

pulsefitness

Built for Everybody:

The Business Case for Inclusive Fitness



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Foreword

For decades, the fitness industry has designed equipment and facilities around a narrow definition of the typical member. Accessibility has often been handled as a legal compliance checklist rather than a core design standard. As a result, a significant part of the population has been overlooked.

Since 1980, Pulse Fitness has built equipment for commercial fitness. In 1997, five years before formal government standards existed, the company engineered its first inclusive lines. In 2002, Pulse helped author the UK's original Inclusive Fitness Initiative (IFI) equipment standards. Today, the portfolio includes more than 30 IFI-accredited products, and inclusive machinery accounts for 20% to 30% of global sales. That experience has shown that Universal Design is not a charitable add-on. It is sound, sustainable engineering.

Operators who accommodate adaptive exercisers gain the loyalty and purchasing power of the entire household. Working with lived-experience consultants such as two-time Paralympian Ian Marsden, Pulse's engineering mission is to build equipment that looks like a premium gym, not a clinic, so every member can train with autonomy and dignity on the main floor.

This white paper was prepared by Datagonist and combines original consumer survey data with frontline insight from practitioners and operators. Pulse Fitness thanks the following contributors for sharing their expertise: Julie Bourgeois (YMCA East Surrey), Ben Clark (Adapt to Perform), Tim Cook (Adaptive Training Foundation), and Ben Green (YMCA of Greater Grand Rapids). Their daily work demonstrates that inclusion is both the right approach and a commercially viable one.

What follows is a practical playbook for operators ready to act.



Jamie Burton
President, USA and Global Development, Pulse Fitness

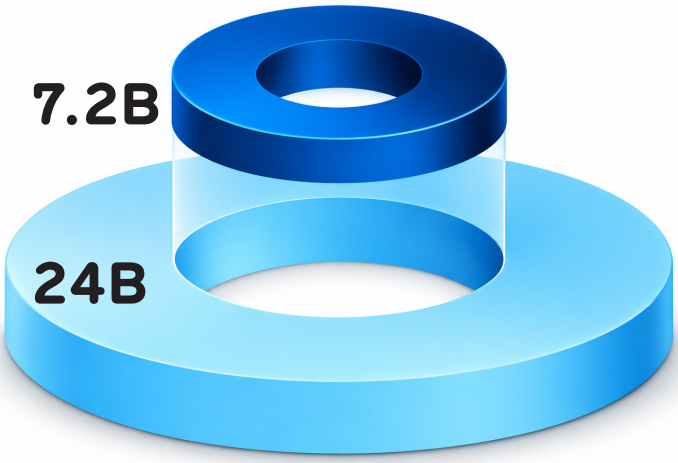
Executive Summary

Built for Everybody: The Business Case for Inclusive Fitness

Inclusive fitness is a commercial opportunity and the industry's mission in action. Built for Everybody sizes the market of adults with disabilities and their households and gives operators a practical framework to serve it.

The Evidence

Chapters 1–3



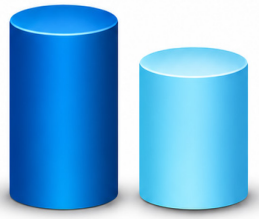
$24 Billion
Market within existing service areas

$7.2 Billion
Annual direct consumer spend by adults with disabilities who exercise 3+ times a week.

Both figures include spending on fitness services and memberships by adults with disabilities and their households ($US).

Facility & Trainer Use

55% vs 43%



Use a fitness facility at least once a week (adults with disabilities vs. non-disabled peers, among exercisers)

32% vs 18%



Work with a trainer at least once a week (adults with disabilities vs. non-disabled peers, among exercisers)

Facility access and trainer support are central to how adaptive exercisers manage their health.

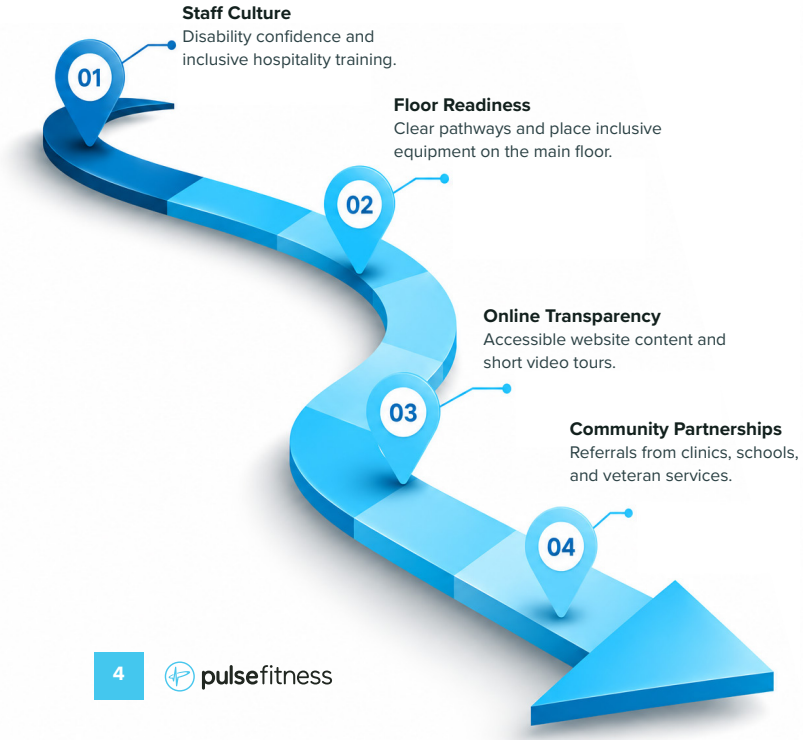
The barriers:
Crowded floors, untrained staff, and equipment adults with disabilities cannot use independently.

The response:
Universal Design: equipment and layouts built for people with disabilities improve the experience for every member, like a curb cut built for wheelchairs and used by everyone.

In Practice

Chapters 4–7

Steps for the First 90 Days



Staff culture drives loyalty.
Few spaces are built for people with disabilities, so members who find a welcoming facility stay, and their households often follow. **01**

Accessibility opens the door; inclusion brings members back.
Facilities where whole families see themselves become a "third space" and support a stable membership. **02**

Every facility type has a route to value.
Commercial clubs differentiate, nonprofits expand community access, hospital centers bridge rehab to wellness, and university centers support campus inclusion. **03**

The business case rests on four outcomes:
market expansion, household memberships, off-peak revenue, and community trust. **04**

Chapter 1

The Inclusive Fitness Market Opportunity: An Overlooked Blue Ocean

People with disabilities are one of the largest underserved demographics worldwide. This market has substantial purchasing power, and it comes with less competition than most segments the fitness industry targets. Investing in inclusive equipment and programming allows operators to establish a strong position in a market worth tens of billions of dollars.

Key Insights

- **More than one in four U.S. adults reports living with a disability.** Data from the Centers for Disease Control and Prevention (CDC) places adult disability prevalence at 28.7%. This figure covers reported limitations in six functional areas: cognitive, mobility, hearing, vision, self-care, and independent living.
- **Spending power extends beyond individuals with disabilities.** In the U.S., combined disposable income for people with disabilities and their networks totals approximately $8.3 trillion annually. Direct spending by people with disabilities represents about 16% of this amount.
- **Three tailwinds are driving growth in the adaptive fitness market.** The global working-age population (ages 25-64) with disabilities is expected to exceed one billion by 2030. Also, disability prevalence rises among older adults (ages 65+), making physical exercise a priority to manage health and foster autonomy. At the same time, leading companies are making accessibility a business priority.
- **The total addressable market for adaptive fitness consumers in the U.S. is $24 billion, with a serviceable market of $7.2 billion among highly engaged adults.** These figures reflect direct consumer spending and exclude hardware sales, insurance, and grant funding. Including platform sales and indirect spending would further expand the adaptive fitness economy.

Lived Experience Suggests a Higher Prevalence of Disability Than Commonly Cited

The World Health Organization (WHO) estimates roughly 16% of the global population lives with at least one disability. However, the WHO acknowledges this projection likely underestimates prevalence. Real-life disability is shaped by environmental barriers and everyday difficulties. Including these challenges, the Return on Disability Group (RoD Group) estimates 22% of the global population ages 5 and older has a functional disability. The figure rises to 27% for those 15 and older.

