



ReOxy[®] TRAINING

**Enhancing recovery,
Empowering performance**

ReOxy® Training

An innovative approach using controlled short-term intermittent hypoxia to stimulate adaptive physiological responses, enhancing athletes' training programs.

ADAPTED FOR SPORTS MEDICINE

ReOxy® is a medically approved device designed to enhance physical exercise capacity in cardiac patients. It is adapted for professional use in healthcare facilities and clinical settings.

Applications

GENERAL REHABILITATION

ReOxy clinical evidence

Athletes with overtraining syndrome (OTS)

Intermittent exposure to hypoxia, coupled with light exercise, effectively restores performance in athletes with OTS¹.

After COVID

ReOxy® has shown effectiveness in clinical settings for patients with post-COVID-19 conditions².

After injury and illness

ReOxy® can support athletes with passive training during periods of reduced activity due to injuries or illness. It is approved for enhancing exercise capacity in cardiac patients³.

EXPECTED BENEFITS

Accelerated recovery

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Restoration of optimal performance levels

-

Reduced fatigue

POTENTIAL FOR NEUROLOGICAL REHABILITATION AFTER TRAUMA

Intermittent Hypoxia clinical evidence

Brain Health Assessment

Test body resistance to Intermittent Hypoxia (IH) to evaluate the latent effects of mild traumatic brain injury in asymptomatic individuals.⁴

Mobility Improvement

IH has been shown to enhance walking ability in individuals with chronic incomplete spinal cord injury.⁵

Cognitive Enhancement

Clinical study indicates that IH can improve cognitive performance in patients with mild cognitive impairment.⁶

Join us in building the future of sports rehabilitation

For Researchers

invitation to collaborate on clinical studies.

For Healthcare Facilities

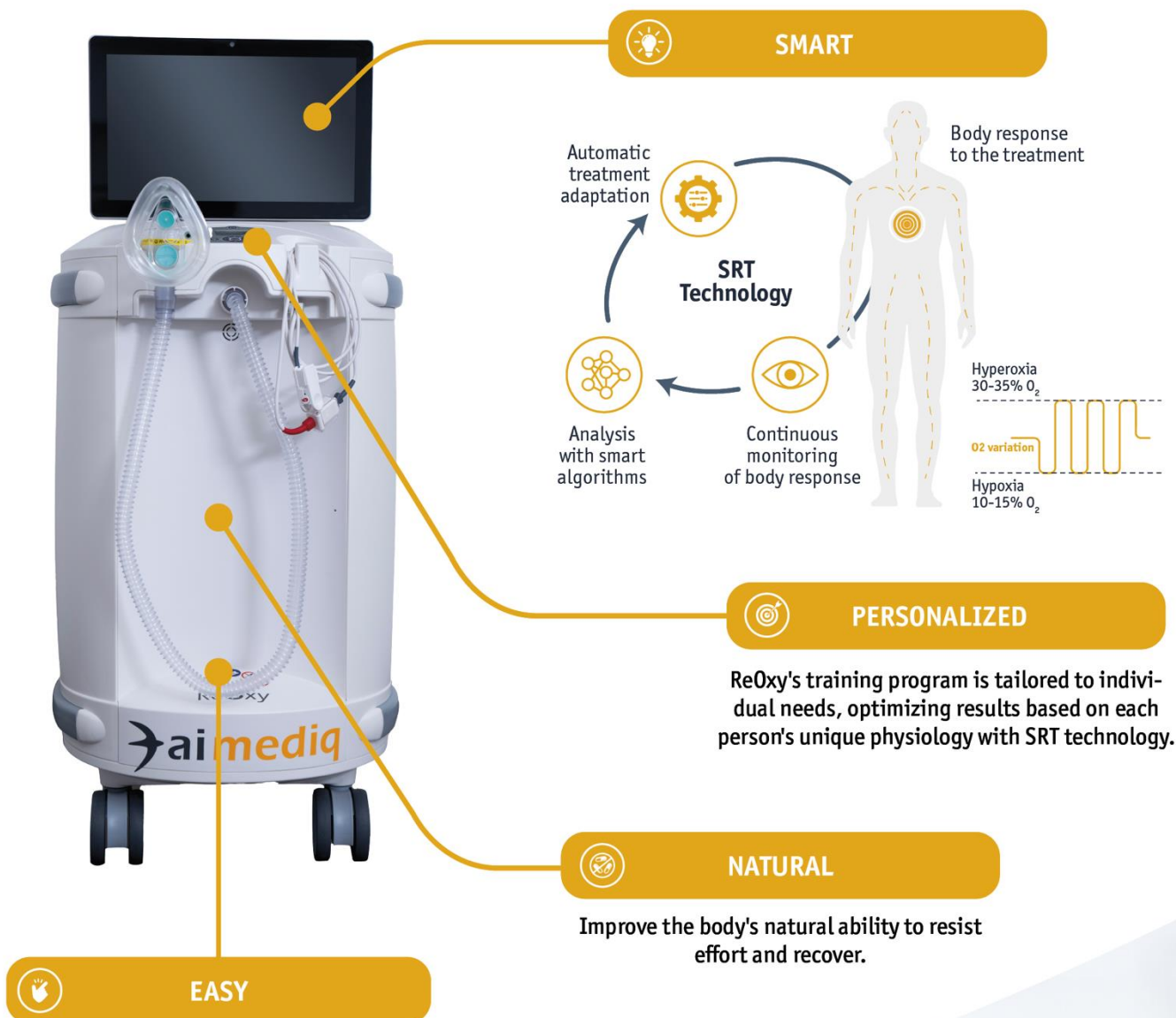
get detailed information about incorporating ReOxy® into therapeutic practice.

