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DEPARTMENT OF CONSUMER AFFAIRS • PODIATRIC MEDICAL BOARD OF CALIFORNIA
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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
JUNE 1, 2023

VD 1-2

SUBJECT: PUBLIC EDUCATION PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

Committee Members:
Darlene Trujillo Elliot, DPM, Chair
Judith Manzi, DPM

1. Footnotes: PMBC's Newsletter, 2023 Edition Review

The Board's newsletter, "Footnotes," for 2023 has been printed. The 2023 edition covers education, enforcement, licensing, administration, and trends impacting PMBC. Thank you to all that contributed to this edition. PMBC has drafted a Strategic Plan and it will be highlighted in the next edition of Footnotes. The full newsletter is attached to this report, See Attachment A.

Please feel free to contact Kathleen Cooper directly at kathleen.cooper@dca.ca.gov for more information regarding Footnotes submissions and publication deadlines.

2. Social Media: PMBC Website and Social Media Accounts

PMBC has been actively providing content for its website, www.pmbc.ca.gov; Facebook, and Twitter accounts. PMBC continues to update and monitor the PMBC website at: www.pmbc.ca.gov and would like to be informed if there are any out-of-date webpages or content that may be updated to remain current.

ATTACHMENTS

A. PMBC Footnotes – 2023

Prepared by:

Kathleen Cooper

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Kathleen Cooper, Administrative Analyst

_____

Brian Naslund, Executive Officer

FOOTNOTES

The View From Here

On September 3, 2014, I was appointed by then-Governor Jerry Brown to the Podiatric Medical Board of California (PMBC). For the last three years of this appointment, it has been my great honor to serve as president. I write this as I move on to my next chapter.

I have learned much from my tenure with the Board regarding the many issues that face the podiatric profession locally, as well as nationally. The Board has been challenged with issues that require flex and change as we grow and continue to serve the public we protect and the doctors of podiatric medicine we license.

I wish to express my resounding appreciation to our staff. Their dedication to commitment and to excellence drives the integrity of this Board. Executive Officer Brian Naslund, Kathleen Cooper, Bethany DeAngelis, Andreia Damian, and Michelle Warrington not only keep everything running for us in Sacramento, but also have guided me through the sometimes very complex halls of government. Our Board is in the best of hands with these remarkable individuals.

To my fellow board members both current and past, I want to say thank you. Your commitment drives the integrity and authenticity that makes our Board work. You have inspired me, and in many cases mentored me. It has been a pleasure to work with each one of you. The countless hours you have given up from your family time and professional practices to serve is commendable and deserving of thanks. I know I am leaving this Board in the most competent of hands.

I hope this letter may serve as an expression of gratitude, and affirmation of my commitment and lasting support to both the Podiatric Medical Board of California as well as my profession.

Judith A. Manzi, DPM
DABFAS, FACFAS

TABLE OF CONTENTS

The View From Here 1
Podiatric Medical Student Corner 2
Fellowships in Foot and Ankle Surgery ... 3
Heel Pain? American Podiatric Medical Association States Early Treatment from Podiatrist Could Help 4
PMBC Legislative Update 2023 5
Consultants and Experts Needed! 6
PMBC Board Meeting Schedule 6
50 Continuing Education Hours Are Needed for License Renewal 6
Important Information Regarding Renewal Periods and Continuing Medical Education (CME) 6
Administrative Actions 7
Mission Statement 8

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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

PODIATRIC MEDICAL BOARD OF CALIFORNIA

Podiatric Medical Student Corner

During our unprecedented pandemic times, I am reminded of Dr. Louis Pasteur and his renowned discoveries on the principles of vaccination during his breakthrough research in chemistry and microbiology: "When I approach a child, he inspires in me two sentiments—tenderness for what he is and respect for what he may become." Children are truly our future! It has truly been a blessing to teach and educate our future young doctors in the field of foot and ankle surgery. Here's a brief excerpt from one of our outstanding medical students, Tina Javanbakht. Please enjoy!—PMBC Vice President Dr. Daniel Lee

Podiatric medicine has a sweeping breadth of interconnected medical and surgical knowledge areas that engage students to expand collective understanding in many stimulating directions. Even a second-year medical student with limited clinical experience is provided with amazing opportunities to work with a broad spectrum of populations and demographics. After all, feet are critical to the complete human experience, carrying us throughout the world so that we may accomplish our goals.

