DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 2 9 2003

Home Care Technology Co., Ltd.
c/o Ms. Shu-Chen Cheng
ROC Chinese-European Industrial Research Society
2064 Tamarin Drive
Columbus, OH 43235

Re: K023000
Trade/Device Name: Home Care various models of Powered Muscle Stimulator, HT-329M1, HT-329M2, HT-329M3, and HT-329M4
Regulation Number: 21 CFR 890.5850
Regulation Name: Powered muscle stimulator
Regulatory Class: II
Product Code: IPF
Dated: July 26, 2003
Received: July 31, 2003

Dear Ms. Cheng:

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 Federal Register.

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 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), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act 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,

for Mark N. Melkerson

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

INDICATIONS FOR USE STATEMENT

Applicant : HOME CARE TECHNOLOGY CO., LTD.

510(k) Number : K023000

Device Name : **Home Care various models of Powered Muscle Stimulator,**

HT-329M1, HT-329M2, HT-329M3, and HT-329M4

Indications for Use :

- *Specific indications:* used to apply an electrical current to electrodes on patient's skin at some limited positions to function as:

  Relaxation of muscle spasms;
  Prevention or retardation of disuse atrophy
  Muscle re-education
  Immediate post-surgical stimulation of calf muscles to prevent venous thrombosis
  Maintaining or increasing range of motion.

- *Clinical settings*: The device should only be used under medical supervisions for adjunctive therapy for the treatment of medical diseases and conditions.

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

Concurrence of CDRH Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter ____
Per 21 CFR 801.109 (Optional Format 1-2-96)

(Division Sign-Off)
Division of General, Restorative and Neurological Devices

510(k) Number K023000