The variance across these figures highlights the impact of lived experience. While the WHO measures medical disability in isolation, real-world disability is affected by the environment. Narrow aisles, inaccessible equipment, and locker rooms without private changing spaces are all potential obstacles to using a fitness center.

The U.S. Census Bureau's American Community Survey (ACS) and the CDC's Behavioral Risk Factor Surveillance System (BRFSS) use a six-domain framework to capture reported disability. The six domains include mobility, cognition, hearing, vision, self-care, and independent living. Each domain points to specific barriers people with disabilities may face at health clubs.

ACS Domain	Fitness Facility Barrier
Mobility	Narrow aisles and spacing between equipment, limited ramps, and lack of elevators
Cognition	Loud music, crowded floor layout, lack of visual instructions, and unclear floor etiquette
Hearing	Verbal-only instruction, lack of assistive audio technology, and audio-only PA systems
Vision	Cluttered gym floor/trip hazards, touchscreens without tactile feedback, and illegible weight labeling
Self-Care	Hard to navigate locker rooms, inaccessible showers, and lack of private changing rooms
Independent Living	Transit scheduling, inaccessible equipment, and staff not trained in adaptive fitness

Disability estimates vary substantially between the CDC and the U.S. Census Bureau. CDC data show that 28.7% of U.S. adults report a disability, compared with 13.7% of the civilian noninstitutionalized population (all ages) in Census Bureau data. Both estimates refer to people living in community settings, but the underlying surveys differ in their methodology and response rates.

Altogether, these estimates show the scale of the population with functional limitations. They also underscore the importance of understanding disability through more than a single measure.

Three Macro Tailwinds Are Expanding the Disability Market

Three distinct trends are driving the disability market. The global working-age population with disabilities is expected to exceed one billion by 2030, according to the Return on Disability Group. Driven partly by post-pandemic and long COVID effects, an increasing number of younger people are falling into this category.

Another tailwind comes from the Baby Boomer population (currently between 62 and 80 years old). Boomers control more than $80 trillion in U.S. net worth, according to the Federal Reserve. Per the CDC, disability prevalence rises to 43.9% among adults ages 65 and older, making regular exercise vital in maintaining health and independence.

The curb-cut effect: improvements that support adaptive exercisers can enhance the gym experience for everyone.

In addition, more businesses are making accessibility a core design principle. Apple Stores use open layouts and hands-on staff to serve customers with diverse needs. OXO develops kitchen tools for people with arthritis and limited grip strength, which are also fit for everyday use for all consumers. Pulse Fitness offers world-leading inclusive fitness equipment designed for all exercisers.

This pattern reflects the curb-cut effect: features designed for accessibility, such as ramps, also benefit others, including parents with strollers and travelers with wheeled suitcases. Improvements that support adaptive exercisers can enhance the gym experience for everyone. Universally designed equipment, organized floors, and inclusion-trained staff also benefit non-disabled members.

Household Spending Places the Adaptive Fitness Consumer Market at $24 Billion

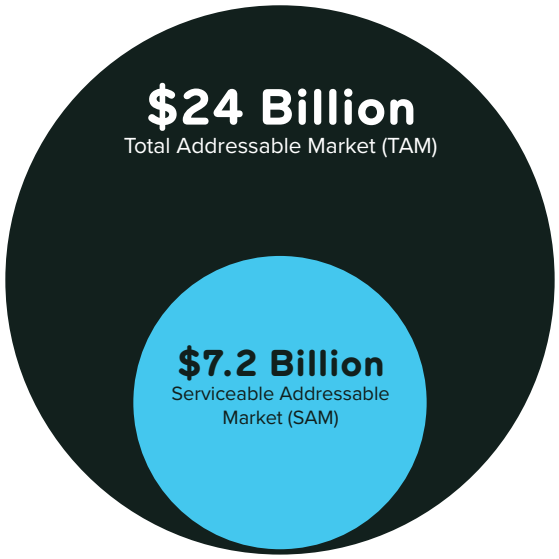
The spending power of people with disabilities extends to their entire household, including family, partners, and caregivers. The RoD Group estimates global disposable income for working-age people with disabilities and their networks at $18.3 trillion. In the U.S., this figure is $8.3 trillion, with $1.3 trillion controlled by working-age individuals with disabilities and $7 trillion by their networks.

Adaptive exercisers often join fitness clubs with family and friends. A Datagonist survey of 2,500 Americans ages 18-79 found that households with at least one disabled member spend about $58 per month on fitness.

For market-sizing purposes, this analysis uses the ACS estimate as a conservative population benchmark. Among adults ages 18–79, this represents approximately 34.7 million people. Using an average monthly fitness spend of $58 yields an estimated total addressable market (TAM) of approximately $24 billion annually.

Within the same consumer survey, 30% of respondents with a disability reported exercising at least three times per week. Applying this engagement rate produces a serviceable addressable market (SAM) of approximately $7.2 billion annually, excluding insurance and grant funding.

U.S. Adaptive Fitness Consumer Market: Direct Spend by Adults with Disabilities and Their Households



Data based on ACS estimates of the total U.S. civilian noninstitutionalized population with a disability in 2024 and Datagonist consumer survey of 2,500 Americans (ages 18-79). Figures capture direct, out-of-pocket spend only.

While some data companies estimate the market size for adaptive fitness hardware platforms, the $24 billion and $7.2 billion figures reflect direct, out-of-pocket spend. TAM and SAM estimates cover fitness memberships and services such as classes and personal training. Including hardware sales, insurance subsidies, and grant funding would further expand the adaptive fitness economy.

For a general manager, the takeaway is clear. At least 1 in 7 adults in a given service area faces a functional barrier to using a gym. Attracting consumers living with disabilities does not mean chasing a separate market. It means better serving disabled persons, along with their families, partners, and caregivers.

Chapter 2 shifts from sizing the inclusive market to the consumer behaviors and barriers that influence whether people living with disabilities convert into members or missed opportunities.

Chapter 2

Adaptive Fitness Insights: What Consumers With Disabilities Actually Want and Need

Seizing the inclusive fitness opportunity hinges on understanding the drivers and barriers to exercise among people with disabilities. Identifying the specific challenges encountered in health clubs is essential for inclusive design. Consumers with disabilities are eager to exercise, but they're facing an environment that was not designed for everyone.

Key Insights

- **Adults with disabilities exercise less often than the general population due to functional barriers.** The CDC reports that adults with disabilities are less likely to meet physical activity guidelines. In a consumer survey, 34% of U.S. adults with a disability cited an injury or medical condition as the main barrier to exercise, compared with 10% of adults without a disability.
- **Active adults with disabilities share the same core motivations as their non-disabled peers, but those motivations carry different weight.** Both groups exercise for health, longevity, and overall well-being. Adaptive exercisers place more emphasis on managing a medical condition that benefits from exercise. They also overindex on building social connections. A broader mix of motivators reflects the varied health needs of active people with disabilities and points to the value of tailored programs.
- **Adaptive fitness consumers rely more on fitness clubs and coaches than those without disabilities.** About 55% of those who exercise at least weekly use an in-person fitness facility at least once a week, compared with 43% of active adults without disabilities. Nearly one-third (32%) work with a trainer or coach weekly, compared to 18% of their non-disabled peers.
- **Cultural and physical barriers restrict access to fitness facilities.** Academic research highlights social stigma, untrained staff, and inaccessible equipment as obstacles to gym use. These barriers give operators a clear opening to act.

