

Exhibit 99.1



Empowering Neuroplasticity

PoNS Therapy™ for Balance and Gait Deficits in Patients with Neurological Disorders

November 23, 2021

NASDAQ:HSDT

Legal Disclaimers

This presentation contains forward-looking statements, including statements regarding the Company's future strategic and operational execution, the next phase of the Company's market development activities, clinical and regulatory development plans for the PoNS device, and the timing and success of the Company's commercialization efforts in the United States. These statements involve substantial known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make.

Risk Factors:

Factors that may cause actual results to differ materially from any future results expressed or implied by any forward looking statements uncertainties regarding the Company's capital requirements to achieve its business objectives, the impact of the COVID-19 pandemic, the Company's ability to secure contracts with rehabilitation clinics, the Company's ability to obtain national Medicare coverage and to obtain a reimbursement code so that the PoNS device is covered by Medicare and Medicaid, the Company's ability to obtain FDA clearance for stroke, the Company's ability to build internal commercial infrastructure, market awareness of the PoNS device, future clinical trials and the clinical development process, manufacturing and supply chain risks, potential changes to the MCIT program, the product development process and FDA regulatory submission review and approval process, other development activities, ongoing government regulation, and other risks described in the "Risk Factors" section of Company's Annual Report on Form 10-K for the year ended December 31, 2020, its Quarterly Report on Form 10-Q for the quarter ended September 30, 2021 as well as those set forth from time to time in the Company's other filings with the securities and exchange commission and the Canadian securities regulators available at <http://www.sec.gov> or www.sedar.com

The forward-looking statements in this presentation represent our views as of the date of this presentation. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation.

Certain data in this presentation was obtained from various external sources. Neither the Company nor its affiliates, advisers or representatives have verified such data with independent sources. Accordingly, neither the Company nor any of its affiliates, advisers or representatives make any representations as to the accuracy or completeness of that data or commits to update such data after the date of this presentation. Such data involves risks and uncertainties and is subject to change based on various factors.

The Company's first product, PoNS, is indicated for use in the United States as a short term treatment of gait deficit due to mild-to-moderate symptoms from multiple sclerosis (MS) and is to be used as an adjunct to a supervised therapeutic exercise program in patients 22 years of age and over by prescription only. The PoNS device is authorized for sale in Canada as a class II, non-implantable, medical device intended as a short term treatment (14 weeks) of gait deficit due to mild and moderate symptoms from MS, and chronic balance deficit due to mild-to-moderate traumatic brain injury (mTBI) and is to be used in conjunction with physical therapy. The PoNS device is authorized for sale in Australia as a non-implantable neurostimulator intended for short term use by healthcare professionals as an adjunct to a therapeutic exercise program to improve balance and gait.

The Portable Neuromodulation Stimulator “PoNS” Device

The first and only patented therapy combining trigeminal nerve neurostimulation via the tongue with physical therapy to reduce symptoms of neurological disease or trauma.



Authorized in the US for gait deficit due to mild to moderate symptoms of multiple sclerosis (“MS”)

FDA Breakthrough Designation granted for the treatment of gait deficit due to symptoms of MS

FDA Breakthrough Designation granted for the treatment of dynamic gait and balance deficits following a stroke



Authorized in Canada for the treatment of gait deficit due to mild and moderate symptoms of MS and chronic balance deficit due to mild and moderate traumatic brain injury (“mTBI”)



The PoNS device is authorized as a non-implantable neurostimulator intended for short term use by healthcare professionals as an adjunct to a therapeutic exercise program to improve balance and gait. PoNS is not intended to be used alone without an exercise program.

A Path to Commercialization: FDA Breakthrough Designation



MULTIPLESCLEROSIS

May 2020

- **Breakthrough Designation granted**
for the treatment of gait deficit due to symptoms of MS



March 2021

- **Received FDA marketing authorization**
- Only medical device cleared in the U.S. for this indication



STROKE

August 2021

- **Breakthrough Designation granted**
for the treatment of dynamic gait and balance deficits following a stroke

