



April 25, 2025

Shenzhen Urion Technology Co., Ltd.

Janice Ou

Official Applicant

Fl 4-6th of Bldg D, Jiale Science & Technology Indust Zn,No3

Chuang Wei Rd., Heshuikou Community, MaTian St, GuangMing NewDi

Shenzhen, Guangdong 518106

China

Re: K250046

Trade/Device Name: Air Compression Leg Massager (UM605, UM606, UM607,
UM608,UM609,UM610, UM611, UM617)

Regulation Number: 21 CFR 890.5650

Regulation Name: Powered Inflatable Tube Massager

Regulatory Class: Class II

Product Code: IRP

Dated: January 25, 2025

Received: March 12, 2025

Dear Janice Ou:

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 (the 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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database available at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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.

Additional information about changes that may require a new premarket notification are provided in the FDA guidance documents entitled "Deciding When to Submit a 510(k) for a Change to an Existing Device" (<https://www.fda.gov/media/99812/download>) and "Deciding When to Submit a 510(k) for a Software Change to an Existing Device" (<https://www.fda.gov/media/99785/download>).

Your device is also subject to, among other requirements, the Quality System (QS) regulation (21 CFR Part 820), which includes, but is not limited to, 21 CFR 820.30, Design controls; 21 CFR 820.90, Nonconforming product; and 21 CFR 820.100, Corrective and preventive action. Please note that regardless of whether a change requires premarket review, the QS regulation requires device manufacturers to review and approve changes to device design and production (21 CFR 820.30 and 21 CFR 820.70) and document changes and approvals in the device master record (21 CFR 820.181).

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR Part 803) for devices or postmarketing safety reporting (21 CFR Part 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR Part 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR Parts 1000-1050.

All medical devices, including Class I and unclassified devices and combination product device constituent parts are required to be in compliance with the final Unique Device Identification System rule ("UDI Rule"). The UDI Rule requires, among other things, that a device bear a unique device identifier (UDI) on its label and package (21 CFR 801.20(a)) unless an exception or alternative applies (21 CFR 801.20(b)) and that the dates on the device label be formatted in accordance with 21 CFR 801.18. The UDI Rule (21 CFR 830.300(a) and 830.320(b)) also requires that certain information be submitted to the Global Unique Device Identification Database (GUDID) (21 CFR Part 830 Subpart E). For additional information on these requirements, please see the UDI System webpage at <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/unique-device-identification-system-udi-system>.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory->

[assistance/contact-us-division-industry-and-consumer-education-dice](#)) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Julia E. Slocomb -S 2025.04.25
15:59:21 -04'00'

for Heather Dean, PhD
Assistant Director, Acute Injury Devices Team
DHT5B: Division of Neuromodulation and
Physical Medicine Devices
OHT5: Office of Neurological and
Physical Medicine Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

Indications for Use

Submission Number (if known)

K250046

Device Name

Air Compression Leg Massager (UM605, UM606, UM607, UM608, UM609, UM610, UM611, UM617)

Indications for Use (Describe)

The Air Compression Leg Massager is used to temporarily relieve mild muscle pains and discomfort, and temporarily increase blood circulation to the treatment areas in people who are in good health. Air Compression Leg Massager simulates kneading and stroking of tissues by using an inflatable garment.

Type of Use (Select one or both, as applicable)

☐ Prescription Use (Part 21 CFR 801 Subpart D)

☒ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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510(k) Summary

K250046

This summary of 510(k) information is submitted as required by requirements of SMDA and 21 CFR §807.92.

1 Administrative Information

Submission Date	Dec. 30th, 2024
Manufacturer information	Submitter's Name: Shenzhen Urion Technology Co.,Ltd Address: Floor 4-6th of Building D, Jiale Science & Technology Industrial Zone, No.3, Chuang Wei Road, Heshuikou Community, MaTian Street, GuangMing New District, 518106 Shenzhen, PEOPLE'S REPUBLIC OF CHINA Contact person: Joanna Guo TEL: (+86) -755-29231308 FAX: (+86) -755-29231308 E-Mail: Joanna@urionsz.com
Submission Correspondent	Contact person: Miss Janice Ou E-Mail: 411070313@qq.com

2 Device Information

Common name of the device	Powered inflatable tube massager
Trade name of the device	Air Compression Leg Massager
Type/Model of the device	UM605, UM606, UM607, UM608, UM609, UM610, UM611, UM617
Classification information	Classification panel: Physical Medicine Classification name: Massager, Powered Inflatable Tube Regulation Number: 890.5650 Device Class: II Product Code: IRP
type of submission	510(k) Traditional

3 Predicate Device Information

Sponsor:	Xiamen Emoka Health Science & Technology Co., Ltd.
Device:	Air Compression Leg Massager
510(K) Number:	K222991

4 Device Descriptions

Air Compression Leg Massager is a portable and rechargeable device.