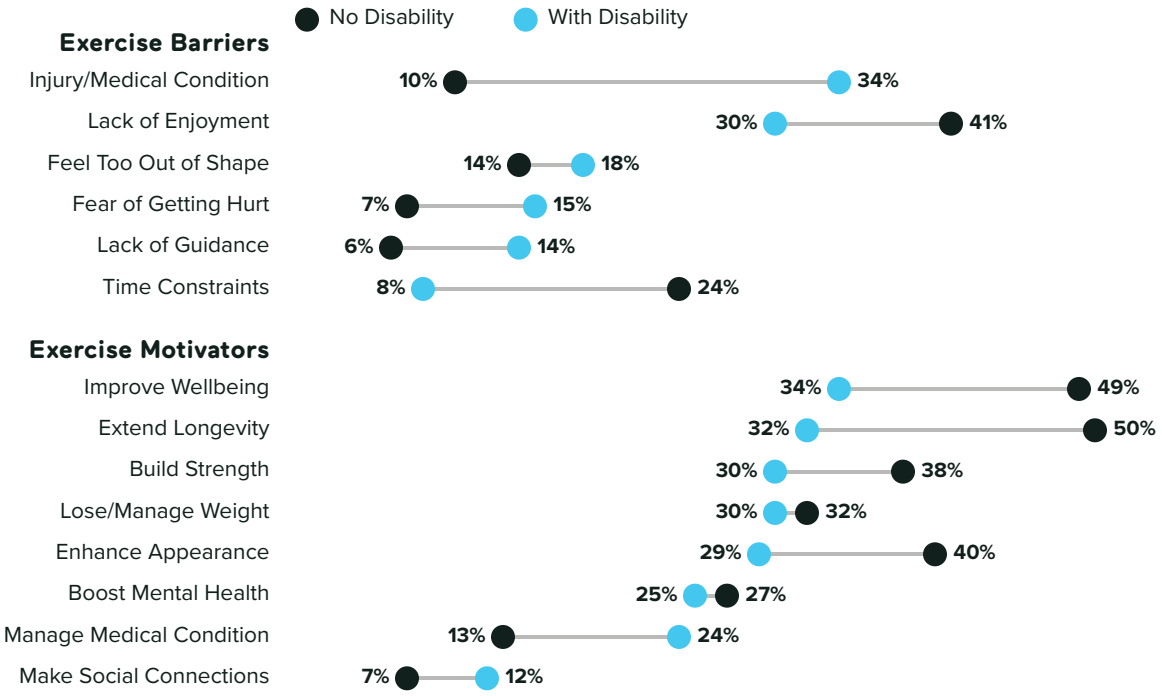
The Physical Activity Gap Reflects Barriers, Not a Lack of Motivation

Adults with disabilities experience a well-documented inactivity gap. The CDC reports they are less likely to meet national physical activity guidelines than the general population. Adults with disabilities are also more likely to have heart disease, type 2 diabetes, hypertension, depression, and some cancers. Regular exercise helps prevent many of these conditions.

Consumer research shows the activity gap is not due to lack of interest. Over one-third (34%) of U.S. adults with a disability cite an injury or medical condition as their main barrier to exercise. Meanwhile, lack of enjoyment remains the number one barrier for adults without disabilities. Consumers with disabilities are also more likely to express concerns about injury from exercise and lack of guidance, indicating that instructional support is a key missing piece.

Similar Motivation, Different Barriers

Exercise barriers and motivators among U.S. adults ages 18–79, with and without a disability



Data source: Datagonist U.S. Fitness & Wellness Consumer Survey (n=2,500)

Although people with disabilities exercise less often, they share the same core motivations as the broader population. Longevity, wellbeing, physical transformation, and mental health all rank among the top drivers. However, the top motivators for exercise are more widely distributed among people with disabilities, reflecting the diversity of the population. Notably, managing a health condition and meeting new people are stronger motivators for adaptive fitness participants.

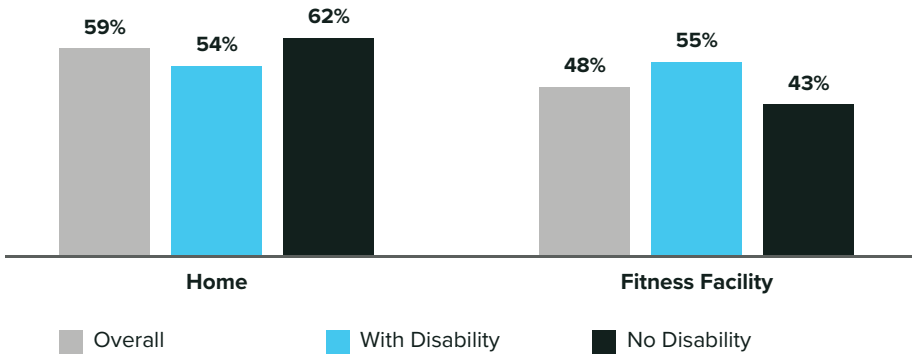
People with disabilities are not a monolith. Specific barriers and motivators differ by condition and experience. However, for the vast majority, physical exercise offers a means of regaining autonomy, improving physical and mental health, and building community.

Fitness Facilities & Coaching Turn Motivation Into Routine

Active people with disabilities rely on fitness clubs and coaching more than active consumers without disabilities. More than half (55%) of adults with disabilities who exercise weekly train at a fitness facility, while 54% also work out at home. In contrast, 43% of active consumers without disabilities train in person at least once a week and 62% exercise at home.

Active Consumers With Disabilities Are More Likely to Use a Fitness Facility

Exercise venue use among U.S. adults ages 18–79 who exercise at least once a week



Active consumers are respondents who reported exercising at least once a week.
Data source: Datagonist U.S. Fitness & Wellness Consumer Survey (n=2,500).

Personal training is a particularly strong signal. About 32% of active adaptive consumers work with a trainer or coach at least weekly, compared to 18% of their non-disabled peers. Both groups value motivation, better results, and accountability. Tailored programming is especially important to adaptive fitness clients. Nearly one in four (24%) seek individualized training guidance for a health condition, compared with 14% of clients without disabilities.

This pattern aligns with academic research on exercise adherence. Mehringer et al. (2025) examined more than 40 studies related to exercise and disability. The team found that tailored exercises and fitness programs are a must, not an option, in order for people with disabilities to move regularly. Kennedy et al. (2023) mapped social support interventions across over 30 studies. The studies showed one-on-one coaching helped patients with disabilities move from a rehab setting toward regular exercise in their communities.

Trainers offer both emotional and practical support. Coaches help foster a sense of belonging and can adapt equipment and exercises to various abilities. Peer mentorship, provided by exercisers with and without disabilities, is a meaningful complement to professional coaching. Younger adaptive exercisers who are building confidence on the fitness floor especially benefit from peer mentorship.

Physical and Cultural Barriers Limit Access to the Fitness Floor

Even where interest and motivation are present, cultural and physical barriers stand in the way. A systematic review of more than 100 studies by Nikolajsen et al. (2021) compared gym experiences of adults with and without physical disabilities. It found the two groups face very different barriers at health clubs.

Barriers for adults without disabilities center on preference: location, hours, and equipment quality. Obstacles for adults with disabilities center on lived experiences. Transportation challenges, crowded floors, and negative social interactions are key barriers to facility access. These hurdles are compounded by staff readiness. Frontline employees often lack training in safe transfers, exercise modifications, and adaptive fitness programming.

Physical design also complicates the challenge. Many adaptive exercisers need up to five feet of open space to safely access equipment. However, most facilities place equipment closer together. Fixed seating on strength machines forces wheelchair users into risky transfers. Out-of-reach lat pull-down bars, high starting weights, and consoles without audio or tactile feedback alienate exercisers who could otherwise use the equipment independently.

Barrier Category	What It Looks Like on the Gym Floor
Socio-cultural	Staff untrained in transfers or exercise adaptations; stigma and unwelcome attention directed at adaptive members
Facility layout	Equipment placed too densely for wheelchairs or assistive devices to maneuver safely
Equipment design	Fixed seats, high lat pull-down bars, and weight stacks without low starting increments
Control interfaces	Consoles and touchscreens without audio or tactile feedback

For general managers, the pattern across this chapter is clear. Adaptive fitness consumers are motivated, engaged, and willing to pay for expert guidance. The main barriers to consistent participation are staff training, equipment, and facility layout. Addressing these obstacles starts with design.

Chapter 3 moves from environmental barriers to the design standards operators can apply in order to close them. Building an inclusive facility starts with understanding the difference between a compliance checkbox and true universal design.

Chapter 3

Past the Compliance Checkbox: Universal Design & the Fitness Floor

Serving the inclusive fitness market goes beyond meeting legal guidelines for accessibility. Universal Design (UD) takes access a step further. It aims to improve the experience for all exercisers. UD brings the curb-cut effect onto the gym floor, serving the full $24 billion inclusive fitness market, including adaptive exercisers and their household networks.

Key Insights

- **Legal compliance and UD solve different challenges**. The Americans with Disabilities Act (ADA) sets requirements for building access, but offers no guidelines for equipment usability. UD closes that gap and turns it into a revenue source rather than a compliance cost.
- **The utility of UD on the fitness floor is supported by empirical research and practical design frameworks**. A 2025 study found that a gym redesigned around UD principles yielded faster task completion and higher usability scores for exercisers with and without disabilities. Older spatial guidelines still hold up well. NCODH's 2008 recommendations on equipment placement and gym layout continue to influence facility design today.
- **Fitness equipment designed for one population can benefit the entire membership**. Features designed for wheelchair users, hearing- or vision-impaired consumers, and members with neuromuscular conditions also improve usability for other members. Universal Design applied to equipment engineering embodies the curb-cut effect on the fitness floor.