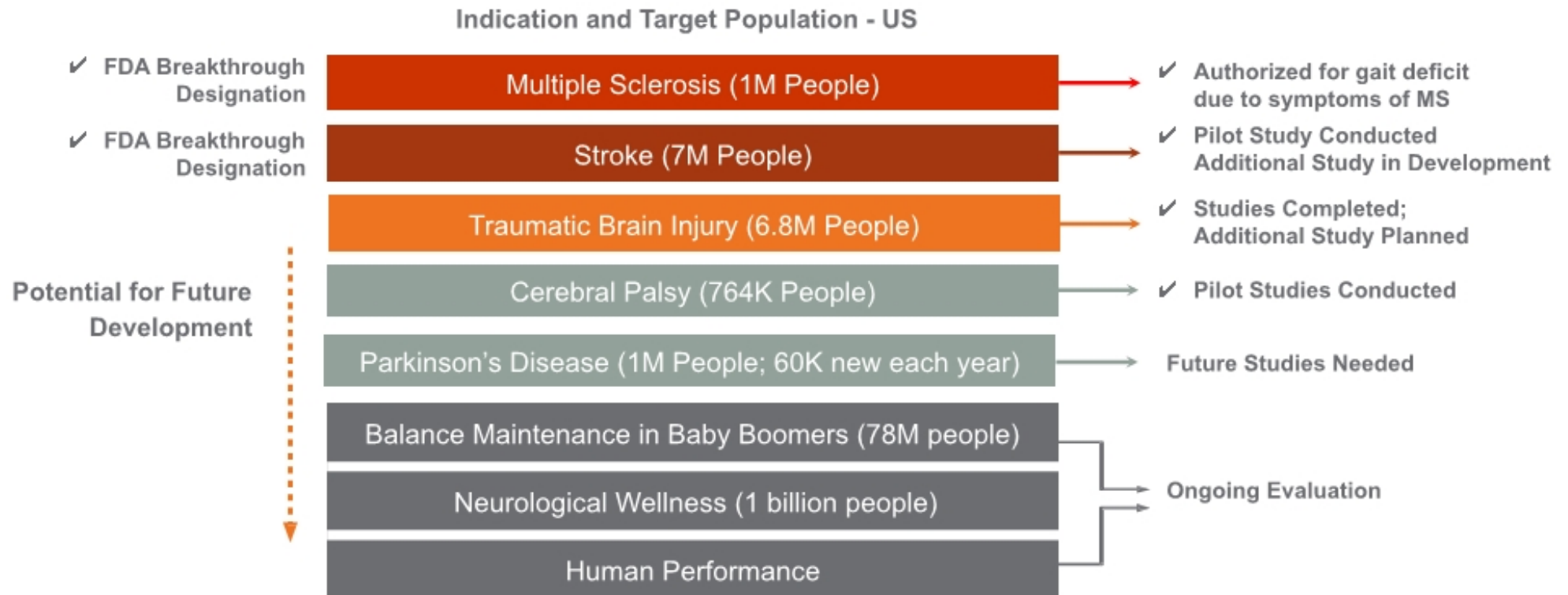


Next Milestones

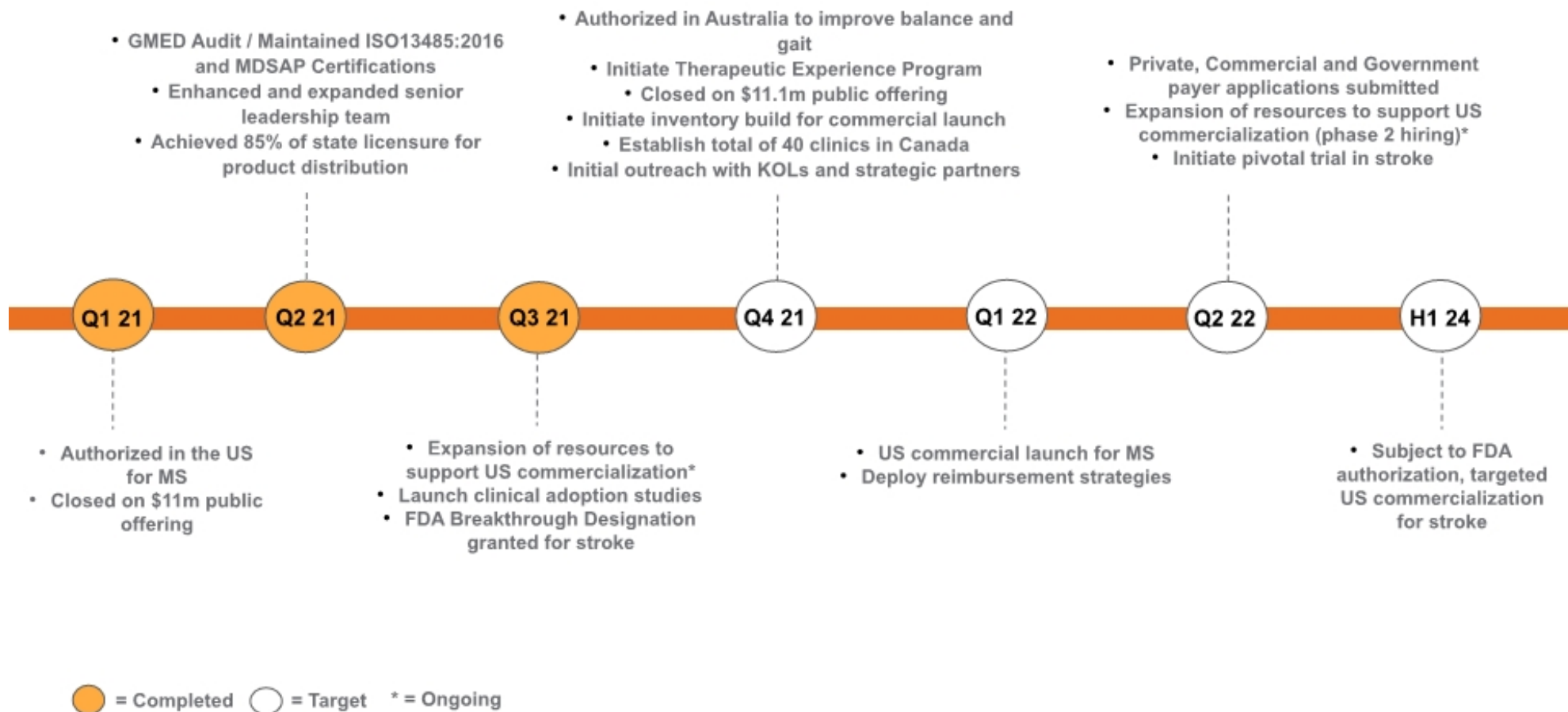
- Pivotal trial
- Potential FDA marketing authorization

