IF STEVE JOBS COULDN'T NAVIGATE HEALTH INFORMATION…

WHAT CHANCE DOES THE AVERAGE PATIENT HAVE?

Even the most resourced people struggle to make sense of health and nutrition after a life-changing diagnosis.

NUTRITION IS NOT INNOCUOUS. USED WITHOUT THE RIGHT CLINICAL CONTEXT, IT CAN CAUSE HARM.

THE NUTRITION CARE GAP

THE EXPERTISE EXISTS. ACCESS DOESN'T SCALE.

THREE Billion PEOPLE LIVING WITH NEUROLOGICAL CONDITIONS

↓

COMPLEX NUTRITION NEEDS

MEDICATION | SYMPTOMS | NUTRITIONAL RISK | DISEASE STAGE | DEMOGRAPHICS

↓

LIMITED ACCESS TO SPECIALIST NUTRITION CARE

↓

THE INFORMATION VACUUM

GOOGLE | SOCIAL MEDIA | GENERIC AI

AI HAS SCALED ACCESS TO NUTRITION ADVICE.
IT HAS NOT SCALED SPECIALIST NUTRITION CARE.

ONE SIZE DOES NOT FIT ALL

WHO YOU ARE CHANGES WHAT YOU NEED

PROFILE ONE

45 year-old woman

- Young-Onset Parkinson’s
- Motor fluctuations
- Constipation
- Perimenopause

≠

PROFILE TWO

78 year-old man

- Later-onset Parkinson’s
- Frailty
- Weight loss
- Dysphagia

SAME DIAGNOSIS ≠ SAME NUTRITION

SCALING PERSONALISED NUTRITION CARE FOR COMPLEX CARE

We scale specialist personalised nutrition care for people with Parkinson's.

NEURO-FRIENDLY TRACKING APP

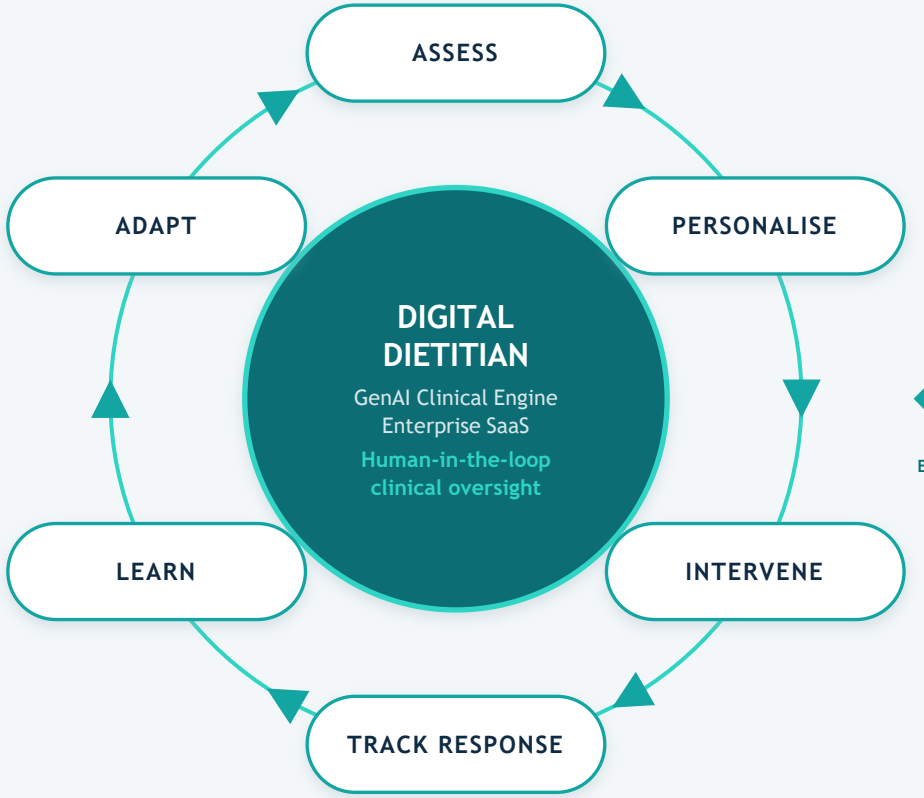
Live patient data foundation

- SYMPTOMS
- MEDICATION TIMING
- GI FUNCTION
- DIET
- DEMOGRAPHICS
- HORMONAL DATA (WHERE RELEVANT)

LONGITUDINAL REAL-WORLD PATIENT DATA

PATIENT DATA

STRATEGIES & MONITORING



EVIDENCE + ENGAGEMENT

NUTRITION PD PROGRAMMES

Evidence-based education & engagement

- EVIDENCE-BASED EDUCATION
- AVATAR-DELIVERED PROGRAMMES
- PATIENT ENGAGEMENT
- REVENUE TODAY

NUTRITION CARE PROCESS Assess → Personalise → Intervene → Monitor → Adapt

COMMERCIAL TRACTION · INVESTMENT · EARLY OUTCOMES

WE DIDN'T START WITH AI. WE STARTED WITH PATIENTS.