It is intended to be an over-the-counter portable inflatable tube massage system which simulates kneading and stroking of tissue with the hands by use of inflatable pressure cuffs. It can be used to temporarily increase blood circulation and temporarily relieve minor muscle aches and pains.

The models include UM605, UM606, UM607, UM608 , UM609 , UM610, UM611, UM617. All of them have same Indications for use, technological characteristics and similar device appearance. And they have the same electrical circuit design, PCB layout, critical components and internal wiring. The differences for them are software function, operation method for mode adjustment and the shape of compatible inflatable garment.

Air Compression Leg Massager supplied clean and non-sterile, utilizes the pneumatically controlled leg wraps actuated by an electronically controlled air pump unit. A pump, battery and control components are protectively housed in a plastic case of the main body. The main body and the inflatable garment are not detachable.

Function buttons and light emitting diode (LED) indicators on the main body make up the user interface. Each inflatable garment is connected to the main body by air hoses and encase a 2-chamber air bladder inside. Calves can be wrapped and massaged separately by the two chambers. The main unit is directly installed on the inflatable garment through tubes and fixing buckles, and there is no need for users to install it again.

The soft medical fabric of wraps provides patient comfort and biocompatibility compliance.

In operation, the user turns the power on via the Power button. Then the main body controls the inflating and deflating of the air bladders according to preset program.

5 Intended Use/ Indications for Use

This Air Compression Leg Massager is used to temporarily relieve mild muscle pains and discomfort, and temporarily increase blood circulation to the treatment areas in people who are in good health. Air Compression Leg Massager simulates kneading and stroking of tissues by using an inflatable garment.

6 SE Comparison

Table 1. Substantial Equivalence Comparison

Items	Subject Device	Predicate Device (K222991),	Remarks
Product name	Air Compression Leg Massager	Air Compression Leg Massager	/
Classification name	Powered inflatable tube massager	Powered inflatable tube massager	/
Product code	IRP	IRP	/
Intended use	This Air Compression Leg Massager is used to temporarily relieve mild muscle pains and discomfort, and temporarily increase blood circulation to the treatment areas in people who are in good health. Air Compression Leg Massager simulates kneading and stroking of tissues by using an inflatable garment.	Air Compression Leg Massager is indicated for the temporary relief of minor muscle aches and pains and for temporary increase in circulation to the treated areas in people who are in good health. Air Compression Leg Massager simulates kneading and stroking of tissues by using an inflatable garment.	Same
Indications for use	Same for intended use.	Same for intended use.	Same
Device Models	UM605, UM606, UM607, UM608, UM609, UM610, UM611, UM617	EMK 701	/
Manufacturer	Shenzhen Urion Technology Co., Ltd	Xiamen Emoka Health Science & Technology Co., Ltd.	/
Power source	Internal Rechargeable Lithium Battery: DC 3.7V, 2000mAh Output voltage of adapter: 5V $\pm$ 5%; output current: 600 mA	Input: AC100-240V, 50/60Hz Output: DC 13.5V, 1A Internal battery: 11.1V, 1000mAh	Different (Note01)
Dimensions(W*H*D)	126mm x 68mm x26mm	215*50*70 mm	Different (Note02)
Photo			
Weight	370g	2.0 Kg (4.4pounds)	
Housing Materials	Molded ABS enclosure	Molded ABS enclosure	Same
Sleeves Dimensions	Sector Leg Wrap:633*304mm	Leg Wrap: 730*468 mm	Different (Note02)

Items	Subject Device	Predicate Device (K222991),	Remarks
	 Arced Leg Wrap:615*320mm		
Application area	Leg(calves)	Leg (feet, calves)	SE (Note03)
Number of Chambers	2-chamber	2-chamber	Same
Sleeve Materials	Poly(ethylene terephthalate)(PET)	Dacron	Same Dacron is the trade name of PET.
Mode of Compression	Sequential	Sequential	Same
Air Pressure Level	Low level: 120mmHg Medium level: 170mmHg High level: 210mmHg Error range: ± 25 mmHg	Low level: 120mmHg Medium level: 170mmHg High level: 210mmHg Error range: ± 25 mmHg	Same
Timer setting for treatment Time	15min, 30min, 45min	15 min	Similar (Note04)
Inflation time	5-10 s	5-18 s	Same
Keep time	2 - 5 s	2 - 5 s	Same
Deflation time	2-5 s	2-5 s	Same
Work Mode	There's a working Mode: The two chambers are inflated and deflated at the same time. Mode follow s this pressure sequence: Calf → Interval → Calf The inflating and deflating time are different according to the intensity selected.	Mode 1: The model is divided into three processes. The first process is starting with foot chamber inflates and holds the air until the calf chamber is compressed. Then deflates simultaneously. The second process is starting with foot chamber inflates and holds the air until the calf chamber is compressed. Then calf chamber deflates, and finally foot chamber deflates. The third process is starting with calf chamber inflates and deflates then. Mode 1 follow s this pressure sequence: Foot → Foot + Calf → Interval → Foot → Foot + Calf → Foot → Interval → Calf Mode 2: In this model, foot chamber and calf	SE (Note05)