From Building Access to Expanding the Market: ADA Compliance vs. Universal Design

The Americans with Disabilities Act (ADA) Standards for Accessible Design provides legal guidelines for fitness facilities. Mandates focus on building access, such as accessible parking, curb cuts, entrance ramps, and doorway widths. Indoor requirements include accessible paths of travel, lockers, changing rooms, and restrooms.

However, the ADA does not cover exercise equipment. The law requires an accessible route to at least one of each type of exercise machine. But it does not regulate equipment features such as weight pins, adjustments, and consoles. This narrow focus leads to a usability problem: an adaptive gymgoer may have a clear route to a strength or cardio machine they cannot use independently.

Universal Design (UD) addresses this shortfall. UD refers to the design of a product or environment so that everyone can use it without special modifications. The framework rests on seven principles: equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use (Connell et al., 1997). ASTM International's standards for fitness equipment (ASTM F3021) are founded on UD principles (Hurley & Axelson, 2012).

ADA Compliance vs. Universal Design

Strategic Dimension	ADA Compliance (Legal Baseline)	Universal Design Strategy (Market Expansion)
Core Aim	A legal minimum of civil rights protections and access rules.	Design of a product or environment so that everyone can access and use it.
Equipment Engineering	Exempt: Governs floor space around machines, but exempts operating controls and mechanisms.	Integrated (ASTM F3021): Engineers hardware controls such as seat mechanisms, micro-loading pins, and multi-sensory consoles for unassisted use.
Design Approach	Reactive & Retrofitted: Often means specialized add-ons, separate rehab corners, or reliance on staff.	Proactive & Native: Usability built into standard commercial lines.
Business Impact	Defensive Overhead: Avoids lawsuits but fails to drive acquisition and retention.	Revenue Generator: Expands TAM, enhances member experience, supports lifetime value (LTV).

Universal Design turns a legally compliant fitness facility into a space that works for everyone. UD helps build a gym floor where adaptive and non-disabled members can exercise side by side. Government mandates do not create inclusive fitness floors. True inclusion happens when an operator sees the profit potential in designing for everyone.

Universal Design on the Gym Floor: What the Research Shows

In practice, UD shapes facility layout and fitness equipment design. UD principles guide the planning of a space so everyone can navigate it easily. Key publications show how a gym floor can support equitable, flexible, and intuitive use across all members.

A 2025 study by Mitchell et al. found that applying UD to gym layouts improves the workout experience for every exerciser, not just those with disabilities. Researchers had participants with and without disabilities complete five fitness tasks in a conventional two-story gym and an adapted single-story gym. Key adaptations included:

- Wider circulation aisles,
- High-contrast signage,
- No background music,
- Color-contrasted weight stacks, and
- Multi-height storage cubbies.

Across both groups, the redesigned gym produced faster task completion times, greater usability, and a better user experience than the conventional layout.

The North Carolina Office of Disability in Health (NCODH) published a guide in 2008 on serving members of all abilities at health clubs and other fitness facilities. The publication remains relevant today. Among its recommendations:

- Place accessible machines at row ends for easy access,
- Leave space for 60-inch turning circles between equipment banks, and
- Space clearance of 36 to 48 inches on all active sides of a strength machine to let wheelchair users with different conditions transfer from either side.

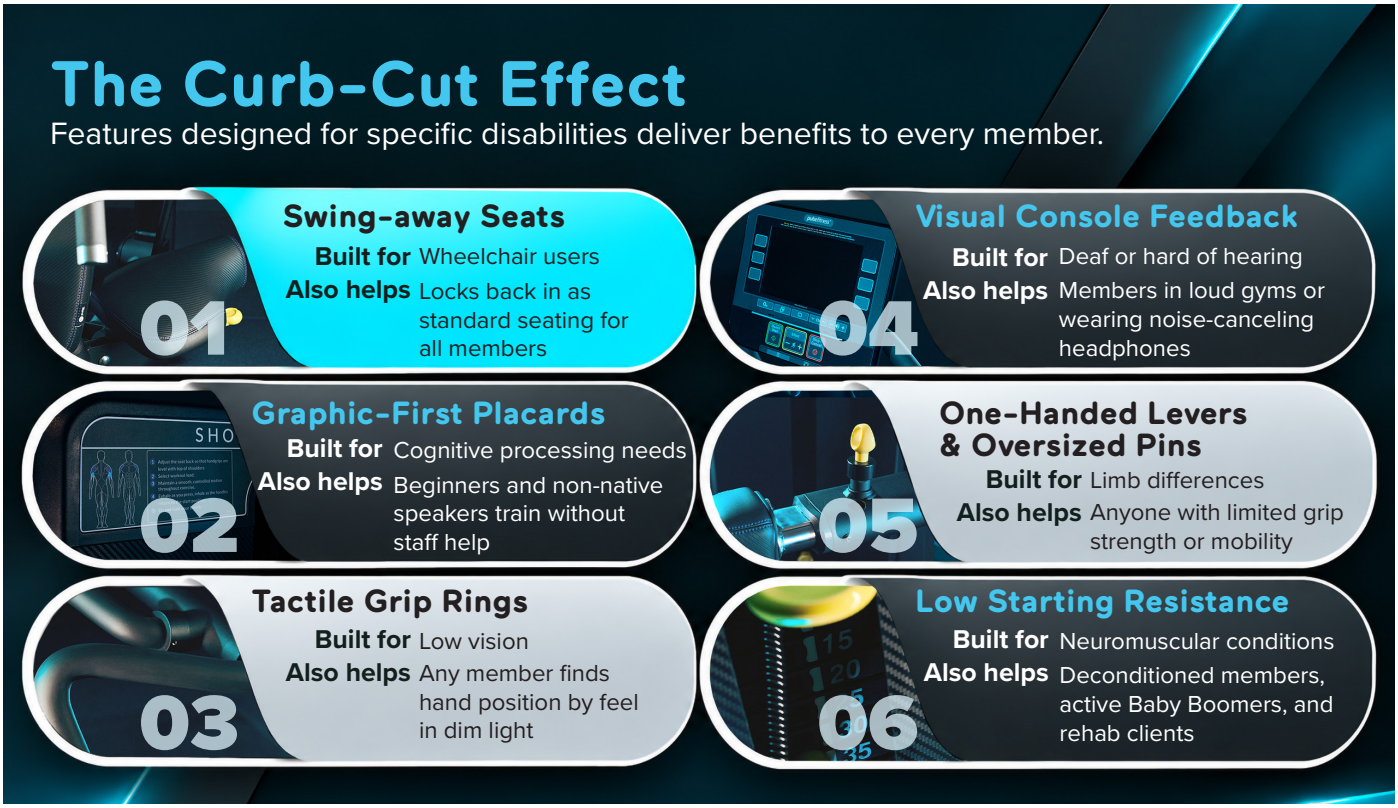
Under the ADA, the minimum width for an accessible route is 36 inches. However, the NCODH recommends corridors be at least 60 inches wide to accommodate a turning wheelchair and two-way traffic.

True inclusion happens when an operator sees the profit potential in designing for everyone.

One Design, Every Member: Inclusive Fitness Equipment and the Curb-Cut Effect

Universal Design informs the engineering behind inclusive fitness equipment. UD sets a blueprint for machines that serve distinct physical, sensory, and cognitive needs without compromising the biomechanics for safe and effective training. A swing-away seat on a chest press machine is one example. Engineered for a wheelchair user to roll into position without a physical transfer, the same seat locks back into place for a non-disabled member to use like a standard press machine. Operators can use the same equipment to serve a broad member base, rather than investing in a separate clinical piece.

The figure below highlights features designed to accommodate various disabilities and how they benefit other fitness consumers. All of these features can be part of standard equipment lines, not separate add-ons. Accessibility and training are not a trade-off; they are interwoven. One design decision can serve both.



Universal Design does not mean operators need to choose between serving adaptive fitness consumers and serving everyone else. The evidence points the other way. Equipment and layouts built for people with disabilities tend to perform better across the whole gym floor, supporting true inclusion. For operators, the practical question is no longer whether to embrace an inclusive fitness strategy, but where to start. Chapters 4 and 5 turn to industry leaders and operators already answering that question.