Large Potential Addressable Markets

U.S. Clinical Progress and Future Opportunities



Recent Milestones and Anticipated Value Creation Events



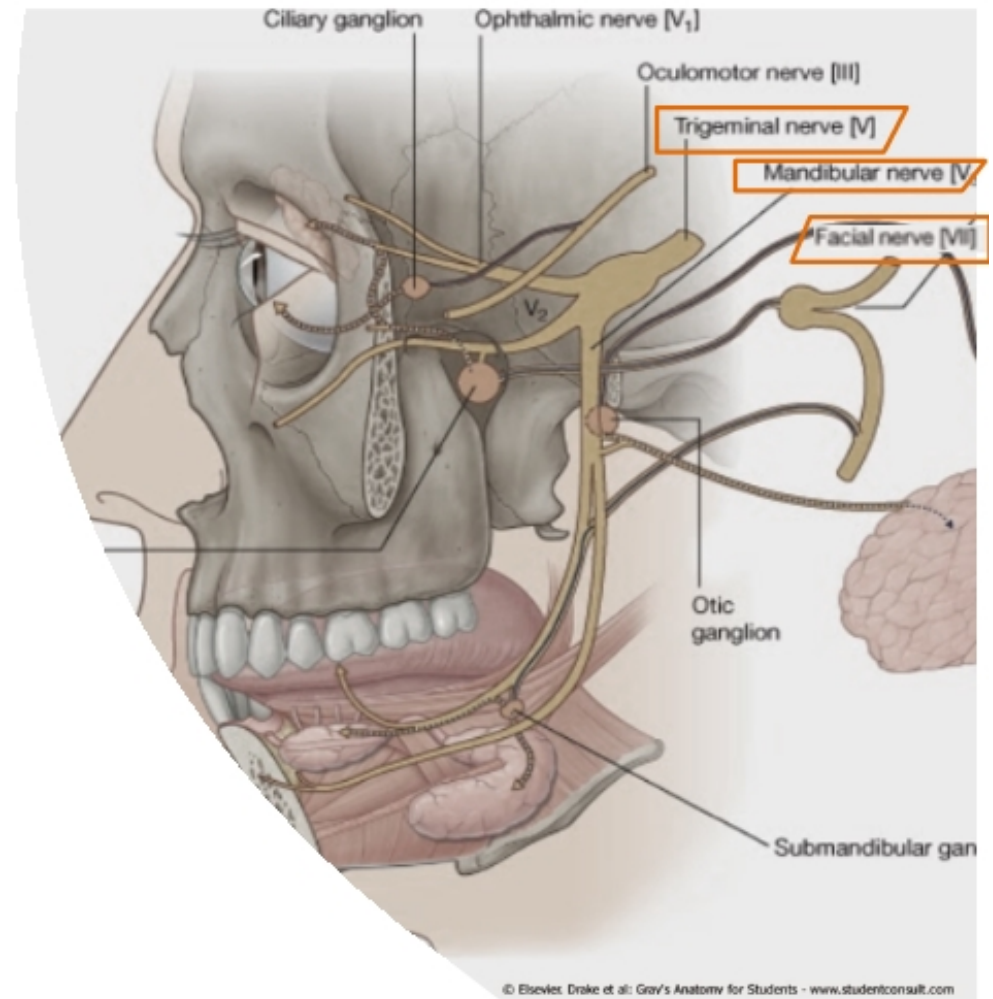
PoNS Therapy™

PoNS Therapy™ Mechanism of Action

Neuromodulation: modification of the nervous system by targeted stimuli

PoNS device designed to induce
Trans lingual Neurostimulation:
trigeminal nerve neuromodulation via
the tongue

~25MM pulses per 20-minute session
Feels like champagne or carbonated
water bubbles



PoNS Device

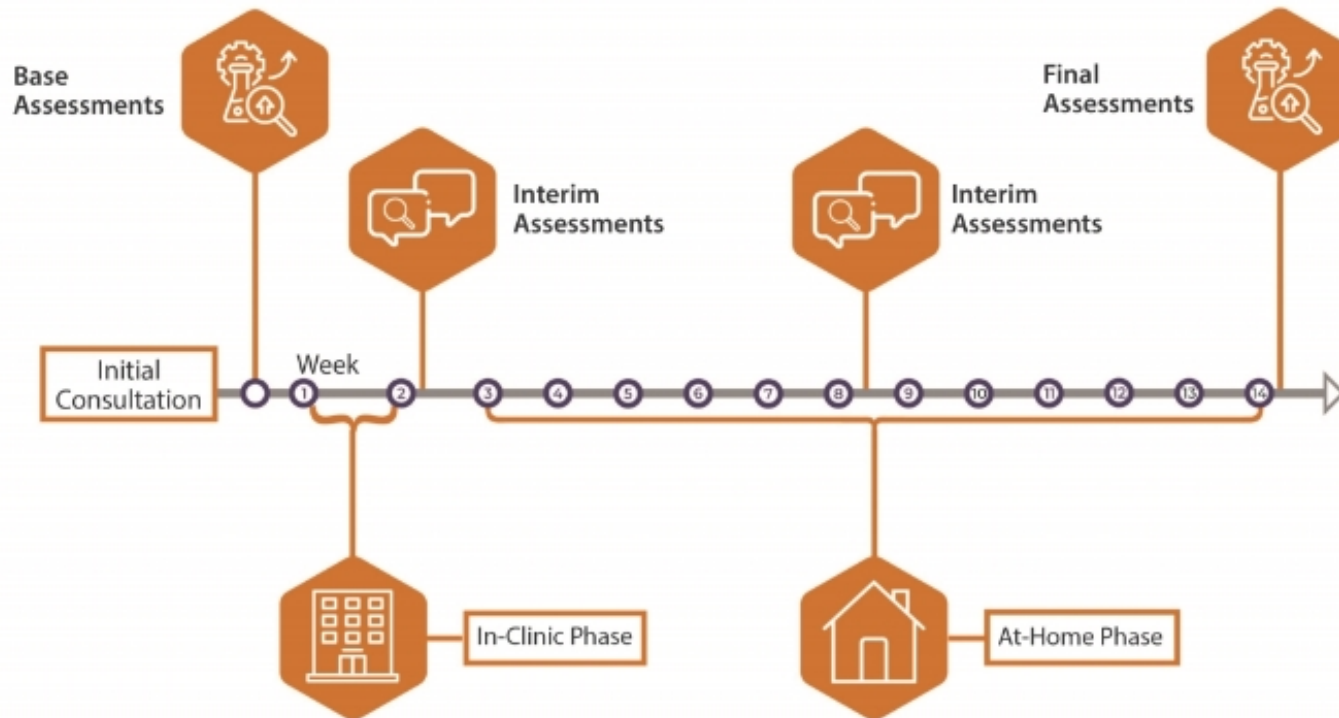
Empowering the brain and improvement during PoNS Therapy™