Items	Subject Device	Predicate Device (K222991),	Remarks
		chamber are inflated and deflated at the same time. Mode 2 follow s this pressure sequence: Foot + Calf → Interval → Foot + Calf The inflating and deflating time are different according to the intensity selected.	
Noise level	< 55dB	≤ 65 dB	Similar (Note06)
Patient contact	Non-conductive appliances	Non-conductive appliances	Same
Software/Firmware/ Microprocessor Control	Microprocessor	Microprocessor	Same
Technology	Compressor and valve system which sequentially inflates cells of appliance	Compressor and valve system which sequentially inflates cells of appliance	Same
Safety Features	Power button allow s user to stop therapy session at any time	Power button allow s user to stop therapy session at any time	Same
Operating environment	Temperature: 5°C-40°C, Humidity: 15%~93% RH without condensation, Atmospheric conditions : 86 kPa ~ 106 kPa	Temperature: 5°C-40°C Humidity: 5%- 90% noncondensing	Similar (Note07)
Transportation &Storage environment	Temperature: -20°C to + 55°C, Humidity: 15%~93% RH without condensation Atmospheric conditions : 86 kPa ~ 106 kPa	Temperature: -20°C~55°C Humidity: 5%-90% noncondensing Atmospheric Pressure: 75-106kPa	
Electrical safety, EMC	IEC 60601-1 IEC 60601-1-2 IEC 60601-1-11 IEC 62133-2	ANSI/AAMI ES60601-1 IEC 60601-1-2 IEC 60601-1-11 IEC 62133	Same
Biocompatibility	ISO 10993-5 ISO 10993-10 ISO 10993-23	ISO 10993-5 ISO 10993-10	SE

Note 01:

The power supply is different from subject device, it is supplied by internal rechargeable Lithium Batter. Battery both of them are complied with the 60601-1 standard. This difference will not affect the safety and effectiveness.

Note 02:

The physical parameters (dimensions, appearance,) have minor differences with predicate device. They will not affect the safety and effectiveness of the subject device.

Note 03:

The application area of subject device is covered in predicate device. It will not affect the safety and effectiveness of the subject device.

Note 04:

Both the predicate and the subject device have no restriction on number of treatments in a day. However, we suggest to rest 30 minutes before starting another treatment session. The proposed device just offers three timing settings, which are more convenient for patients to use, while the predicate only has one time setting.

Note 05:

The subject device has only one working mode, and it is substantially equivalent to the second working mode 2 of the predicate device. The application site of the subject device only includes the calf, while that of the predicate device includes both the calf and the feet. Therefore, for the treatment of the calf, the working mode of the subject device is substantially equivalent to that mode 2 of the predicate device.

Note 06:

The acceptance criteria of subject device is included in predicate device. It will not raise any safety and effectiveness issue of the subject device.

Note 07:

The operating condition and the transportation & storage environment of subject device has passed the safety test, and the Instructions for Use provides the operating condition, so the difference in operating condition between subject device and predicate device will not affect the safety and effectiveness of subject device.

7 Brief discussions of the non-clinical tests

Performance testing:

The subject device conforms to the following guidances and standards:

- IEC 60601-1: Medical electrical equipment–Part 1: General requirements for basic safety and essential performance
- IEC 60601-1-2: Medical electrical equipment - Part 1-2: General requirement for basic safety and essential performance-Collateral standard: Electromagnetic compatibility –Requirements and tests
- IEC 60601-1-11: Medical electrical equipment-Part 1-11: General requirements for basic safety and essential performance — Collateral standard: Requirements for medical electrical equipment and medical electrical systems used in the home healthcare environment
- IEC 62133-2 : Secondary cells and batteries containing alkaline or other non-acid electrolytes - Safety requirements for portable sealed secondary cells, and

for batteries made from them, for use in portable applications - Part 2: Lithium systems

Biocompatibility testing:

The biocompatibility evaluation for the device was conducted in accordance with the FDA Guidance for Industry and Food and Drug Administration Staff: Use of International Standard ISO 10993-1, “Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process ”. The biocompatibility testing includes the following tests:

- Cytotoxicity
- Sensitization
- Irritation

8 Brief discussions of clinical tests

No Clinical Test conducted.

9 Other information (such as required by FDA guidance)

No other information.

10 Conclusions

The subject device: Air Compression Leg Massager manufactured by Shenzhen Urion Technology Co., Ltd is substantially equivalent to the predicate device (K222991).