPY	eksoINDEGO PERSONAL
ENTERPRISE HEALTH		PERSONAL HEALTH
✓	✓	✓
✓	✓	
✓		
✓		

FUTURE

Possible
Indications

Parkinson's
~8.5M Global⁸
~1.0M US prevalence⁹

Guillain-Barre
~150K Global¹⁰
~5.8K US annual occurrence¹¹

ALS
~280K Global¹²
~30K US prevalence¹³

**Orthopedic and
Post-Surgical Recovery /
General Debility**
~10M Global¹⁴
~1.5M US¹⁵

eksoBIONICS

*Rethinking rehabilitation
with assistive technology*

Enterprise Health



WHY EKSO?

Ekso Helps People Get Back On Their Feet



Proven Rehabilitation Results

- Over a decade of real-world use helping people regain mobility
- Tens of thousands of individuals have taken their first post-injury steps with Ekso
- FDA approved for treatment of: Traumatic Brain Injury (TBI), Stroke, Spinal Cord Injury (SCI), and Multiple Sclerosis (MS)



People Often Walk Out Of An Ekso

- Early high intensity treatment with proper untethered gait training helps restore neuro-plasticity early in treatment
- Applies to TBI, Stroke, partial SCI – Returns people to function for their everyday life



Beyond Rehab: Long-term Care Support

- Function for everyday tasks and reduced overall healthcare costs
- Improved pain management, cardiovascular health, bone density, bowel and bladder function, and mental health



Our Goal Is To Help People Stay On Their Feet

- Taking the first steps with current IFUs, but long-term moving to general debility
- Millions of people can benefit from technology designed to keep them on their feet

Elevating The Standard of Care for Neurorehabilitation

eksoNR



For Patients:

- Untethered environmental engagement promotes neuroplasticity and improved post-stroke outcomes¹⁶
- Eliminates compensations while walking in the device, elevates precision in movement¹⁷
- High repetition, increased dosage, and intensity lead to recovery of ambulatory function¹⁸
- Facilitates task-oriented exercises¹⁹



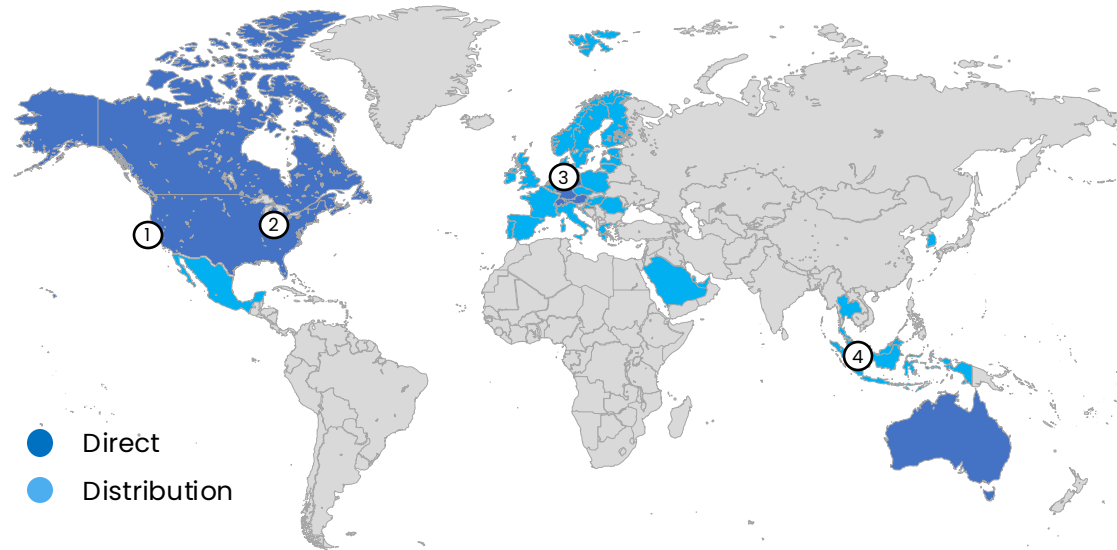
For Clinicians:

- Reduces therapist workload and risk of injury to patient/therapist²⁰
- GaitCoach software introduced in 2024 promotes ease of use and the potential for better outcomes

Established Global Customer Base

eksoNR

500+ centers, 1,000+ devices deployed worldwide



● Direct
● Distribution

Offices

- ① San Rafael, California - HQ
- ② Brecksville, Ohio
- ③ Düsseldorf, Germany
- ④ Singapore