- Mouthpiece electrodes stimulate the tongue surface, sending signals to the brain
- The stimulation produced by PoNS is believed to help strengthen the neural connections associated with balance and walking when combined with physical rehabilitation

PoNS Therapy™

Comprehensive 14 Week PoNS Therapy Program



Current Strategies for Managing Neurological Disorders



Prescription Drugs



Therapy



Surgery



Medical Devices

PoNS Therapy™ for Symptoms of Multiple Sclerosis

Understanding the “MS” Market Opportunity in US



MS is a well-characterized chronic disease with a fast-growing diagnosed population



**MS patients are cared for by neurologists, a relatively discrete group
(approx. 16,000 in USA¹)**



Gait dysfunction is a common and distressing symptom experienced by MS patients



MS patients are vocal and connected on social media



MS patients actively seek out new and promising treatments

Commercialization and Reimbursement

Therapeutic Experience Program

- Helius sponsored open-label, interventional, observational, clinical study
- Evaluating PoNS on-label therapy in target population (Multiple Sclerosis) aiming to investigate patients' adherence to PoNS Therapy regimen
- Enrolling ~ 50-60 subjects with gait deficit due to mild-moderate MS at Centers of Excellence across the US (10-12 sites)
- Expected to start enrollment in Q4' 21 and continue through Q2' 22
- 1st Center of Excellence announced (NYU Langone Health)

U.S. Pre-Commercial Activities

- Building out go-to-market strategy (including licensing, territory identification, KOL engagement, etc.) and supporting infrastructure
- Activate key marketing strategies to generate awareness by way of conference attendance (ACTRIMS, AAN, CMSC), advocacy engagement, social and digital presence, etc.
- Finalizing distribution model of the PoNS device
- Targeting commercial launch in Q1'22 with initial cash pay customers, while pursuing commercial and government reimbursement programs
- Creating Patient Access Programs
- Identifying and onboarding neuro rehab clinics currently treating MS patients to provide therapy

Potential Addressable U.S. Opportunity in Multiple Sclerosis



1 million

Americans estimated
to be affected by MS

41%

Report having difficulties
walking, including 13%
with an inability to walk
at least 2x/week¹

1. Acorda Therapeutics Announces Pricing and Patient Assistance Programs for AMPYRA®; Exhibit 99.1; February 3, 2010

Addressable Market

G35 Diagnosis and one of the following: R26, R260, R261, R262, R263, R268, R2681, R2689, R269 (Primary) New Patient Count					
State Code	2016	2017	2018	2019	2020
NY	10,340	10,769	10,943	10,959	10,158
OH	8,709	8,965	9,286	8,900	8,459
FL	8,549	8,839	9,050	8,793	8,090
CA	7,417	8,272	8,457	8,513	8,187
MI	7,208	7,863	8,009	8,191	7,644
NJ	6,714	6,815	6,867	6,379	5,822
TX	5,529	5,949	6,139	6,247	6,009
PA	5,992	6,007	5,925	5,690	5,217
IL	5,360	5,478	5,211	4,750	4,393
GA	3,784	3,980	4,214	4,065	3,549
Top 10 States	69,602	72,937	74,101	72,487	67,528
All States	124,953	130,525	132,231	129,668	120,282

Abnormalities of gait and mobility R26

Codes:

- R26.0 Ataxic gait
- R26.1 Paralytic gait
- R26.2 Difficulty in walking, not elsewhere classified
- R26.8 Other abnormalities of gait and mobility
- R26.81 Unsteadiness on feet
- R26.89 Other abnormalities of gait and mobility
- R26.9 Unspecified abnormalities of gait and mobility

5 Year Avg All States: ≈ 127,532 patients

5 Year Avg Top 10 States: ≈ 71,331 patients

* Data Source = Purple Labs Patient Data

MS Priority States

Tier 1

State Abbr	State Name
NY	NEW YORK
PA	PENNSYLVANIA
FL	FLORIDA
MI	MICHIGAN
CA	CALIFORNIA
OH	OHIO
TX	TEXAS
NJ	NEW JERSEY
IL	ILLINOIS
MD	MARYLAND

