



Progressive Gravity

C/O Anders Stengaard Holding ApS
Bystævnevej 10, DK-5200 Odense
as@progressivegravity.com

Training beyond the point of no return.

RoboTrainer — affordable rehabilitation robotics from Progressive Gravity

The Problem

Rehabilitation robotics cost **€100,000–€200,000** — locked inside elite hospitals. Stroke survivors, neurological patients, and deconditioned wheelchair users past the acute window are routinely written off as “chronic” and stop receiving meaningful therapy. Millions decline avoidably.

The RoboTrainer Solution

A cable-drive weight-unloading robot. It supports users against gravity for walking and therapeutic exercise — operable by therapists, helpers, or families, in clinics, care homes, or eventually at home. Three configurations:

- **Ceiling rail** — overground walking
- **Fixed overhead** — treadmill training
- **Wall / floor mount** — sit-to-stand, squats, strength therapy

Designed for users with 10–20% residual muscle strength: stroke, MS, Parkinson's, post-surgical, and deconditioned populations.

What Real Users Experience

- **Independent wheelchair user, 8 months intermittent 2×/week training:** 700 m slow walking → 3 km walking at brisk pace; sit-to-stand difficulty resolved.
- **Chronic stroke patient** (Royal Society proceedings, 2020): wheelchair-bound, regained walking at 15 weeks; independent stair-climbing at 14 months.

Scientific Foundation

- Randomized clinical trial in subacute stroke — *BMC Neurology*, 2024
- Biomechanical validation — *Journal of Biomechanics*, 2024 & 2025
- Clinical integration — *Int. J. Human-Computer Studies*, 2025
- Trauma Recovery proceedings, **The Royal Society, London (2020)**
- 9+ years of continuous peer-reviewed research

Intellectual Property

European Patent **EP 3 936 197 A1**
granted June 2025 (EPO · UK · NO · ES).

Economics

Unit price: **€25,000** (4–7× below incumbents).

Session cost: **~€120**.

Viable for community clinics, care homes, LMIC deployment, home use.

Impact Alignment

UN SDG 3 (Health) · SDG 5 (Gender Equality) · SDG 10 (Reduced Inequalities)

Anders Stengaard Sørensen Founder

as@progressivegravity.com

Ambassador on site: **Jonas Grau Thomsen**

In active conversation with mission-aligned investors and distribution partners.



AV material



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The recovery the system misses.

A documented Danish case — and an independent user's eight-month echo.



Before — wheelchair after two years of conventional rehabilitation.



During — body-weight unloaded training, SDU.



After — climbing stairs independently.

Case · Tina

Wheelchair → independence in 4 months. Tina — an office worker and mother — suffered a cerebral haemorrhage with one-sided paralysis. Over two years she trained intensively across Denmark's leading rehabilitation centres without leaving her wheelchair. The public system then discharged her: *"no potential for further rehabilitation."* The family installed a stair lift and arranged help for every daily task.

She joined a body-weight unloading trial at the University of Southern Denmark — 90 minutes, three times weekly, for four months, initially supported with 25–60 % of her weight. By the end of the trial she stood independently, bore her own weight, and climbed stairs. She transitioned to conventional training without unloading.

Today Tina walks with a cane. She gets in and out of bed, uses the bathroom, dresses, and lives her day independently — **the freedoms her rehabilitation team had written off.**

Case · Jonas

700 m → 3 km in 8 months. A wheelchair user deconditioned after an extended passive period, training twice weekly — intermittently — on treadmill walking, sit-to-stand, and squats. Walking distance fourfold, speed doubled.

"Treadmill walking with unloading improve my condition! Eight months ago I struggled to walk 700m, Today I walked three kilometres. The technology that made the difference costs one-fifth of the alternatives."

Three Configurations · One System

Ceiling Rail

Overground walking with weight relief along a track.

Fixed Overhead

Stationary mount above a treadmill. High training volume.

Wall / Floor Mount

Pulley-redirection resistance for sit-to-stand, squats, strength.

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