



Is PoNS® Right for Me?

A guide to sharing changes in your gait (ability to walk) and discussing PoNS Therapy™ with your doctor

Many people with multiple sclerosis (MS) will develop difficulty walking over time. That's why it is important to give your doctor a clear picture of what your life is like with MS—like how difficulty with your gait can impact your lifestyle. This way you and your doctor can make informed decisions about your treatment together.

Download this guide to fill out and discuss with your doctor at your next appointment.

Difficulty walking and	d its impact on you:		
What symptoms do you exp O Having difficulty with I O Feeling unsteady whe O Feeling tired or weak O Walking slower than I O Other	my gait (ability to walk) en I walk when I walk		
How often do your sympton	ns negatively impact your level	of activity?	
Not very often	O Somewhat often	O Very often	
	ns negatively impact your ever O Somewhat often		
How are you managing? (A	ssistive devices, adaptive beh	avior, lifestyle, etc.)	
Are you satisfied with your	•		
O Yes	O No		



Can PoNS Therapy™ Help Me?

You may benefit from treatment with PoNS®— short for Portable Neuromodulation Stimulator.

Here are a few topics you can discuss with your doctor to find out if PoNS is right for you.

What is PoNS?

PoNS is authorized in the US for use as a short-term treatment of gait deficit due to mild to moderate symptoms from multiple sclerosis and is to be used as an adjunct to a supervised therapeutic exercise program for adults 22 years of age and over by prescription only.

How does PoNS work?

Pons is an easy-to-use, medical device that gently stimulates the surface of the tongue. This "excites" the nerves that spread from the tongue to the brain, promoting neuromodulation. Repeated use of Pons results in neuroplasticity that helps the brain map out new activation pathways to improve gait function.

How effective is PoNS?

PoNS + physical therapy (such as walking on a treadmill) can significantly improve gait (ability to walk) in 14 weeks of therapy. This can help people living with MS stay active.

In fact, a clinical trial showed that **people who consistently used PoNS + physical therapy improved gait scores >2X** than those who used a sham device + physical therapy.¹

How does PoNS Therapy work?

Pons Therapy is a 14-week program guided by a Pons Trainer. It is important to train with Pons frequently and regularly to achieve a therapeutic benefit.

During personalized physical therapy, the PoNS device is worn. The device includes a controller (worn around the neck) and a mouthpiece that contains gold-plated electrodes (held lightly in place by the lips and teeth). The controller sends impulses to the mouthpiece placed on the tongue, which then stimulates two cranial nerves that send signals to other areas in the brain that affect gait function.



Is PoNS right for me?

If your doctor believes PoNS is right for you, he or she will write you a prescription. Your doctor can fax PoNS device prescriptions to (1) 215-754-4903.

INDICATION

The PoNS® device is indicated for use as a short-term treatment of gait deficit due to mild to moderate symptoms from multiple sclerosis and is to be used as an adjunct to a therapeutic exercise program for adults 22 years of age and over by prescription only.

CONTRAINDICATION

The PoNS® device delivers electrical stimulation directly to the surface of the tongue. Precautions for use are similar to those for transcutaneous electrical nerve stimulation (TENS). Electrical stimulation should not be used:

- If there is an active or suspected malignant tumor
- In areas of recent bleeding or open wounds
- In areas that lack normal sensation

WARNINGS

The PoNS® has not been tested on, and thus should not be used by individuals who are pregnant. Do not use the PoNS® if you are sensitive to nickel, gold, or copper.

Reference: 1.Tyler ME, Kaczmarek KA, Rust KL, Subbotin AM, Skinner KL, Danilov YP. Non-invasive neuromodulation to improve gait in chronic multiple sclerosis: a randomized double blind controlled pilot trial. J Neuroeng Rehabil. 2014;11:79.