Chapter 4

What's Already Working: Practitioner Perspectives

The previous chapter described what Universal Design looks like on paper. This chapter turns to inclusion in practice, through the perspective of two practitioners who deliver adaptive fitness solutions and consult on building inclusive programs. Their experience on the ground shows how intentional design, staff culture, and training turn accessibility into long-term member loyalty.

Beyond Access: How Adaptive Fitness Turns Inclusion Into Loyalty



Ben Clark
Founder & Consultant, Adapt to Perform

Backstory: In 2010, while training for the Olympics as a swimmer, Ben Clark broke his neck in a diving accident that left 75 percent of his body paralyzed. He channeled his journey into Adapt to Perform, now the world's largest adaptive fitness resource, and now consults with operators to build commercially viable inclusion strategies.

ROI Insight:

"When you find somewhere that works well, it's so rare that you don't go anywhere else. You don't have that same churn that you have at other gyms. It's a far more loyal, far more engaged audience."

1. Common Misconceptions

What are the most common misconceptions operators still have about what members with disabilities actually want?

One of the biggest misconceptions is that adaptive exercisers want a separate, segregated offering, when most people simply want to belong to the general community. The second misconception is physical access. Plenty of facilities do a good job on the building itself—being able to access the building and the facilities—but they don't necessarily focus on the experience side of things. That's usually the difference between a facility that's compliant and one that actually retains adaptive members.

2. Accessibility in Practice

What specific aspects of an accessible club really empower adaptive exercisers?

It starts with the marketing, whether a prospective member can see themselves in that community, and continues at the door, where staff need to be knowledgeable and welcoming. I have seen places that are more accessible in practice than their equipment would suggest, purely because the culture is right. Most facilities already have decent equipment; the real differentiator is how welcome a member feels the moment they arrive.

3. Universal Design

How have you seen the broader membership benefit from accessible design?

If someone without a disability struggles to navigate a facility, imagine the difficulty for someone with limited vision or mobility. A good intuitive gym floor layout really makes a difference. Cable machines are far more adjustable, which makes them more usable for someone in a wheelchair, and stocking more of them benefits every member waiting in line. Designing for an adaptive exerciser tends to make the layout more intuitive for everyone else.

4. Return on Investment

How does facility accessibility impact member loyalty and long-term retention?

Consumers with disabilities are a large, working-age population with significant purchasing power. When a facility gets even a couple of things right—the culture, the members, the staff on the floor—it becomes rare enough that people simply do not leave. You don't have that same churn that you have at other gyms. It's a far more loyal, far more engaged audience. The one real obstacle is tracking: most facilities are not collecting disability data at sign-up, often out of caution about how to ask, so operators cannot yet measure the retention effect as clearly as they could.

5. Staff Training and Culture

How do operators build staff confidence without needing to hire expensive clinical specialists?

Most people already know how to talk to people with disabilities, because it's exactly the same as how you communicate with everybody else. What actually holds staff back is fear of saying the wrong thing. Adaptive members are far more forgiving of a genuine effort than a staff member who goes quiet because they are unsure what to say. Every staff member should have some form of disability-specific training for their role, built into standard training. At the same time, having someone on staff who goes deeper, does more research, and has more direct experience is genuinely valuable as a resource the rest of the team can lean on.

One of the biggest misconceptions is that adaptive exercisers want a separate, segregated offering, when most people simply want to belong to the general community.

Ben Clark, Adapt to Perform

Beyond Rehab: How ATF Turns Mindset Into Performance



Tim Cook

Development Director & Performance Specialist, Adaptive Training Foundation (ATF)

Backstory: Tim Cook spent decades building an elite performance coaching career before stepping into his role as ATF's Development Director. The shift was a purposeful extension of his career, applying the same rigor of athletic training to a demographic often seen as a rehabilitation case. That conviction, fusing mindset and performance, shapes REDEFINE's training philosophy.

ROI Insight:

"There aren't many spaces built for this community, so once a gym gets it right, that member stays, and their household stays with them."

1. The Performance-Over-Therapy Proof Point

How does reframing adaptive exercise as performance training drive engagement?

REDEFINE is our flagship program: a free, ten-week performance training cohort for athletes with spinal cord injuries, amputations, and other disabilities. Each cohort costs us $150,000 to $175,000 to run, and applicants go through a three-round interview process. We typically choose no more than 13 athletes out of roughly 200 who apply. We are going to challenge you, push you out of your comfort zone, and show you that you are still more than what you believed you were pre-injury. We do not track adherence on a formal dashboard, but the proof shows up in return visits: graduates train with us for free afterward, and alumni turn out in force every Friday.

2. The Nonprofit Funding Model

How do you fund a program that costs up to $175,000 per cohort and is free to athletes?

Funding comes from title sponsors who back a full class, along with community donations and fundraising events with local partners. The way I look at it, if you are valuing the person and not just the net or gross you are trying to raise, that person helps carry your mission, and it comes back to you one way or another. Donors want to know exactly where their dollars go and how they benefit an individual athlete, so we invest heavily in each person and make that visible.

3. Staff Culture and Liability

How does ATF train specialists without hiring a roster of clinical staff?

Everyone on our staff has a specific gift that matches their role, which is how we keep overhead manageable instead of hiring a roster of expensive specialists. Most of our head trainers are alumni athletes, many of whom had no training background before coming through our own program. There is a trust factor a credential alone cannot replace: when a trainer has gone through a similar injury, an athlete cannot say, 'you don't understand.' We also invest in education, through partners, so trainers can coach with real athletic rigor while still respecting biomechanical boundaries. A standard gym does not need a physical therapist for every adaptive member. It needs to educate the staff it already has.

> **A standard gym does not need a physical therapist for every adaptive member. It needs to educate the staff it already has.**
>
> Tim Cook, Adaptive Training Foundation

4. The Household Effect

How does an athlete's transformation impact their family and home environment?

Families are giving us a core member of their home for 9-10 weeks, and we remind our athletes that their family is ten weeks behind them. All the family knows is the person who left; they do not yet know the person coming back. Athletes take the tools they learn home with them, and it changes the whole household's dynamic. Families get more active, seeking activities outside the home to challenge themselves alongside the athlete, because there is no longer an excuse to sit on the sidelines. It becomes a built-in accountability system that reaches well beyond our walls.

5. The Gym Reintegration Challenge

What physical and cultural barriers cause adaptive athletes to drop out of standard gyms, and what happens when operators ignore them?

We teach our athletes that the world is not going to change for them. Our focus is on giving them tools to adapt to whatever gym they walk into—active hands, adaptive straps, and split ropes, for example—plus the confidence to know they are not in anyone's way. Most commercial gyms simply do not stock adaptive accessories. Culture is the other half of it. Stepping into a gym is intimidating for anyone starting out, and that intimidation is worse when someone is also wondering whether people are staring or judging. Operators are missing a demographic that could access their space, help their gym grow, and demonstrate real inclusiveness in the process. There aren't many spaces built for this community, so once a gym gets it right, that member stays, and their household stays with them.

Chapter 5

Designed for Members: Case Studies in Operator-Led Inclusion

Chapter 4 examined inclusion through the experience of two practitioners and consultants. This chapter turns to two operators who built inclusion into their facilities over time. Each case study follows a strategic decision and traces its effect on membership and the communities each organization serves.

Beyond the Door: How One YMCA Turned Accessibility Into Belonging



Julie Bourgeois
Health & Well-Being Manager, YMCA East Surrey

Backstory: Julie Bourgeois is Health & Well-Being Manager at YMCA East Surrey. When its fixed-weight inclusive equipment needed replacing, major suppliers no longer made it. Her search led to equipment designed for wheelchair and non-wheelchair users alike. A short video tour of the upgrades drew 8,000 views.

ROI Insight:

"Inclusivity is spoken about as a moral responsibility—and quite rightly so—but I also believe it's one of the biggest opportunities for growth and innovation within our industry."

1. Inclusion vs. Accessibility

Why does the distinction between inclusion and accessibility matter for your business?

Accessibility gets people through the door, but inclusion makes them want to come back. It removes barriers, while inclusion creates belonging, and people stay active when they feel welcomed and valued. That is why I embed inclusivity within mainstream fitness provision, not as a side program. At first glance, our equipment looks like any other gym's, but up close it works for members with disabilities and without, on the same machines.