Economic Value Proposition for EksoNR

Attract New Patients

- Novel technology attracts new patients

Case Study²¹: After introduction of EksoNR, facility saw an 8% increase in volume of stroke patients @ ~\$18,000 per patient

Increase Patient Throughput

- Patients can improve faster, increasing a center's throughput

Case Study²²: Length of stay in days decreased 14%

Improve Productivity And Efficiency

- Designed for non-ambulatory patients in inpatient setting

Case Study²³: Single PT can treat low level patients where multiple would be required without the technology

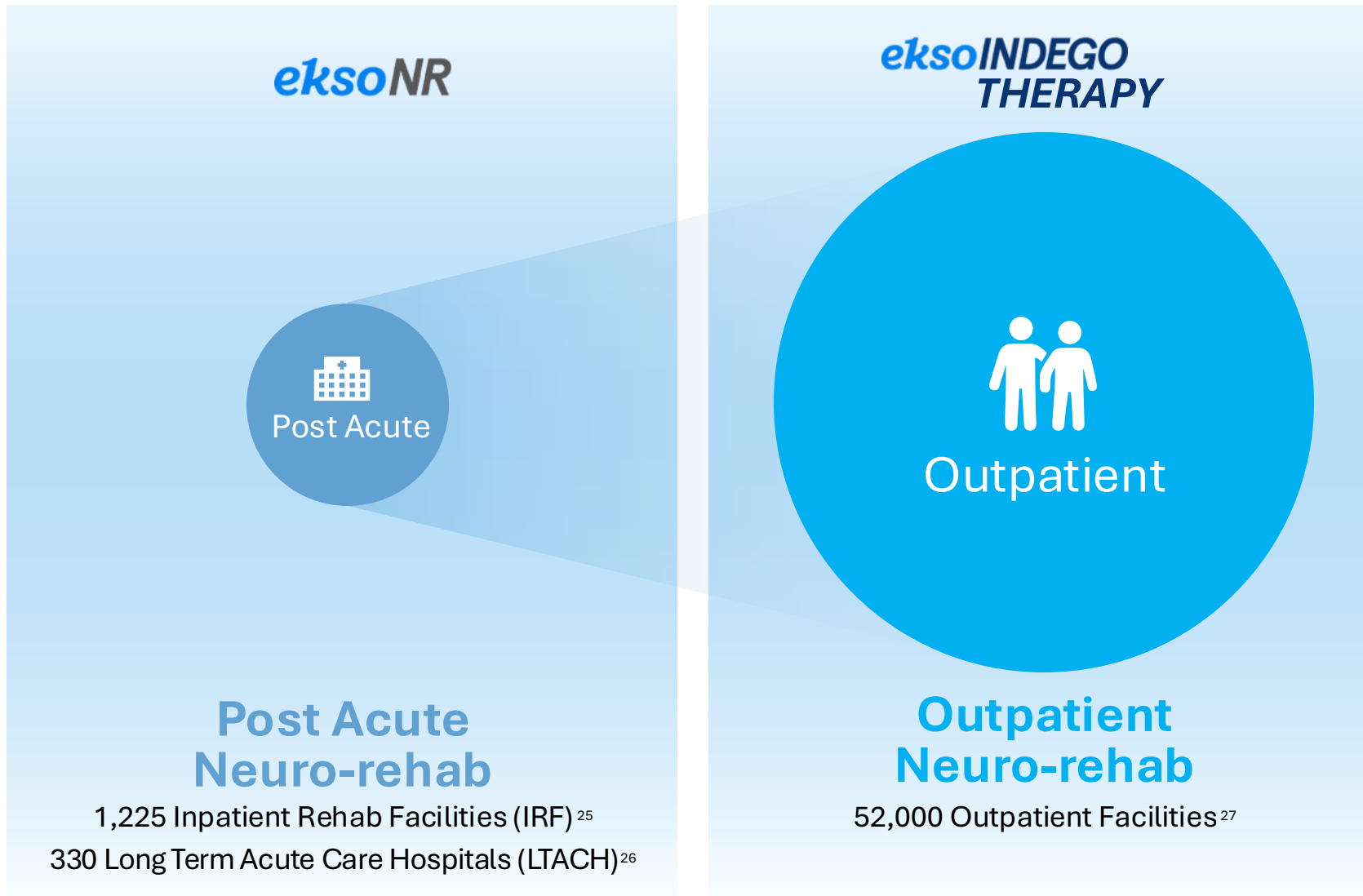
Flexible Acquisition Options

- Financing options for both capital and operational budgets
- Third party financing partners are available

