1(020750)

510(k) Summary

As Require	ed by 21 section 807	7.92 (c)
1-Submitter Nam	e: Everyway Medical Ir	struments Co., Ltd
2-Address:	3FL., No. 5, Lane 15:	5, Sec. 3, PeiShen Rd., Shen Keng
	Hsiang	
	Taipei Hsien	
	Taiwan, R.O.C.	OCT 31 2002
3-Phone:	886-2-2662-0038	001 9 1 2002
4-Fax:	886-2664-5566	
	: Mr Robert Tu (Genera	
6-Date summary	prepared: February 27 ^t	^h , 2002
7- Official Corres	pondent: Mansour Con	sulting
8- Address:	1308 Morning	
	Alpharetta, G	A 30022 USA
9- Phone:	(678) 908-818	30
10- Fax:	(425) 795-934	
11- Contact perso		
	or Proprietary Name: 1	
13-Device Commo	o <mark>n or usual name:</mark> Pow	ered Muscle Stimulator
	cation Name: Stimulat	
		gainst the following device:
TransAmeric	ca Medical Systems, 51	0k #k010665 (refer to Appendix 2
for FDA web	A <i>i</i>	
This notifica	tion for EV-807 is of th	e ABBREVIATED type as per the

This notification for EV-807 is of the ABBREVIATED type as per the declaration of conformity included in this summary

16-Description of the Device: EV-807 Digital EMS is a battery operated pulse generator that sends electrical impulses through electrodes to the body and reaches the underlying or muscle group. The device is provided with two controllable output channels, each independent of each other. An electrode pair can be connected to each output channel.

The electronics of the EVERYWAY EV-807 DIGITAL EMS create electrical impulses whose intensity, pulse width, pulse rate, contraction, relaxation and ramp may be altered with the switches. Press buttons are very easy to use and the slide cover prevents accidental changes in the setting.

17-Intended use of the device: (Indications for use typed on a separate FDA form) EV-807 Digital EMS is an electrically powered muscle stimulator intended for use for medical purposes to repeatedly contract muscles by passing electrical currents through electrodes contacting the affected body area. In particular, this device is intended for use for:

- Relaxing muscle spasms.
- Increasing local blood circulation.
- Immediate post-surgical stimulation of calf muscles to prevent venous thrombosis.
- Muscle re-education.
- Maintaining or increasing range of motion.
- Preventing or retarding disuse atrophy

18-Safety and effectiveness of the device:

This device is safe and effective as the predicate device *Transamerica Digital EMS*. Indeed, it is identical. The same device which was cleared by 510k #k010665 for the distributor TransAmerica Medical Systems is submitted here

for the original manufacturer in Taiwan EVERYWAY MEDICAL INSTRUMENTS CO., LTD. Refer to the tabulated comparison (Paragraph 19 below)

19-Summary comparing technological characteristics with other predicate device:

FDA file reference number	510k #k010665
Attachments inside notification submission file	510k summary print out
TECHNOLOGICAL CHARACTERISTICS	Comparison result
Indications for use	Identical
Target population	Identical
Design	Identical
Materials	Identical
Performance	Identical
Sterility	Identical
Biocompatibility	Identical
Mechanical safety	Identical
Chemical safety	Identical
Anatomical sites	Identical
Human factors	Identical
Energy used and/or delivered	Identical
Compatibility with environment and other devices	Identical
Where used	Identical
Standards met	Identical
Electrical safety	Identical
Thermal safety	Identical
Radiation safety	Identical

