

# Take control of your pain

The first FDA-authorized virtual reality (VR) treatment clinically proven to significantly reduce chronic lower back pain (CLBP).1



## VR Treatment that is a self-guided, in-home program

- The RelieVRx® program helps you change how you think, feel, and react to pain.<sup>2,4</sup>
- It is easy to use, and because it is not a medicine, there are minimal side effects, it can also be used while you're on other medications for pain.<sup>2,3</sup>

Daily sessions incorporate clinically validated pain management techniques,2 including:



Deep Breathing



Relaxation / Interoceptive







Mindful Escapes

The image below is an example of one of the virtual environments you will explore during the program. Visit RelieVRx.com to learn more.



#### Indication for Use:

The RelieVRx program is a prescription-use immersive virtual reality system intended to provide adjunctive treatment based on cognitive behavioral therapy skills and other evidence-based behavioral methods for patients (age 18 and older) with a diagnosis of chronic lower back pain (defined as moderate to severe pain lasting longer than three months). The device is intended for in-home use for the reduction of pain and pain interference associated with chronic lower back pain.

The AVR Pathway® support team serves as the primary point of contact for technical and non-medical related questions.

#### The RelieVRx Journey



The AVR Pathway support team will contact you to verify your benefits, coordinate device delivery, and address any non-medical therapy questions you may have.



The RelieVRx device is shipped directly to your home, and will include simple instructions to turn it on, connect to WiFi, and begin your therapy.



Complete the 56 daily sessions averaging just 6 minutes each.



When your therapy is complete, simply return the device in its original shipping box using the prepaid label.



1+(844) PATH4VR (844-728-4487) support@avrpathway.com



Learn more now: RelieVRx.com Follow us: @RelieVRx •



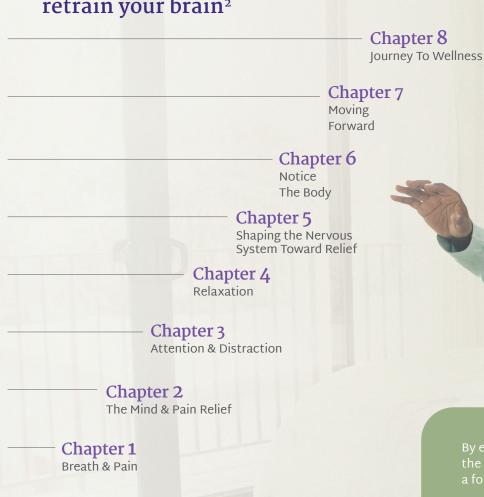


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People using the RelieVRx program may or may not experience motion sickness, dizziness, headache, or eye strain when using the device. If these experiences occur, please stop use of the device and resume therapy per your doctor's advice.

# The RelieVRx® program guides you through engaging experiences to retrain your brain<sup>2</sup>

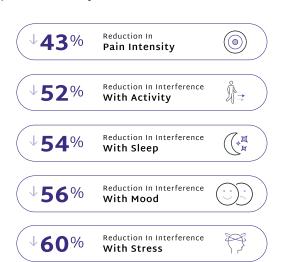






### Proven chronic lower back pain relief that lasts<sup>5</sup>

In a clinical trial, results showed a significant reduction in pain and the impact it has on patients' daily lives.\*2





At 2 years the RelieVRx program continued to deliver clinically meaningful results.\*5

By engaging in regular practice and completing

the **56 experiences**, the RelieVRx program builds

\*≥30% reduction in pain intensity.

References: 1."Device Classification under Section 513(F)(2)(De Novo)." Accessdata.fda.gov, https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN210014. 2. Garcia LM, Birckhead BJ, Krishnamurthy P, et al. An 8-week self-administered at-home behavioral skills-based virtual reality program for chronic low back pain: double-blind, randomized, placebo-controlled trial conducted during COVID-19. J Med Internet Res. 2021;23(2):e26292. 3. Maddox, T., Oldstone, L., Sparks, Scheman L. Ovao, A. Carcia H. Maddox B., Ffrench K., Carcia H. Evin A. Maddox B., Evin A. Maddox B., Ffrench K., Carcia H. Evin A. Maddox B., Evin A., Evin A. Maddox B., Evin COVID-19. J Med Internet Res. 2021;23(2):e26292. 3. Maddox, T., Oldstone, L., Sparks, C., Sackman, J., Oyao, A., Garcia, L., Maddox, R., Ffrench, K., Garcia, H., Irvin, A., Maislin, D., Keenan, B., Bonakdar, R., & Darnall, BD (2023). At-home virtual reality program for chronic lower back pain: A randomized sham-controlled effectiveness trial in a clinically severe and diverse sample. Mayo Clinic Proceedings: Digital Medicine, 2023;14(1):635-235.

4. Hoffman HG, Richards TL, Coda B, et al. Modulation of thermal pain-related brain activity with virtual reality: evidence from fMRI. Neuroreport. 2004;15(8):1245-1248.

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