Best Hospitals: 9 centers in top-10, 16 centers in top-25²⁴



Still Plenty of Room for Enterprise Health to Grow



New Initiative Launched in Q2-2025

eksoUniversity

Continuing Education Courses (CEU) for
Neurological Physical Therapists

Course Categories



01. All courses



02. Research



03. Spinal Cord Injury



04. Stroke



05. Robotics &
Advance Tech



06. Other Neuro
Diagnoses

eksoBIONICS

Independence on the Go

Personal Health



Expansive Market Growth Across the Care Continuum

eksoHealth

eksoNR

**eksoINDEGO
THERAPY**

**eksoINDEGO
PERSONAL**

ENTERPRISE HEALTH

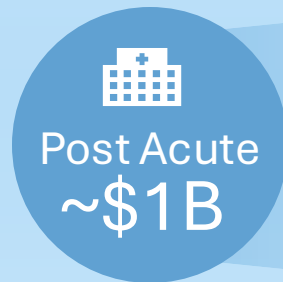
PERSONAL HEALTH

HOSPITAL

(Ekso Enterprise Health - USA)

HOME

(Ekso Personal Health - USA)



Post Acute Neuro-rehab

1,225 Inpatient Rehab Facilities (IRF)²⁵

330 Long Term Acute Care Hospitals (LTACH)²⁶

18,500 Skilled Nursing Facilities (SNF)²⁸

Outpatient Neuro-rehab

52,000 Outpatient Facilities²⁷

Mobility

Current reimbursement through VA and CMS (Medicare / Medicaid) for individuals living with a Spinal Cord Injury (SCI)^{2, 4, 6, 7, 9, 11, 13 & 32}

*Certain addressable market percentages used were based on Ekso experienced clinical and GTM team estimates

Our Bodies Are Designed to Stand and Walk

Wheelchair use may be necessary, but it's not without consequence. Prolonged dependence can result in systemic health deterioration.¹⁵



Cardiovascular System

Poor circulation /
increased DVT risk



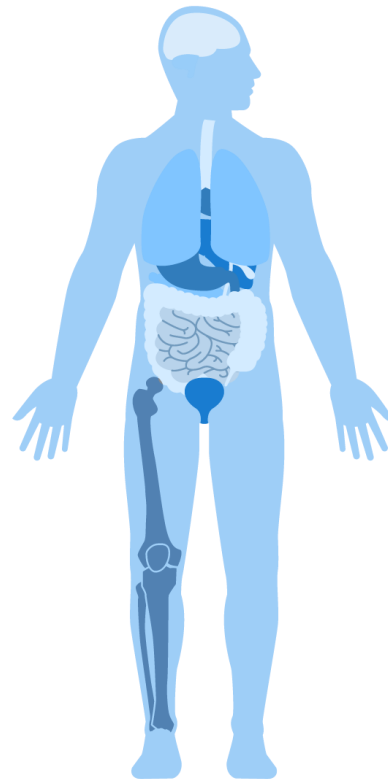
Lungs

Reduced capacity



Spine

Postural deformities



Neuropathic Pain

Burning, tingling, or
stabbing sensations



Pressure Sores

Risk of infection, including
sepsis



Bladder / Bowel

Incontinence / frequent
infections



Joint Problems

Osteoporosis / brittle bones



Enabling Independence in the SCI Community

eksoINDEGO



"The Ekso Indego has been a game changer for me. Not only is it a great physical therapy tool that continues to make me stronger, but it also gives me mobility and freedom. In the two months that I have had the Indego I have enjoyed the simple things we take for granted, from standing up to hug my husband, walking around my house and working at our sink looking out our kitchen window. Being able to get out of my wheelchair has given me a hope of feeling normal that is hard to put into words.