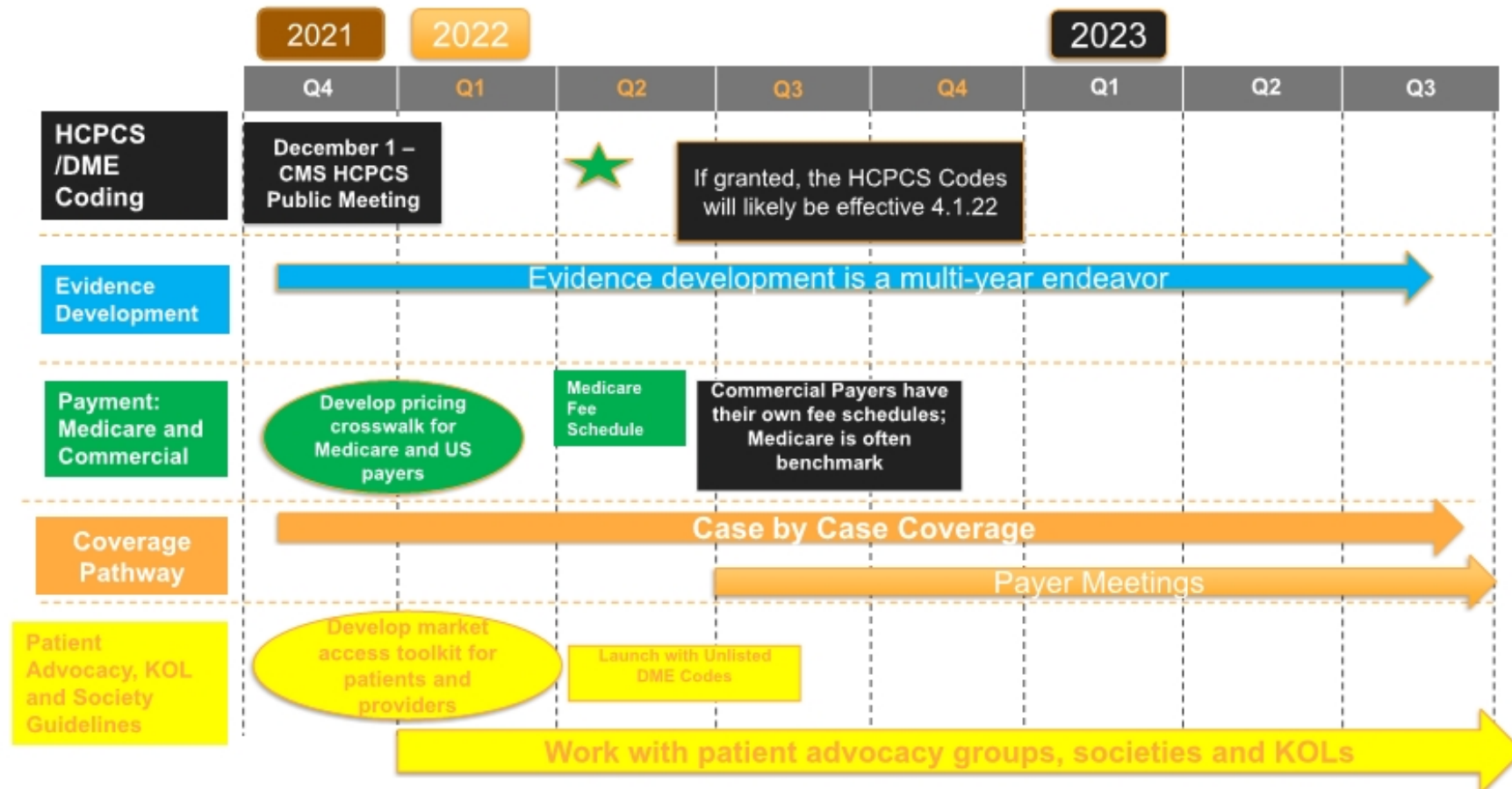
Tier 2

State Abbr	State Name
GA	GEORGIA
VA	VIRGINIA
TN	TENNESSEE
AZ	ARIZONA
NC	NORTH CAROLINA
MA	MASSACHUSETTS
IN	INDIANA
WA	WASHINGTON
MN	MINNESOTA
WI	WISCONSIN

Data Source = Purple Labs Claims Data

Not necessarily indicative of where sales will first occur

US Market Access Key Coding & Payment Milestones and Timelines



PoNS Therapy™ for Symptoms Due to Stroke

*PoNS is not authorized to treat individuals with stroke

FDA Breakthrough Designation for Treatment of Symptoms Due to Stroke

- Announced receipt of FDA Breakthrough Designation on August 17, 2021
- Indication of use as a temporary treatment of dynamic gait and balance deficits due to symptoms from stroke
- PoNS Therapy to be used as an adjunct to a supervised therapeutic exercise program in patients 22 years of age and over

*PoNS is not authorized to treat individuals with stroke

Potential Addressable U.S. Opportunity in Stroke



7 million

Americans estimated to
be living with
complications of stroke¹

80%

Of those individuals
have a gait impairment²

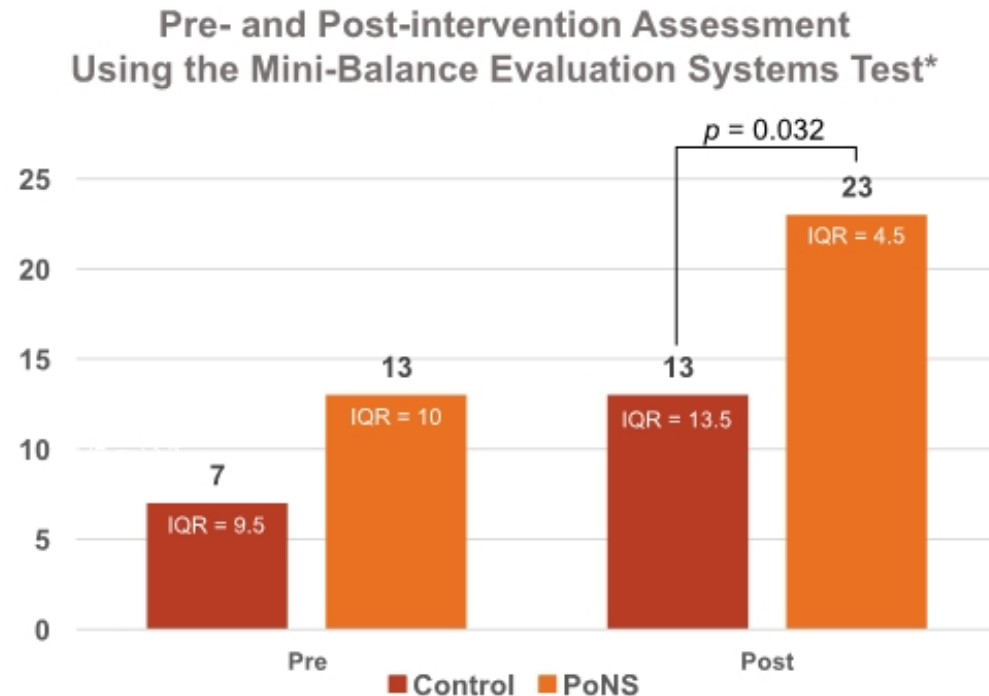
*PoNS is not authorized to treat individuals with stroke