2. The Market Need

Why does inclusive equipment matter, and what did you find when you went to replace yours?

Inclusive equipment encourages independence. When our old, fixed-weight inclusive equipment needed replacing, I assumed the major manufacturers would have options. Instead, suppliers told us, one by one, that they no longer produced it. One even suggested removing a machine's seat to wheel a chair into its place, without addressing that the seat post would still be there, making genuine access impossible. So we did the digging ourselves and found Pulse, who had already built exactly what we needed: equipment designed from the ground up for wheelchair and non-wheelchair users alike. The right equipment promotes equal access, builds a welcoming culture, and expands membership rather than narrowing it. That is why this is a business case, not only a moral one.

3. Staff Training and Culture

How do you build staff confidence and culture?

Every member of my team, not just fitness floor staff, undertakes training in disability and inclusive fitness, because a member's experience of inclusion starts before they reach a machine. That training improves staff confidence and competence, since members can tell quickly whether staff are comfortable and knowledgeable. That comfort is what lets someone train independently rather than needing constant assistance.

4. Proof in the Community Response

What happened when you publicly shared the initiatives your YMCA took to be more inclusive?

We posted a short video of one of our instructors touring how we had made the YMCA more inclusive. It got 8,000 views very quickly, with a large number of likes and comments. What struck me was what that response showed: everyone wants inclusivity, even people who do not personally need it. Some members told us they had not realized certain equipment was inclusive, which means the design worked exactly as intended.

Inclusive fitness is not about creating spaces for some people; it is about creating spaces where every person can participate, contribute, and thrive.

Julie Bourgeois, YMCA East Surrey

5. The Business Case for Inclusion

Why do you see inclusion as a growth opportunity, too?

Inclusion is spoken about as a moral responsibility, and quite rightly so, but I also believe it is one of the biggest opportunities for growth in our industry. Inclusive fitness is not about creating spaces for some people; it is about creating spaces where every person can participate, contribute, and thrive. When a facility removes barriers, it strengthens the whole community, which shows up in membership growth, retention, and the goodwill we saw on social media.

Beyond Compliance: How Inclusion Scales Community Impact and Membership



Ben Green
VP of Branch Operations, YMCA of Greater Grand Rapids

Backstory: Ben Green is Vice President of Branch Operations at the eight-branch YMCA of Greater Grand Rapids. According to Progressive Companies, membership at the universally designed Mary Free Bed branch grew 84% over three years, while inclusive programs rose from 20% to 80% of the total program mix.

ROI Insight:

"In order to be that third space—between home and work—everyone needs to see themselves belonging here. Universal Design helps us build a higher, more stable member base because whole families see a place for themselves."

1. Ground-Up Design Vision

How did inclusion become a foundational priority for the YMCA of Greater Grand Rapids?

A group came together with a clear directive: create access for all and eliminate physical and social barriers for every family in our community. We partnered with Progressive Companies to design the Mary Free Bed YMCA as a global prototype for Universal Design. Essentially, it was about creating access for all and making sure all barriers were eliminated for youth and families in the community.

2. Universal Design on the Gym Floor

For operators unfamiliar with Universal Design, what physical features set the facility apart?

It is a 117,000-square-foot facility. The only set of stairs in the building is built into the pool design. We integrated Color Universal Design palettes so members with visual differences can navigate intuitively, alongside graded curb slopes, zero-threshold floor transitions, and a fully accessible outdoor playground. It takes everything the YMCA offers and ensures every individual has an opportunity to come and play and get involved.

3. Inclusive Equipment Considerations

What do operators need to consider when selecting equipment for inclusive facilities?

We operate a high-traffic facility, so equipment durability is paramount. A major concern with niche adaptive equipment is whether it can handle heavy commercial volume. Our original inclusive line lived a long, successful life because it was built tough. As we look to partners like Pulse Fitness, we need equipment with swing-away seats and flexible pivot points that can withstand ten years of continuous commercial use just like standard selectorized machinery.

4. The Third Space & ROI

How have Universal Design and a broader commitment to inclusion impacted your member acquisition and long-term retention?

Our organizational goal is to be the community's 'third space' after home and work. In order to be that third space, everyone needs to see themselves here. Universal Design and inclusion help us generate a higher member base because all families can see themselves belonging here. Having trusted partners like Mary Free Bed Rehabilitation Hospital as a recommending agency helps us grow our membership base. But it's really about intentionally providing good services rather than just casting a big net.

> **Inclusion is not one-size-fits-all. It's not about being the answer to everything; it's about answering specific community needs.**
>
> Ben Green, YMCA of Greater Grand Rapids

5. Scaling Across a Multi-Branch System

How do you scale inclusive culture across other YMCA branches that lack a specialized certified building?

Inclusion is not one-size-fits-all. It's not about being the answer to everything; it's about answering specific community needs. Across our branches, we run adaptive swim lessons, baseball programs, and dance programs, and we offer inclusive fitness equipment. Oftentimes, we work with partners. We do not try to compete to serve people—we open our doors to partners like Special Olympics Michigan and local sports commissions in order to answer community needs.

Chapter 6

Your Market, Your Move: Vertical Strategic Playbooks

Inclusive fitness takes a different form in each type of facility since priorities vary across sectors:

- Commercial health clubs prioritize profit and retention targets.
- Parks, recreation, and nonprofit centers answer to community health mandates and funders.
- Hospital-based centers connect rehabilitation to long-term independence.
- University recreation centers support campus-wide inclusion and wellness.

This chapter offers one playbook for each setting. The playbooks draw on interviews with practitioners and operators and on the sources listed in References. Each playbook can be used in two ways:

1. One-Page Executive Briefing

Executives and investors evaluating a single type of institution can go directly to that sector's playbook. Each playbook works as a self-contained, one-page business case. It connects strategy and Universal Design (UD) in practice to ROI metrics for each vertical.

2. Brief Slide Presentation

Teams preparing a stakeholder pitch can use the three-pillar structure as a slide outline:

- **Slide 1** covers strategic drivers and target market, the "why" and "who."
- **Slide 2** covers infrastructure and execution, the "what" and "how."
- **Slide 3** covers financial and social return, the bottom line.

For general managers and fitness directors, the starting point is the playbook for their own vertical. Chapter 7 shifts from strategy to execution. It turns these playbooks into a 90-day audit checklist, with low-cost first steps in staff training, online marketing, and community outreach.

Commercial Health Clubs

Differentiation That Supports Retention and Lifetime Value

Pillar 1: Strategic Drivers & Target Market

- **Market Differentiation:** Stand out in competitive markets. Chapter 1 sized direct consumer spend at a $24 billion TAM. The SAM is $7.2 billion among adults who exercise three or more times a week (Datagonist consumer survey, 2025; American Community Survey, 2024).
- **The Curb-Cut Multiplier:** Improve usability for aging Baby Boomers, post-rehab members, and beginner exercisers while serving the broader member base.
- **Primary Demographics:** Attract working-age adults with disabilities, active seniors, injured athletes, and their household networks.

Pillar 2: Infrastructure & Execution

- **UD Equipment:** Invest in strength equipment featuring swing-away seats, single-handed adjustment levers, and low-resistance increments. Choose cardio lines with low-profile pedals and step-through frames.
- **Fitness Floor:** Position UD equipment at row ends. Keep aisles clear. Adjust group classes to ability levels.
- **Culture & Staffing:** Require staff disability and inclusion training. Post video walk-throughs online so new members know what to expect.

Pillar 3: Financial & Social ROI

- **Retention:** Monitor retention among members with disabilities and their households. Compare it with the club's overall member retention rate.
- **Household Yield:** Track household memberships. Each person with a disability is linked to 1.85 potential members, including family, partners, and caregivers (Return on Disability Group, 2024).

Parks, Recreation, and Nonprofit Centers

Community Access and Funding Eligibility

Pillar 1: Strategic Drivers & Target Market

- **Civic & Mission Alignment:** Serve the entire community by reducing physical, sensory, and social barriers.
- **Funding Capture:** Prepare the facility to compete for local health equity grants, local government funding, and donor contributions.
- **Primary Demographics:** Serve residents with disabilities and older adults. Attract families of children with disabilities, adaptive sports participants, and exercise referral patients.