Medical students in the California School of Podiatric Medicine at Samuel Merritt University (SMU) are exposed to clinical rotations as early as the summer of the second year. The curriculum during fall semester of the second year is universally popular as topics expand into more clinically relevant courses, such as podiatric surgery, pharmacology, pathology, radiology, and biomechanics. Although arguably the most challenging semester yet, it has been noted among classmates that the material was much more enjoyable and therefore attainable. Additionally, our clinical rotations on Mondays and Fridays were a great addition to the schedule this year. So far, a personal favorite rotation was at San Francisco General Hospital. This rotation was a wonderful opportunity where I expanded on my skills to evaluate patients, improved my physical examination skills, developed presentation abilities, and rendered podiatric medical services to individuals who do not have routine access to foot care. I learned that even as medical students we need to stay accountable, challenge always to do better, appreciate an open communication environment, and most importantly, mold ourselves to be the best physicians we can be.

Rotations like this are invaluable, as medical students are exposed to eclectic cases, learn the best ways to handle challenging situations first hand, and leave every day knowing more than the day before. I've personally experienced an overwhelming number of cases involving patients with a past medical history of diabetes, typically performing debridement as part of their at-risk foot care.

With a Master in Public Health degree, my background has been quite advantageous in understanding the social determinants of health and the importance of addressing health care inequity. The U.S. Centers for Disease Control and Prevention (CDC) documents that a total of 37.8 million people have been diagnosed with diabetes (approximately 11.3% of the U.S. population) and 96 million people over the age of 18 have pre-diabetes (approximately 38% of the adult U.S. population). Public health plays a major influential role in foot health, as it is needed to promote disease prevention and educate patients on the issues that pertain to their general health.

Podiatric physicians are at the forefront of many public health issues, which makes it incredibly impactful to be able to align my public health training in epidemiology and biostatistics to critically review literature and communicate the information in a relatable way. I would like to encourage as many passionate students to seek a career in podiatric medicine, especially as the necessity and—therefore—demand for foot and ankle care, limb salvage, and surgery has increased immensely. To address this gap, I would like to encourage all my younger and older peers to increase their efforts to spread awareness among the pre-health and pre-med students at all universities. I discovered the field through my own research and personal medical problems, but otherwise most undergraduate students do not realize about podiatric medical schools. I hope to go back to my alma mater, UCLA, and reach out to organizations to speak about the promising and expansive field of podiatric medicine."

Tina Javanbakht, MPH, MS2
California School of Podiatric Medicine
Samuel Merritt University
CSPM Class of 2025

Daniel Lee, DPM, Ph.D., FACFAS
Foot and Ankle Surgery
The Permanente Medical Group
Kaiser Permanente South Sacramento Medical Center
Vice President, Podiatric Medical Board of California

References:

National Diabetes Statistics Report. U.S. Centers for Disease Control and Prevention. (2022, June 29). Retrieved December 27, 2022.

Fellowships in Foot and Ankle Surgery

Podiatric education and training are an ever-evolving field in medicine. Since 2013, all post-graduate residency programs were standardized to three years, encompassing minimum surgical volume and didactic requirements (1). During the rapid growth in education and training of the past decades, and in paradigm with many other medical specialties, podiatry has found itself at a crossroads with foot and ankle fellowship training. The advanced training has resulted in a subsequent increase in DPM fellowships recognized by the American College of Foot and Ankle Surgeons and/or approved by the Council of Podiatric Medical Education. The number of these fellowship programs has exploded from approximately eight in 2008 to 73 at the time of this writing, with the vast majority accepting only a single fellow each year (2–4). This does not include the several other "free-standing" fellowships available to residency graduates, which are annually filled by some of the 585 active graduating residents in the United States (5).

In the foot and ankle community, the opinions of the value of podiatric/DPM fellowships vary across the profession. While some assert that fellowship training can improve those interested in a career in specific pathology and/or academia, some feel that four years of medical school and three years of post-graduate foot and ankle training can adequately prepare most graduates.