1. Dobkin BH, Dorsch A. New evidence for therapies in stroke rehabilitation. Curr Atheroscler Rep. 2013;15(6):331.doi:10.1007/s11883-013-0331-y.
2. Carmen M. Cirstea. Gait Rehabilitation After Stroke, Should we re-evaluate our practice? Stroke 2020;51(10):2892-94.

Clinical Evidence

Stroke – Results from a Pilot Randomized Controlled Trial

- Post-intervention assessment demonstrated significant and clinically meaningful improvement with PoNS Therapy vs. high-intensity physiotherapy alone
- A cutoff score of 17.5 on the Mini-BEST has been shown to discriminate between fallers and non-fallers with chronic stroke (>6 months) IQR = 10



*Mini-BEST is a 14-item test that assesses measures dynamic balance, functional mobility, and gait on a 3-level ordinal scale (0–2).

IQR, interquartile range.

Galea MP et al. *Brain Stimul.* 2017;10(6):1133-35.

*PoNS is not authorized to treat individuals with stroke 24

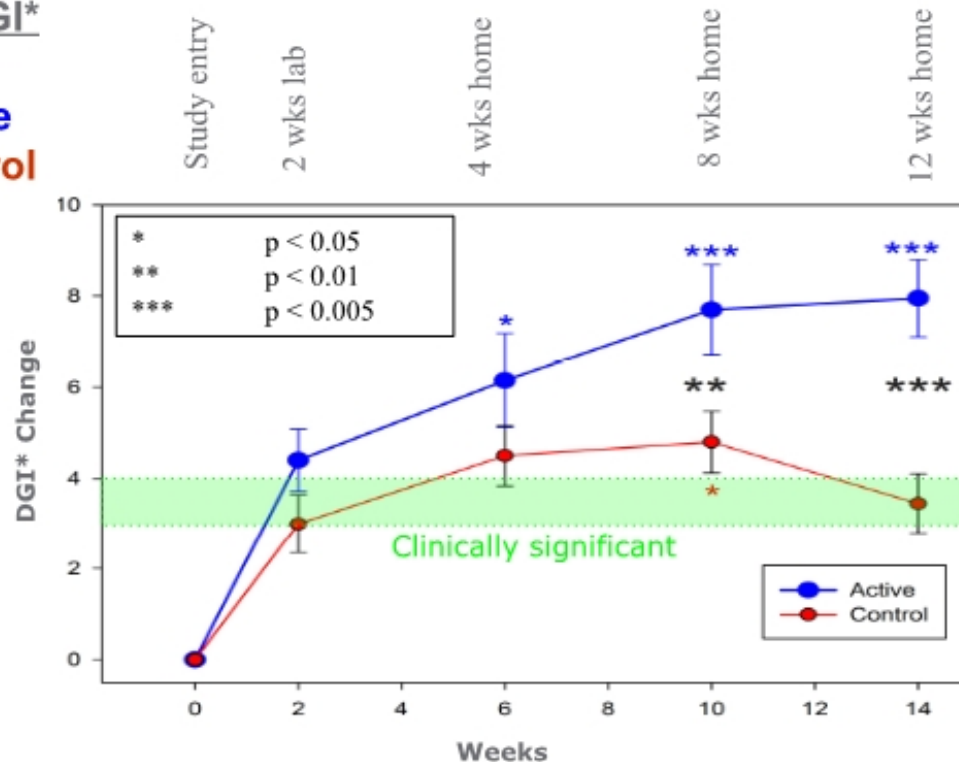
Clinical Evidence: Multiple Sclerosis

Clinical Evidence

Multiple Sclerosis Study – Mild and Moderate MS (EDSS score 3.5-6)

Mean DGI*

10 Active
10 Control



Two groups (10 each):

1. “Active” PoNS + exercises
2. Placebo PoNS + exercises

100%

Improvement in
Dynamic Gait Index
scores for the Active
Group

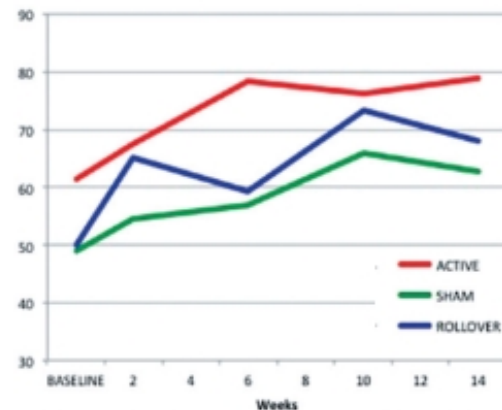
- All 10 subjects in the active treatment group experienced at least a 4 point improvement from baseline to Week 14 in DGI. Mean average of 7.95.
- Only 3 of 10 (30%) subjects in the placebo control group experienced an improvement in DGI of at least 4 points from baseline to week 14. Mean average of 3.45.