For Innovators

call for partnerships in AI/Data projects.

Device overview

ReOxy® uses intermittent hypoxia and hyperoxia controlled by SRT technology.



Sessions are brief and can easily be incorporated into sports routines.



Featured study - ReOxy[®] as a solution for overcoming overtraining syndrome

Davide Susta, Elena Dudnik and Oleg S. Glazachev. A program based on repeated hypoxia–hyperoxia exposure and light exercise enhances performance in athletes with overtraining syndrome: a pilot study. Clin Physiol Funct Imaging (2015)¹.

OBJECTIVE

This pilot study aimed to evaluate intermittent hypoxia–hyperoxia training combined with light exercise to help athletes with overtraining syndrome (OTS) restore their performance levels.

METHODOLOGY

Participants: 34 track and field athletes, including 15 with OTS in the intervention group and 19 healthy athletes as controls.

Intervention for OTS Athletes: A 4-week program with repeated hypoxia (10% O₂) and hyperoxia (30% O₂) sessions, lasting 45–60 minutes, three times a week, following low-intensity exercise.

Measurements: Exercise capacity, heart rate variability (HRV), and hematological parameters.

RESULTS

Exercise Performance: Significant improvement in OTS athletes after 4 week treatment (191.9 ± 26.9 W vs. 170.8 ± 44.8 W, $P = 0.01$).

Heart Rate Variability: Improved sympatho-parasympathetic index (8.01 ± 7.51 before vs. 1.45 ± 1.71 after, $P = 0.007$).

Hematological Parameters: No significant changes.

CONCLUSION

The study shows that intermittent hypoxia–hyperoxia training combined with low-intensity exercise can significantly aid functional recovery in athletes with OTS in a relatively short period.

References

¹Oleg S. Glazachev et al. Clin Physiol Funct Imaging 2015 - <https://pubmed.ncbi.nlm.nih.gov/26443707/>

²Prof. Dr. med. Wolfram Doehner European Heart Journal, Volume 44, Issue Supplement_2, November 2023, ehad655.2594 - <https://doi.org/10.1093/eurheartj/ehad655.2594>

³See the full list of clinical evidences at aimediq.com/clinical-evidence/

⁴P. M. Regan et al. Concussion, 2017 - <https://europepmc.org/article/med/30202585>

⁵Heather B. et al; American Academy of Neurology 2014 - <https://pubmed.ncbi.nlm.nih.gov/24285617/>

⁶Zoya O. et al. Int. J. Mol. Sci. 2019; Hong W. et al. AJADD. 2020 - <https://pubmed.ncbi.nlm.nih.gov/31902230/>

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