Pillar 2: Infrastructure & Execution

- **UD Equipment:** Invest in inclusive strength and cardio equipment with simple console controls. Add training accessories, such as gripping aids and adaptive gym attachments.
- **Fitness Floor:** Place the fitness floor on a single level so that members with and without disabilities can exercise side by side.
- **Culture & Staffing:** Require disability workshops for all employees, including reception, fitness professionals, coaches, water safety, and aquatics. Partner with local charities and health care providers.

Pillar 3: Financial & Social ROI

- **Facility Utilization:** Offer off-peak classes and workshops for retirees and other adults outside the workforce. Track the impact of off-peak offerings on overall usage.
- **Grant & Philanthropic Capital Funding:** Secure public health, local government, and foundation funding for community health and fitness programs developed for underserved groups.

Hospitals and Health Systems

From Rehabilitation to Lifelong Fitness

Pillar 1: Strategic Drivers & Target Market

- **Rehab-to-Wellness Bridge:** Create a smooth transition from physical medicine and rehabilitation into lifelong fitness. Offer a non-clinical but medically supervised setting.
- **Chronic Condition Management:** Offer exercise programs for stroke, cerebral palsy, spinal cord injury, traumatic brain injury, multiple sclerosis, and Parkinson's disease. Develop additional programs for cardiac rehab graduates.
- **Primary Demographics:** Serve patients discharged from physical and occupational therapy. Attract people with acquired or congenital physical conditions and patients managing chronic illness.

Pillar 2: Infrastructure & Execution

- **UD Equipment:** Invest in strength machines with 2.5 kg (5.5 lb) increments, swing-away seats, and single-arm adjustments. Add step-through bikes and multi-axis cable crossovers. Stock adaptive accessories.
- **Fitness Floor:** Use an open layout to leave room for two-way traffic and on-floor instruction. Keep adaptive accessories readily accessible.
- **Medical Fitness Workflows:** Use functional intakes to match each program to the member's goals and conditions. Have exercise physiologists and fitness professionals deliver programs. Hire staff trained in condition-specific exercise protocols.

Pillar 3: Financial & Social ROI

- **Post-Rehab Conversion:** Track conversion of discharged physical and occupational therapy patients into members of the onsite medical fitness center.
- **Health Outcomes:** Monitor functional independence. Track secondary healthcare costs, including hospital readmissions.

Higher Education

Recreation Centers as Hubs of Campus Inclusion

Pillar 1: Strategic Drivers & Target Market

- **Campus Inclusion & Belonging:** Align recreation facilities with the university's accessibility goals, fostering campus-wide belonging.
- **Student Recruitment & Retention:** Enhance recruitment and retention efforts for students with disabilities, including Paralympic and other adaptive athletes.
- **Primary Demographics:** Support adaptive intramural and club sports. Serve injured student-athletes and students with physical, sensory, and cognitive conditions.

Pillar 2: Infrastructure & Execution

- **UD Equipment:** Maintain inclusive fitness equipment designed for a variety of users. Stock adaptive fitness accessories.
- **Fitness Floor:** Design a floor layout with clear training zones and well-spaced equipment. Keep traffic flow unobstructed to promote usability and safety. Add quiet, sensory-friendly zones for neurodivergent students.
- **Student-Staff Training & Collaborations**: Train student employees to work with all abilities. Offer adaptive fitness courses from a certification provider. Work with Disability Student Services on quarterly accessibility audits.

Pillar 3: Financial & Social ROI

- **Recruitment & Alumni Pipeline:** Attract and keep students with disabilities. Encourage alumni to champion the university to prospective students with disabilities.
- **Campus Sports & Wellness Participation:** Expand participation in adaptive sports clubs. Increase recreation center usage among historically underserved student populations.

Chapter 7

Making the Case: From Evidence to First Steps

Moving from legal compliance to true inclusion does not require a multi-million-dollar investment. An effective path starts with low-cost steps in three areas: staff culture, online transparency, and local community partnerships. Four leaders shared their experience for this report: Julie Bourgeois (YMCA East Surrey), Ben Clark (Adapt to Perform), Tim Cook (Adaptive Training Foundation), and Ben Green (YMCA of Greater Grand Rapids). Together, their expertise points to four business outcomes from inclusion:

Four Business Outcomes

- **Market Expansion and Member Retention:** Inclusion attracts new members for the long term. Removing physical barriers and building a welcoming staff culture attracts a loyal demographic that many competitors overlook. Since truly inclusive facilities are rare, winning these members can improve retention and lifetime value (LTV).
- **The Household Multiplier:** Inclusive facilities serve the whole family. Caregivers, spouses, children, and siblings often join along with the consumer with a disability. Adding more than one membership per household builds household LTV.
- **Off-Peak Revenue:** Quiet hours on the floor can be converted into revenue opportunities. Hosting specialized exercise referral groups for specific conditions can fill low-traffic hours.
- **Community Trust and Reach:** Showing what the facility offers online raises visibility and builds trust. Video tours of accessible and inclusive features reach audiences with and without disabilities, without the need for paid advertising.

From Evidence to Execution: Your First 90 Days

These four business outcomes show what inclusive operations can deliver over time. Turning that potential into results takes a clear plan with a set order. The 90-day plan below draws on the operating advice shared in the interviews. It lists the highest-impact, low-cost steps for preparing staff, online media, and the facility floor.

Phase 1: Days 1–30 | Culture & Staff Confidence

Focus: Gather input from members and prospects, assess the current experience, and build staff confidence.

- **Get feedback from members and prospects.** Ask current and prospective members with disabilities about the barriers they face at the facility. Find ways to remove identified obstacles to participation. Feedback can be gathered through surveys and listening sessions with facility members and the wider local community.
- **Refocus the member intake conversation.** Train front desk and membership staff to open registration by asking about goals and any workout modifications that would help. Avoid leading with medical history. This keeps the first conversation focused on what the member wants to achieve and how the facility can support it.
- **Establish an all-staff disability training program.** Build it in-house or with help from medical partners or community groups. Train all customer-facing staff, including front desk, trainers, instructors, and member sales reps. Choose a staff member to be the point person for inclusive communication and etiquette.
- **Prepare fitness staff to coach members with disabilities.** Research and pursue inclusive and adaptive fitness training education. Choose one team member to be the point person for inclusive fitness coaching.

Phase 2: Days 31–60 | Floor Readiness & Online Transparency

Focus: Remove physical bottlenecks and make facility accessibility visible online.

- **Audit the fitness floor design.** Review fitness floor layout to ensure all members can use it safely and effectively. Prepare a plan for any changes that need leadership approval.
- **Place inclusive equipment on the main floor.** Move inclusive machines to the main gym floor, next to the standard equipment lines. Equip the floor with adaptive accessories, such as gripping aids and split ropes, so members can train independently.
- **Make the website accessible.** Audit and upgrade the company website to meet accessibility guidelines. Replace hard-to-read PDF flyers with legible text on the website and clear signs throughout the facility describing accessible parking, entrances, pool hoists, and equipment.
- **Publish a 60-second "curb-cut" video tour.** Record a simple video walkthrough of your accessible features on the floor to build trust within the community. Post it on the website and social media channels. Continue promoting inclusive programs and offerings on digital platforms.

Phase 3: Days 61–90 | Community Partnerships & Off-Peak Programs

Focus: Fill off-peak usage and attract entire households.

- **Build local community partnerships:** Reach beyond the facility to form active relationships with local disability groups, physical rehab clinics, schools, and veteran organizations, including medical centers and clinics.
- **Plan off-peak programs:** Consider developing off-peak exercise programs tailored to stroke recovery, Parkinson's, adaptive strength, and cardio rehab to convert underutilized floor hours into revenue.
- **Organize complimentary sessions and open houses:** Plan complimentary sessions led by training staff for members with disabilities. Host open houses for adaptive exercisers and their families.