– Kim, Indego User

Continuity with Ekso Enterprise Health:

- Individuals with SCI often rehab with Ekso products in Post-Acute Care creating continuity within healthcare systems as they transition to home

Indego's Competitive Advantage

- Fastest known exoskeleton walking speeds
- Ease of use and adaptive intelligence
- Lightest known exoskeleton, modular design
- Transports, dons, and stores easily
- Wireless operation with Indego app



User reported benefits:

- Improved quality of life and mental health³³
- Improved functional mobility and trunk control³³
- Improved spasticity, neuropathic pain, bowel and bladder function²³

Reimbursement Established for Ekso Indego Personal

CMS Rule Change

CMS approved Ekso Indego Personal for lump sum reimbursement of \$91K effective April 1, 2024. Individuals who suffer an SCI typically qualify for Medicare approximately two years after sustaining their injury ³⁴. The refresh cycle for similar equipment is generally every five years ³⁵.

- **November 2023** – CMS finalized its Calendar Year 2024 Home Health Prospective Payment System Rule CMS-1780, which includes exoskeletons in the Medicare brace benefit category ³⁶.
- **December 9, 2023** – Ekso Indego Personal approved under Healthcare Common Procedure Coding System (HCPCS) code # K1007.
- **April 11, 2024** – CMS includes exoskeletons in the Medicare brace benefit category ³⁶ and provided pricing determination of \$91,032 for new claim submissions and retroactively to April 1, 2024 ³⁷.
- **Second Quarter, 2024** – First claim submitted to CMS and received approval for reimbursement.
- **Second Quarter, 2025** – Significant pipeline growth with additional claims being regularly submitted.

Market Size

US SCI PATIENT POPULATION	INCIDENCE	PREVALENCE
Total individuals with SCI	~18,000 ²	~308,000 ²
CMS & VA covered individuals (1.2% VA + 56.6% CMS covered five years post injury ³⁸)	~10,400 ^{2, 31 & 38}	~179,000 ^{2, 30, 31 & 38}



Building a Scalable Go-to-Market Strategy

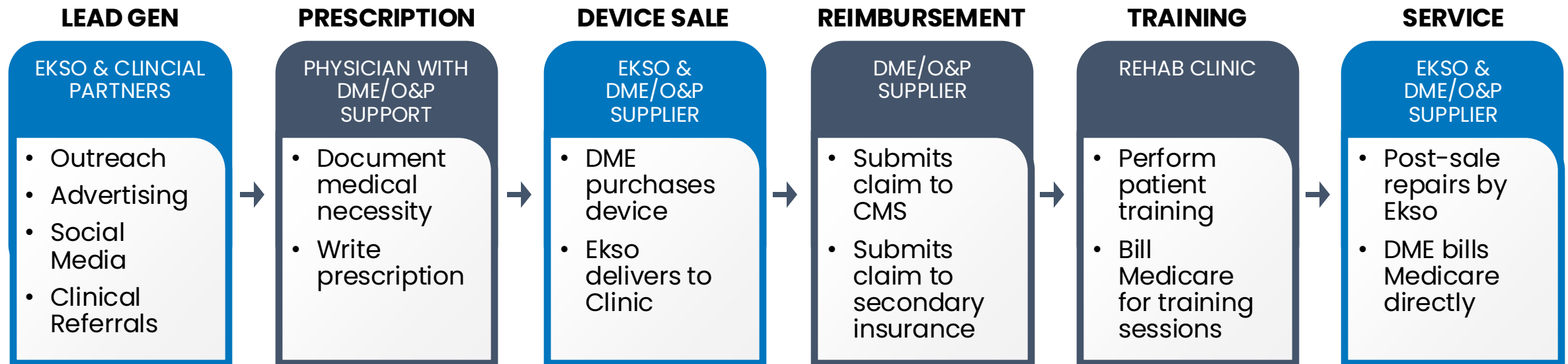
Efficient Market Access Through Partnerships

Leverage Clinical Relationships

- SCI patients rehab with neuro-rehabilitation centers
- Ekso has a major presence in neuro-rehab centers
- Existing clinical customers are referring personal use patients
- Ekso clinics can also benefit from training revenue

Focus On High Value Activities

- Keep operating cost low by leveraging partners
- Ekso provides marketing, equipment, service, and know-how
- Physicians required for medical necessity and prescription
- Third party providers specialize Medicare claims process



Contribution From Personal Health is Growing

Today, Ekso's core Enterprise Health products contribute the majority of Ekso's revenue, but with growing demand and market development for Personal Health products, we believe that contributions from these products will meaningfully increase. Primary drivers:

- CMS pricing determination (2024) ³⁷
- Engagement of PRIAHealthcare, a leader in market access services (Q4-2024)
- Named National Seating & Mobility as exclusive U.S. distributor of Ekso Indego Personal within the complex rehabilitation industry (Q1-2025)
- Quickly followed by naming Bionic P&O the first orthotic and prosthetic solutions distributor of Ekso Indego Personal in the U.S. (Q2-2025)
- Continuing innovation

eksoBIONICS

Stepping boldly into the future

Transforming Human- Robot Interaction



NVIDIA Connect Program

Advancing ISV Innovation



Building World's First Known Foundation Model for Human Motion⁴⁰

Ekso Bionics' Acceptance into NVIDIA Connect Program Bears Early Fruit



Uniquely Positioned

Current repository consisting of ~350,000 patient sessions and 15 million+ step-by-step data points; growing by an additional 60,000 patient steps on average every day



AI Integration Milestone

Successfully demonstrated initial proof-of-concept in integrating AI-enabled capabilities across portfolio of Enterprise Health and Personal Health exoskeleton devices



AI-Powered Voice Assistance

New AI voice agent ("Ekso Voice Agent") is being designed to support exoskeleton device operation, motivation, training, and safety

eksoBIONICS Positioned for Growth



Broad Product Portfolio

- Reaching a larger addressable market while extending patient care through the continuum of care



Large Market Opportunities

- Well defined, large market opportunities



Reimbursement Expansion

- CMS coverage for SCI patients



Scaling Commercialization

- Strong pipeline and revenue growth potential



AI Innovation

- Transforming human-robot interaction via internal development of new AI-powered capabilities



Upcoming Milestones

- Potential near- and mid-term value inflection points

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Thank You!



References

1. Ding W, et al, Spinal Cord Injury: The Global Incidence, Prevalence, and Disability From the Global Burden of Disease Study 2019. *Spine* 47(21):1532–1540, Nov. 1, 2022.
2. National Spinal Cord Injury Statistical Center, Traumatic Spinal Cord Injury Facts and Figures at a Glance. Birmingham, AL: University of Alabama at Birmingham, 2025.
3. World Health Organization, East Mediterranean Region, Stroke, Cerebrovascular accident
4. Tsao CW, Aday AW, Almarzooq ZI, et al. Heart disease and stroke statistics—2023 update: a report from the American Heart Association. *Circulation*. 2023;147:e93–e621.
5. Dewan MC et al, Estimating the global incidence of traumatic brain injury. *Neurosurg* 130(4):1080–1097, April 27, 2018
6. Centers for Disease Control and Prevention (2019). Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths—United States, 2014. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.3. Schneider ALC, Wang D, Gottesman RF, Selvin E. Prevalence of Disability Associated With Head Injury With Loss of Consciousness in Adults in the United States: A Population-Based Study. *Neurology*. 2021 Jul 13;97(2):e124–e135. doi: 10.1212/WNL.00000000000012148. Epub 2021 May 26. PMID: 34039721; PMCID: PMC8279570.
7. Brandie Kosie, Heather Hobbs, Nancy Hammond, MD, September 7, 2022, "Multiple Sclerosis: Facts, Statistics, and You.
8. World Health Organization, Newsroom, Fact sheets, Detail, Parkinsons disease.
9. Frequency and cause of Parkinson's disease. Rajput AH. *Can J Neurol Sci*. 1992 Feb;19(1 Suppl):103–7. PMID: 1571854 Review.
10. Bragazzi, N.L., Kolahi, A.A., Nejadghaderi, S.A. et al. Global, regional, and national burden of Guillain-Barré syndrome and its underlying causes from 1990 to 2019. *J Neuroinflammation* 18, 264 (2021). <https://doi.org/10.1186/s12974-021-02319-4>. Published 11 November 2021.
11. Anne D. Walling, MD, ChB, and Gretchen Dickson, MD, MBA, "Guillain-Barre Syndrome", 2013;87(3):191–197.
12. Margarida Azevedo, MSc (September 8, 2016), "UN Researchers Say ALS Cases to Increase through 2040".
13. Mehta, P., Raymond, J., Nair, T., Han, M., Berry, J., Punjani, R., ... Horton, D. K. (2025). Amyotrophic lateral sclerosis estimated prevalence cases from 2022 to 2030, data from the national ALS Registry. *Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration*, 26(3–4), 290–295. <https://doi.org/10.1080/21678421.2024.2447919>.
14. Wheelchair Foundation, Wheelchair Needs in the World (Additional Information).
15. Topics in Geriatric Rehabilitation Jan–Mar 2015, Philip S. Requejo, Ph.D., Evidence-Based Strategies for preserving Mobility for Elderly and Aging Manual Wheelchair Users.
16. Calabrò R.S., Antonino Naro, Margherita Russo, Placido Bramanti, Luigi Carioti, Tina Balletta, Antonio Buda, Alfredo Manuli, Serena Filoni and Alessia Bramanti. Shaping neuroplasticity by using powered exoskeletons in patients with stroke: a randomized clinical trial. *Journal of NeuroEngineering and Rehabilitation* (2018).
17. Swank C, Almutairi S, Wang-Price S, Gao F; Published in Topics in Stroke Rehabilitation. 2020 Oct;27(7):503–515. doi: 10.1080/10749357.2020.1728954.
18. Nolan K, Karunakaran KK, Chervin K, Monfett MR, Bapineedu RK, Jasey NN, Oh-Park M. Robotic exoskeleton gait training during acute stroke inpatient rehabilitation. *Frontiers in NeuroRobotics* October 2020 (14).
19. Nolan KJ, et al. Utilization of Robotic Exoskeleton for Overground Walking in Acute and Chronic Stroke. *Front Neurobot*. 2021 Sep 1;15:689363. Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration, 24(7–8), 702–708.
20. Murray SA, Ha KH, Goldfarb M. An Assistive Controller for a Lower-Limb Exoskeleton for Rehabilitation after Stroke, and Preliminary Assessment Thereof. *Annu Int Conf IEEE Eng Med Biol Soc*. 2014;2014:4083–6. doi: 10.1109/EMBC.2014.6944521.