2,500+

People in the My Moves Matter Parkinson's ecosystem

100
€10,800
D2C Revenue

Paying patients

1ST PAYING B2B CUSTOMER
€12,000 contract

Parkinson's UK

€400K

€50k Grants
€ 350k Funded research collaborations

INVESTMENT
€100K

Enterprise Ireland convertible investment

EARLY PROGRAMME OUTCOMES

Early programme outcomes — not clinical efficacy data

EARLY OUTCOME

↑ 2.9 → 5.2

Mediterranean diet adherence score

EARLY OUTCOME

↓11.1 POINTS

Combined gut symptom score

EARLY OUTCOME

PATIENT-REPORTED BENEFITS

Reported changes in bowel health, energy, sleep, brain fog and medication response

We already have the patients, programmes and partnerships. We are building the technology to scale what we have learned.

BUSINESS MODEL

FROM PROGRAMME REVENUE TO ENTERPRISE SaaS

STAGE 1 · TODAY

PROGRAMME REVENUE

- Direct-to-patient NutritionPD programme sales
- Organisational partnerships
- Parkinson's UK as first B2B customer

REVENUE + PATIENT ENGAGEMENT

STAGE 2 · NEXT

ENTERPRISE SaaS

License the NutritionPD Digital Dietitian platform to organisations supporting people with Parkinson's

TARGET CUSTOMERS

HEALTHCARE PROVIDERS · PATIENT ORGANISATIONS · LIFE SCIENCES

SCALABLE B2B2C DELIVERY

STAGE 3 · SCALE

DISEASE-SPECIFIC PLATFORM EXPANSION

- Parkinson's first
- Neurological conditions next
- Other complex chronic conditions over time

REPEATABLE PLATFORM MODEL

OUR CUSTOMERS PAY TO SCALE SPECIALIST PERSONALISED NUTRITION CARE ACROSS THEIR PATIENT POPULATIONS.

D2C PROGRAMMES ARE OUR COMMERCIAL WEDGE.
ENTERPRISE SaaS IS OUR SCALABLE BUSINESS MODEL.

FROM EARLY OUTCOMES TO HEALTHCARE ADOPTION

EUROPEAN VALIDATION PATHWAY

UNITED KINGDOM

CONFIRMED

Parkinson's UK — first B2B customer

Parkinson's UK-funded randomised controlled trial with Queen's University Belfast