Tyler et al. Journal of NeuroEngineering and Rehabilitation 2014, 11:79
*DGI = Dynamic Gait Index, a measure of the ability to walk

Clinical Evidence

Multiple Sclerosis Study – Mild and Moderate MS (EDSS score 3.5-6)

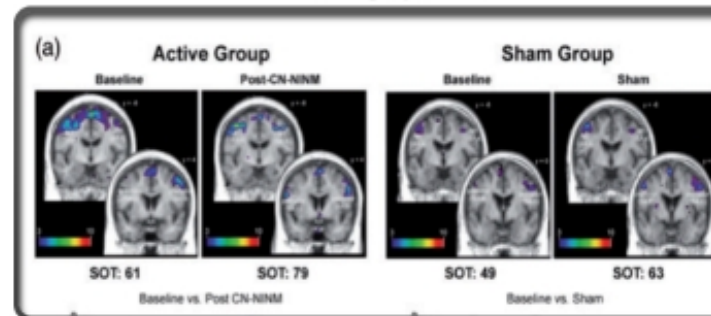
Change over time for Sensory Organization Test (SOT) composite



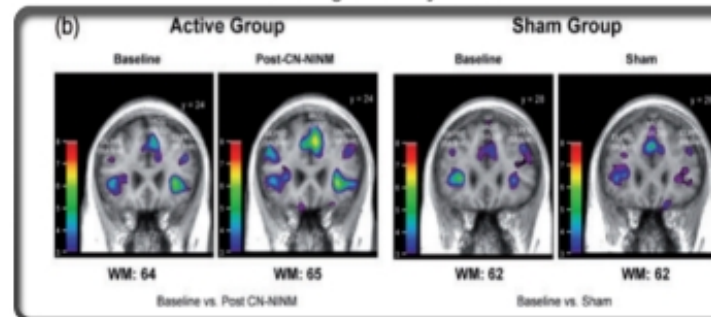
Statistical analysis of SOT week 14 scores vs pre-training reveals that improvement in the active group is significant ($p < 0.001$) whereas sham group difference did not reach statistical significance ($p < 0.06$)

Gait Imagery task revealed task-related activations in bilateral premotor and motor regions, and a higher BOLD signal in the left motor cortex

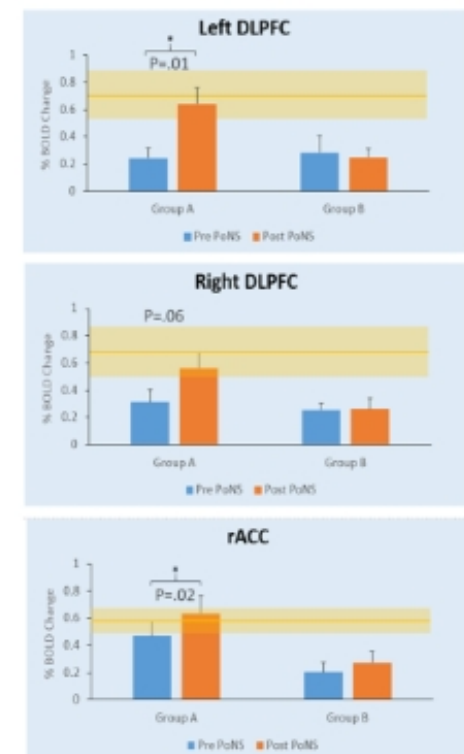
Gait Imagery fMRI



Working Memory fMRI



VOIs BOLD signal vs. Healthy Controls



PoNS™ Device

Authorized in Canada for gait deficit due to symptoms of MS since March 2020

Promising results from initial real-world evidence gathered through 12.31.2019 which was used in HC and FDA regulatory submissions

42

Patients with MS treated
with PoNS in Canada

58.3%

Patients had achieved at least a
4-point improvement in their
functional gait assessment
(FGA)

Currently evaluating additional data gathered on MS patients for commercial and medical insights and publication

SPONSORED

The Restorative Power of Neuroplasticity in People with MS



HEALTH

PoNS therapy helps Ontario woman recover from brain injury

By Aaron Streck • Global News
Posted October 15, 2020 6:03 pm

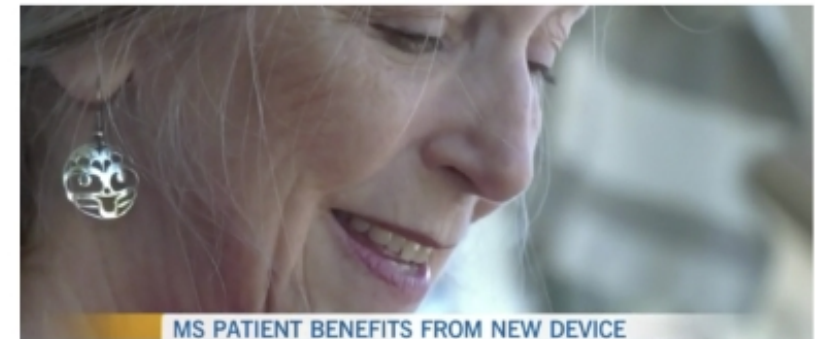


SPONSORED

PoNS Treatment™ Could Help Canadian MS Patients with Chronic Gait Deficit



CTV VANCOUVER... A PART OF THE CTV NEWS VIDEO NETWORK



MS PATIENT BENEFITS FROM NEW DEVICE

Capitalization & Ownership

Capitalization, Ownership & Cash Position (As of September 30, 2021)

Nasdaq	
Symbol	HSDT
Market Cap*	\$31.0M
Price Per Share*	\$8.54
Shares Outstanding	3.8M
50 Day Avg Volume	21K
Cash at 9/30/21	\$4.7M
Proforma Cash at 9/30/21	\$14.5M
Cash Used in Operations 9 months 9/30/21	\$9.9M
* Based upon Nov 10, 2021 closing price	