Standards met and standards tested against or crtflication body involved in Supervision of product and design: or crtflication body involved in Supervision of product and design: Inapplicable requirements or deviations OSR (EDA's Quality System Requirements) Inapplicable requirements or deviations DIN EN 160 9002/08.1994 Inapplicable requirements or deviations of the device, i.e., identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of any deviations from each applicable standard Stop 1348/12.1996 For QSR: Not applicable Technical standards. For QSR: Not applicable Entification of any deviations from each applicable requirements or device to the marketed and justification of the device to be marketed and file device to be marketed and file device to be marketed and the device to be marketed and file device to be marketed and forduct Safety ConbH-Am Grauen Stein -D-51105 Koln. TUV Rheinland Product Safety ConbH-Am Grauen Stein -D-51105 Koln. Am Grauen Stein -D-51105 Koln. Am Grauen Stein -D-51105 Koln.					202/27/2002	Date
No No				Manager	Robert Tu/ General N	Name, Signature and position
No Imapplicable requirements or deviations Imapplicable requirements or deviations Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed Specification of any deviations from each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and justification of the test results						
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Imapplicable requirements or deviations Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed Specification of any deviations from each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and justification of the test results	Am Grauen Stein -D-51105 Koln.				95	EN 60601-1:1990+A1:1993+A2:19
Note:	TUV Rheinland Product Safety GmbH-					Technical standards:
Note:	TUV Rheinland Product Safety GmbH- Am Grauen Stein – D-51105 Koln.					ISO 13488/12.1996
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Inapplicable requirements or deviations Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed Specification of any deviations from each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and justification of the test results	For ISO 9002: 1994, EN 46002, ISO					DIN EN ISO 9002/08.1994
Inapplicable requirements or deviations Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed Specification of any deviations from each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and justification of the test results					rements)	QSR (FDA's Quality System Requi
Inapplicable requirements or deviations Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed Specification of any deviations from each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and justification of the test results	For QSR: Not applicable		•	M/A		Supervision of product and design
	Name and address of any test laboratory or certification body involved in determining the conformance of the device with the standard and reference to any accreditations of those organizations	each applicable standard Specification of the differences that may exist between the tested device and the device to be marketed and	Identification of any way(s) in which the standard was adapted for the application of the device, i.e., identification of an alternative series of tests that were performed		against	Standards met and standards tested a
	This is to declare and confirm that Everyway Medical Instruments Co., Ltd. conforms in its manufacturing of Electrical Muscle Stimulator	nforms in its man	ents Co., Ltd. con	Instrum	at Everyway Medical J	This is to declare and confirm the

EVERYWAY MEDICAL INSTRUMENTS CO., LTD.

3FL., No.5, Lane 155, Sec. 3, PeiShen Rd., Shen Keng Hsiang, Taipei Hsien, Taiwan, R.O.C. Tel: 886-2-2662-0038 Fax: 886-2-2664-5566 E-mail: everywy@ms2.hinet.net

DECLARATION OF CONFORMITY

p. 3.3

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 31 2002

Mr. Jay Mansour Representing Everyway Medical Instruments Co., Ltd. Mansour Consulting, L.L.C.
1308 Morningside Park Drive Alpharetta, Georgia 30022

Re: K020750

Trade/Device Name: EV-807 Digital Electrical Muscle Stimulator Regulation Number: 21 CFR 890.5850 Regulation Name: Powered Muscle Stimulator Regulatory Class: Class II Product Code: IPF Dated: July 26, 2002 Received: August 1, 2002

Dear Mr. Mansour:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice

Page 2 – Mr. Jay Mansour

requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

-Mark N Mu

Celia M. Witten, Ph.D., M.D. Director Division of General, Restorative, and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Page _

510(k) NUMBER (IF KNOWN) K020750

DEVICE NAME: Digital Electrical Muscle Stimulator (EV-807 Digital EMS)

INDICATIONS FOR USE:

EV-807 Digital EMS is an electrically powered muscle stimulator intended for use for medical purposes to repeatedly contract muscles by passing electrical currents through electrodes contacting the affected body area. In particular, this device is indicated for use for:

- Relaxing muscle spasms.
- Increasing local blood circulation.
- Immediate post-surgical stimulation of calf muscles to prevent venous thrombosis.
- Muscle re-education.
- Maintaining or increasing range of motion.
- Preventing or retarding disuse atrophy

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

OR

003

Prescription Use (Per 21 CFR 801.109)

Division Sign-Off

Division of Concern Pestorative and Neurorogical Devices

KO20750 510(k) Number_

Over-The-Counter-Use (Optional Format 1-2-90