MediPD programme

Purpose: Clinical evidence generation

→

FRANCE

PILOT

France Parkinson pilot across four neurological centres

Purpose: Clinical implementation and real-world validation

→

IRELAND

ONGOING

Health economics assessment with RCSI

Purpose: Build the economic case for healthcare adoption

→

GERMANY

IN DISCUSSION

Gut Health PD pilot in discussion with a German neurology partner

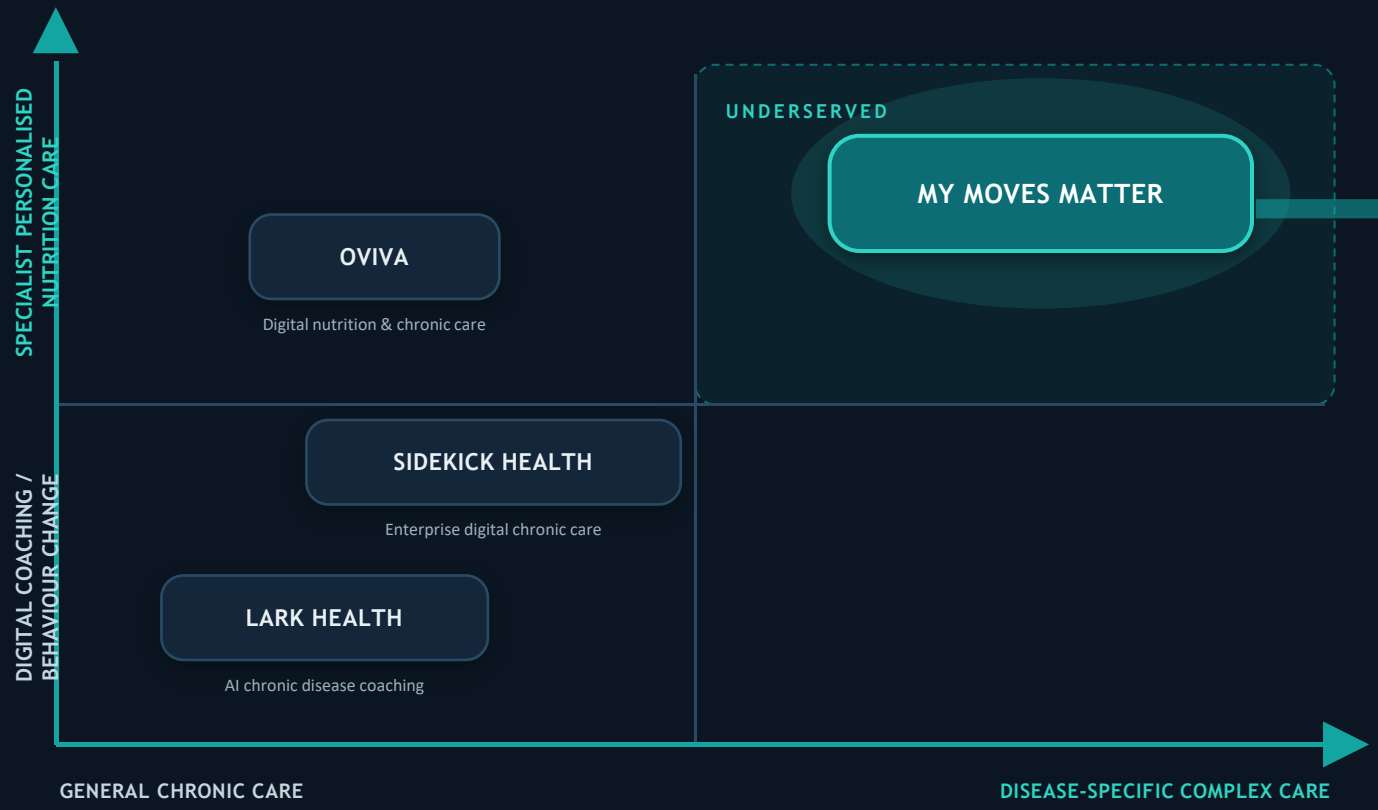
Purpose: Build the evidence pathway towards potential future DiGA eligibility

STRATEGIC PROGRESSION

PATIENT ADOPTION → EARLY OUTCOMES → CLINICAL VALIDATION → HEALTH ECONOMICS → REIMBURSEMENT

COMPETITIVE LANDSCAPE

A PROVEN MODEL. AN UNDERSERVED CLINICAL VERTICAL.



MY MOVES MATTER

OUR ADVANTAGE: THE PARKINSON'S NUTRITION INTELLIGENCE LOOP
Clinical expertise + patient context + longitudinal response data

- PARKINSON'S-SPECIFIC CLINICAL REASONING
- MEDICATION × NUTRITION CONTEXT
- LONGITUDINAL PATIENT RESPONSE DATA
- CONTINUOUS CLINICAL INTELLIGENCE LOOP

OVIVA, LARK AND SIDEKICK HAVE DEMONSTRATED THE SCALABILITY OF DIGITAL CHRONIC CARE.
MY MOVES MATTER IS APPLYING A SPECIALIST NUTRITION INTELLIGENCE MODEL TO COMPLEX NEUROLOGICAL CARE — **STARTING WITH PARKINSON'S.**

SCALING PERSONALISED NUTRITION CARE FOR A CLINICALLY COMPLEX, UNDERSERVED POPULATION.

THE TEAM TO BUILD IT.

CLINICAL EXPERTISE, LIVED EXPERIENCE & TECHNOLOGY

RICHELLE FLANAGAN
CEO & Co-founder
Clinical Dietitian — 21 years
Former President — Irish Nutrition & Dietetic Institute
Patient-Founder — **Living well with** young-onset Parkinson's for 10 years

RENE REINBACHER
CTO & Co-founder
Technology × product development
AI & Data Science — PhD Mathematical Physics & Harvard Postdoc
15 years of industry experience
Enterprise Risk — Former Head of Risk Models, Barclays

RAISING €250K

BUILD, VALIDATE AND PREPARE TO SCALE

BUILD	Complete the **NutritionPD Digital Dietitian** MVP Integrate demographic, diet, medication and symptom data into the **My Moves Matter** intelligence layer
VALIDATE	Validate the personalised nutrition model with people living with Parkinson's Strengthen the clinical and health economic evidence for healthcare adoption
PREPARE TO SCALE	Secure scalable B2B partnerships Expand healthcare, Parkinson's organisation and pharma partnerships

SCALING SPECIALIST PERSONALISED NUTRITION CARE

Parkinson's first. Neurological conditions next.