Capitalization	As Reported	Proforma
Common Stock	2,392,130	3,777,161
Warrants (WAEP \$16.32)	593,924	593,924
Options (WAEP \$38.54)	641,152	641,152
RSUs	3,943	3,943
Total Fully Diluted	3,631,149	5,016,180

Ownership at September 30, 2021	As Reported		Proforma	
	# Common Shares	% of Common Outstanding	# Common Shares	% of Common Outstanding
Executive Officers and Directors	386,214	16.1%	423,714	11.2%
Columbus Capital Management*/**	160,805	6.7%	278,010	7.4%
Maple Leaf Funds	146,816	6.1%	184,316	4.9%
The Vanguard Group*	79,586	3.3%	79,586	2.1%
A&B (HK) Company, Ltd.*	71,306	3.0%	71,306	1.9%
ACT Capital Management, L.L.C.*	70,616	3.0%	70,616	1.9%
* Based upon latest reported holdings				
** Proforma holdings based upon information provided by shareholder as of Nov 17, 2021				

Executive Team

Experienced Leadership With Healthcare and Commercialization Expertise



Dane Andreeff

President & CEO

- 20+ years at Maple Leaf Partners as the General Partner and Portfolio manager, a value-based hedge fund which grew to over \$2b in assets
- Board member and advisor to Helius for over 3 years, Myocardial Solutions for 4 years and HDL Therapeutics, Inc. for over 15 years
- ~8.8% ownership of the company



Jeff Mathiesen, CPA

Chief Financial Officer

- Vice Chair, Lead Independent Director, and Audit Committee Chair of Panbela Therapeutics, Inc. (Nasdaq: PBLA)
- Director and Audit Committee Chair of NeuroOne Medical Technologies Corporation (OTCQB: NMTC)
- Former Board Member and Audit Committee Chair of eNeura, Inc.
- Former CFO at Gemphire Therapeutics and Sunshine Heart



Dr. Antonella Favit-Van Pelt

Chief Medical Officer

- Board-certified neurologist with 20+ years in the health sciences industry
- Led U.S. Medical Strategy for the Neurology program of H. Lundbeck A/S
- Founded and led as President and CEO, Synaerion Therapeutics and its affiliate Thera Neuropharma, Inc.
- Served as Senior Director and Global Medical Lead at Shire Pharmaceuticals, Director of Medical Strategy at Bristol-Myers Squibb, and as Global Clinical Development Lead at GE Healthcare



Frederick Fantazzia

VP, Sales & Marketing North America

- 25+ years combined experience in Medical Device and Pharmaceutical Sales
- 16+ years in the medical devices industry with extensive commercialization expertise in neuromodulation sales and marketing
- Former VP of North America Sales and Marketing, LivaNova and legacy Cyberonics (Cyberonics experience included global responsibility)
- Pharma Experience - Launched and sold multiple pharmaceuticals including Tiazac, Celexa, Monourol, and Lexapro

Non-Executive Directors

Experienced Leadership With Healthcare and Commercialization Expertise



Blane Walter

Chairman of the Board

- Partner, Talisman Capital Partners
- Vice Chair of InVentiv Health
- Chair of the Governor of Ohio's Executive Workforce Board
- Former CEO of InVentiv Health
- Former Founder of InChord Communications



Ed Straw

Director

- Founder, Managing Partner of Osprey Venture Partners
- Chairman of Odyssey Logistics
- Member of the Board of Directors of Performance Equity Management, Capital Teas and Document Capture Technologies, Inc.
- Former President, Global Operations, Estee Lauder
- Former SVP, Global Manufacturing and Supply Chain Management at Compaq Computer Corporation
- Distinguished 3-star Admiral, US Navy



Sherrie Perkins

Director

- 20 years neuromodulation medical device experience in neurology, psychiatry, and sleep medicine
- Former Marketing and Business Development Executive, Cyberonics, Inc. (Nasdaq: CYBX) and LivaNova PLC (Nasdaq: LIVN)
- Former member Board of Directors, eNeura, Inc.
- Former member Board of Directors, ImThera Medical, Inc.

Non-Executive Directors

Experienced Leadership With Healthcare and Commercialization Expertise



Mitch Tyler
Director

- Founder and Co-Inventor of PoNS technology
- Co-founder of Wicab, Inc and former VP, Research and Development
- Lead Inventor of the BrainPort Balance Device
- Former University of Wisconsin Biomedical Engineering faculty member
- MS, Biomedical Engineering and Registered Professional Engineer



Paul Buckman
Director

- Thirty-nine years of medical device experience in general management, sales, marketing, finance, international and operations
- President, North America – LivaNova PLC
- Former President of the Cardiovascular Divisions of both Boston Scientific and St. Jude Medical
- Director on the Boards of NeuroOne (Chairman), Miromatrix (Chairman), Ablative Solutions, ActivOrtho, Inc. (Co-Founder), and Shoulder Innovations

Helius MS Scientific Advisory Board and Key Opinion Leaders



Extensive IP Portfolio

Exclusively licensed from inventors (4% royalty):

- 9 US Medical Method Patents Issued
- Patents expire between 2029 and 2031

Patents owned by Helius (no royalty):

- 29 US Patents Issued
- 41 Foreign Patents Issued
- Patents expire between 2026 and 2040

Helius Patents Transferred to China Medical System Holdings (CMS):

- 3 Chinese Design Patents

Independent Verification of Patents and Freedom to Operate Opinion:

- September 2017

First-in-Class Neurotech

- Unique and innovative therapy authorized to improve impaired function by stimulating cranial nerves via the tongue, supported by an extensive IP portfolio
- US authorization in gait deficit due to MS
- MS launch targeted Q1'22 in US
- FDA Breakthrough Designation granted for the treatment of balance and gait deficits due to symptoms of stroke



Thank you

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