References (cont.)

21. Ekso Bionics Customer Case Study – Economic Case Study (OhioHealth).
22. Evaluating ROI of EksoNR Case Study (Ekso Case Study).
23. Ekso Bionics Case Study (Tampa General Hospital) – Developing Improved Outcome Measures and Decreasing Length of Stay with EksoNR.
24. U.S. News and World Report, Best Hospitals for Rehabilitation 2024–2025.
25. Centers for Medicare & Medicaid Services Regulation No. CMS–1781–F – Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2024 and Updates to the IRF Quality Reporting Program.
26. Centers for Medicare & Medicaid Services – Provider Data Catalog – Long-Term Care Hospital – Provider Data – A list of long-term care hospitals with data on quality of patient care measures shown on Long-Term Care Hospital Compare. Released June 26, 2024.
27. IBIS World – NAICS Physical Therapy Rehabilitation Centers in the US – Number of Businesses, updated: December 27, 2023.
28. Definitive Healthcare, Healthcare Insights, ‘How many skilled nursing facilities are in the US?’ Published Feb 20th, 2024.
29. National Spinal Cord Injury Statistical Center, Traumatic Spinal Cord Injury Facts and Figures at a Glance. Birmingham, AL: University of Alabama at Birmingham, 2024.
30. Ann M. Spungen et al – Contemporary Clinical Trials 96:106102, August 2020.
31. Ekso experienced clinical and GTM team estimate.
32. Jain NB, Ayers GD, Peterson EN, et al. Traumatic spinal cord injury in the United States, 1993–2012, JAMA, 2015;313(22):2236–2243.
33. Ekso Bionics Indego Customers, survey & Indego Clinical Research Summary.
34. Department of Social Security, Disability Research, Work Incentive Policies & Resources, Medicare information.
35. Medicare Coverage of Durable Medical Equipment & Other Devices as published by Medicare.gov (2/2025).
36. Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). Document Citation: 88 FR 77676.
37. Department of Health & Human Services, Centers for Medicare & Medicaid Services’ (CMS) Healthcare Common Procedure Coding System (HCPCS) Level II Final Coding, Benefit Category and Payment Determinations Second Biannual (B2), 2023 HCPCS Coding Cycle.
38. National Spinal Cord Injury Statistical Center, Birmingham, AL: University of Alabama at Birmingham, 2024, The 2022 Annual Statistical Report Complete Public Version for the Spinal Cord Injury Model Systems Administration.
39. Ekso Bionics Inc., Health, Indications for use – Acquired Brain Injury, Stroke, Spinal Cord Injury and Multiple sclerosis – US Food & Drug Administration.
40. Internal Document/Study