Area	What Passing Looks Like	Who Leads	
Member Feedback Loop	Direct listening sessions are held with exercisers with disabilities to find and remove barriers on the floor.	Membership Director	☐
Member Intake	Registration conversations focus on member goals and workout modifications.	Membership Director	☐
Inclusive Communication Lead	A staff lead for inclusive communication and etiquette is named. Customer-facing staff greet adaptive members directly, speak at eye level, and use person-first language.	Front Desk Manager	☐
Inclusive Training Lead	A lead trainer for inclusive fitness coaching is appointed. The lead also evaluates and selects inclusive and adaptive fitness education options.	Fitness Director	☐
Floor Design Audit	The fitness floor layout has been reviewed to ensure safe, effective use by all members, and any changes requiring leadership approval are planned.	General Manager	☐
Online Transparency	The website is accessible and uses clear communications to describe facility access and inclusive features. A short video tour shows the gym floor layout and accessible features.	Marketing Lead	☐
Main Floor Setup	Inclusive equipment sits on the main strength and cardio circuit, with no separate side room. The gym floor is stocked with adaptive accessories, such as gripping aids and split ropes.	Head Trainer	☐
Community Partnerships	Active referral relationships are in place with local schools, physical therapy clinics, adaptive sports groups or veteran groups.	General Manager	☐
Off-Peak Programming	Adaptive exercise groups are scheduled during off-peak hours.	Fitness Program Coordinator	☐
Household Passes & Open Houses	Open houses and free sessions are offered to adaptive exercisers and their families. Family and caregiver pass options are available at member intake and open houses.	General Manager	☐

Methodology

Built for Everybody: The Business Case for Inclusive Fitness combines federal population data, a proprietary consumer survey, and operator interviews. Pulse Fitness commissioned and funded the research. This page explains how the market figures were built and where readers should apply caution.

Disability Rates

Two government prevalence measures appear in the paper, and each serves a different purpose. The first, 28.7% of U.S. adults, comes from the Centers for Disease Control and Prevention's 2022 Behavioral Risk Factor Surveillance System (BRFSS). This telephone survey gathers self-reported difficulties across six functional domains from adults ages 18 and older. The 2022 survey had a response rate of approximately 45%.

The second, 13.7%, comes from the U.S. Census Bureau's 2024 American Community Survey (ACS), which covers the civilian noninstitutionalized population (people living outside institutions). Applied to adults ages 18 to 79, it equals 34.7 million people. The ACS uses the same six domains but is a household survey conducted by mail and web, with in-person and telephone follow-up. The 2024 survey had a response rate of 82.9%. Because the consumer survey captures household spending on fitness, the ACS rate drives the market calculation.

Consumer Survey and Market Size

Datagonist fielded an online survey of 2,500 U.S. adults ages 18 to 79 from October 24 to November 6, 2025. People with disabilities were oversampled (n=1,023), and results were weighted to represent the overall adult population. Chapters 1 and 2 draw on these data.

Respondents with a disability reported household spending on fitness services and memberships averaging $57.60 per month. Multiplying that mean by 34.7 million adults and 12 months produces a total addressable market (TAM) of $24.0 billion a year. In the same survey, 30% of respondents with a disability reported exercising at least three times per week. Applying that rate yields a serviceable addressable market (SAM) of $7.2 billion. Both figures reflect direct consumer spending and exclude hardware sales, insurance, and grant funding.

Operator Interviews

Datagonist conducted four interviews with practitioners, consultants, program directors, and operators in September and October 2026. Pulse Fitness recruited participants based on their experience with inclusive fitness. Interviews took place by video, email, and audio memo. They inform the case studies (Chapters 4 and 5), vertical playbooks (Chapter 6), and first steps (Chapter 7).

Limitations

Survey findings are self-reported and reflect a single point in time. The market estimates exclude children, adults 80 and older, and adults living in institutional settings. The interviews are qualitative, and the four participants do not form a representative sample. Operator-reported results on utilization, return on investment, and retention are self-reported and have not been independently audited.

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About Pulse Fitness

Pulse Fitness is a global leader in innovative fitness equipment design and technology, dedicated to expanding physical access and Universal Design across commercial and community fitness facilities worldwide. Pulse Fitness has designed and manufactured commercial fitness equipment in the United Kingdom for 45 years: full cardio ranges, five strength lines, functional rigs and one of the industry's few dedicated inclusive ranges.

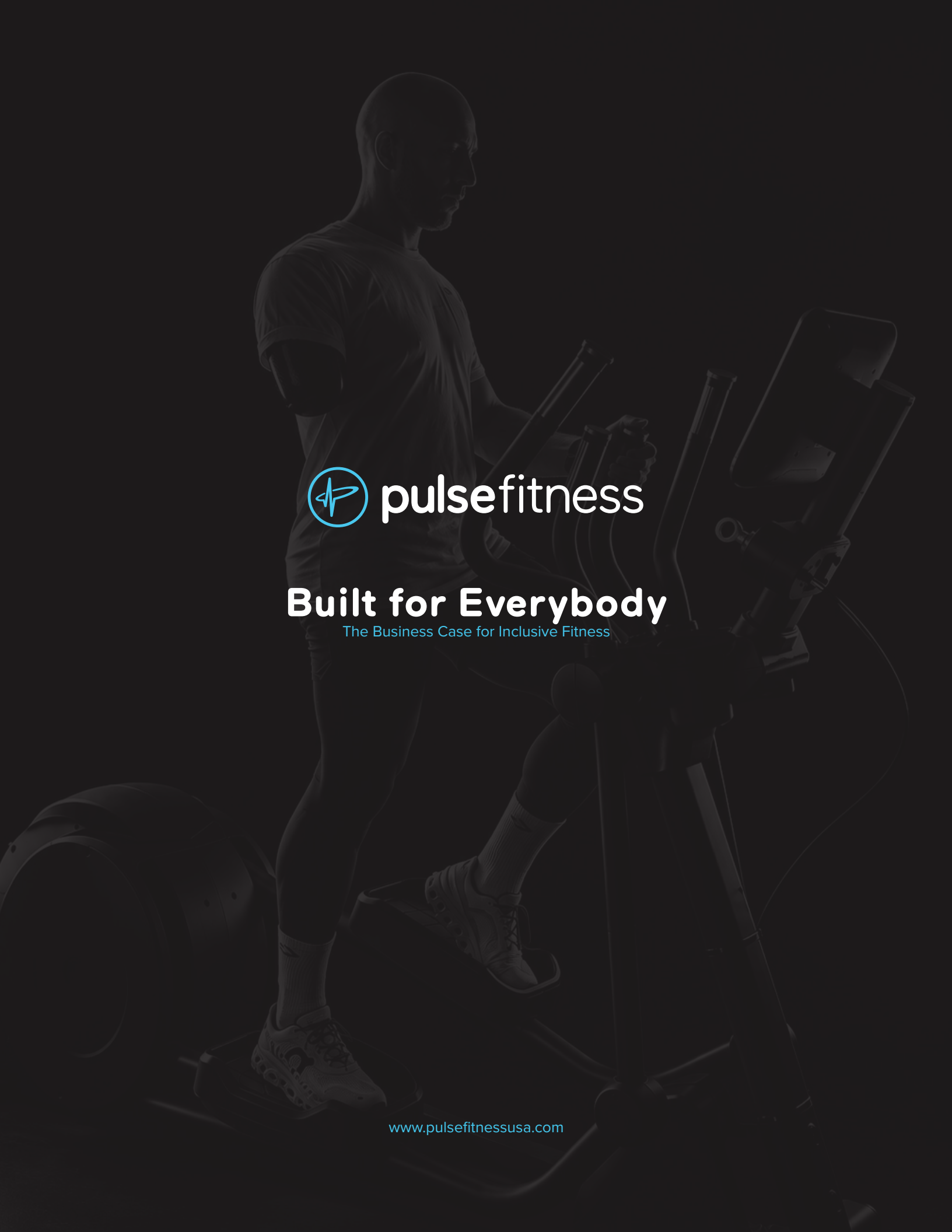
American facilities have long chosen between a handful of familiar names. Pulse Fitness USA exists to give operators and serious home-athletes another answer: a complete, commercially proven catalog with British engineering heritage, honest list pricing, and a build-to-suit service that treats every floor as a design project rather than a shipment. Pulse Fitness USA is the dedicated U.S. operation for Pulse Fitness (UK). Sales, quoting, delivery coordination, and installation are handled stateside; engineering and manufacturing standards come from four and a half decades of UK production.

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About Datagonist

Datagonist is an independent market and consumer research firm serving the fitness and wellness industry. The firm collaborates with trade associations, suppliers, and other B2B stakeholders that support fitness and wellness operators. Founded by Melissa Rodriguez, Datagonist draws on more than 20 years of industry experience, including 13 years leading global research at IHRSA (now Health & Fitness Association) and market intelligence at Mindbody. Datagonist specializes in consumer insights, competitive analysis, and strategic intelligence, built on original survey data, with market-sizing experience across more than 60 countries.

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pulsefitness

Built for Everybody

The Business Case for Inclusive Fitness

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