Now in my final year of residency (PGY-3), I am grateful that my training has more than sufficiently prepared me for podiatric practice and surgery. My first goal in podiatric medical school was to attend a high-volume residency program that matched my social and personal character and education. During the past two years, I became more interested in arthroscopy, reconstructive surgery, and total joint replacement. Subsequently, I was able to apply to fellowship programs that concentrate on these areas, with the ultimate goal to excel in certain surgical techniques, research, industry, and practice management. Such a path to greater sub-specialization in foot and ankle is increasing through fellowships, similar to M.D./D.O. medical specialties. Since nearly all surgical specialties—including approximately 80% of general surgeons and 96% of orthopedists—complete a subspecialty fellowship (6), the additional year may also provide a larger professional network and fulfill specialized patient care.

Despite these advantages, and the aforementioned growth in their popularity, the search process for fellowships is challenging. Currently, there is no universal application deadline, interview date(s), or application requirements (akin to many M.D./D.O. fellowships of yesteryear). Often, a PGY-2 or 3 can be put in a position to accept a fellowship before interviewing for others they applied to. Many residents and fellowship directors agree that a formal match process for fellowships would be beneficial to both applicants and the programs (7).

Furthermore, DPM fellowships are often based out of group practices, rather than hospitals or institutions. Thus, these programs have varying focuses, from limb salvage to reconstruction to research. Early in my second year, I narrowed my search to a handful of programs while maintaining a list of each individual deadline and the necessary application materials, eventually applying to a handful of programs based primarily on information from current and former fellows. This experience was similar to many of my classmates, who also benefited from discussion with their senior residents who had gone on to pursue fellowship opportunities post-residency. (7)

The current landscape of DPM foot and ankle fellowships remains challenging to navigate but filled with promise. As we continue to advance patient care and modern education and training of podiatric residency programs, so has the number of residents seeking advanced training and specialized career goals.

Ramez Sakkab, DPM, is a third-year resident at the Scripps Mercy Hospital/Kaiser Sacramento Valley Foot and Ankle Surgery Residency. Upon graduation, he will be attending the Phoenix Foot and Ankle Institute Fellowship under Jeffrey E. McAlister, DPM, FACFAS.

Ramez Sakkab, DPM, PGY-3
Kaiser Permanente Sacramento Valley
Scripps Mercy Hospital San Diego

Daniel Lee, DPM, Ph.D., FACFAS
Foot and Ankle Surgery
The Permanente Medical Group
Kaiser Permanente South Sacramento Medical Center
Vice President, Podiatric Medical Board of California

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1. Shofler, D.; Chuang, T.; Argade, N. "The Residency Training Experience in Podiatric Medicine and Surgery." *The Journal of Foot and Ankle Surgery*. 2015 Jul. 1; 54(4): 607–614.

2. Roukis, T.S. "Podiatric Foot and Ankle Surgery Fellowships: What's the Next Step?" *The Journal of Foot and Ankle Surgery*. 2008 Mar. 1; 47(2): 77–79.

3. **List of Fellowships with ACFAS Status**. American College of Foot and Ankle Surgeons.

4. **List of Approved Fellowships**. Council on Podiatric Medical Education.

5. "Updated 2022 Residency Placement Status." American Association of Colleges of Podiatric Medicine. 2022 31 Mar. **Press Release**.

6. Giuliano, K.; Etchill, E.; DiBrito, S.; Sacks, B. "What Kind of Surgeon Will You Be? An Analysis of Specialty Interest Changes Over the Course of General Surgery Residency." *Medical Science Educator*. 2020 Dec.; 30(4): 1599–1604.

7. Shofler, D.; To, A.; Cramer, K.; Batra, S. "Fellowships in Podiatric Medicine." *The Journal of Foot and Ankle Surgery*. 2020 Nov. 1; 59(6): 1201–1208.

Heel Pain? American Podiatric Medical Association States Early Treatment from Podiatrist Could Help

The heel bone is the largest of the 26 bones in the human foot, which also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. Like all bones, it is subject to outside influences that can affect its integrity and its ability to keep us on our feet. Heel pain—sometimes disabling—can occur in the front, back, or bottom of the heel.

Causes

Heel pain has many causes. Heel pain is generally the result of faulty biomechanics (walking gait abnormalities) that place too much stress on the heel bone and the soft tissues that attach to it. The stress may also result from injury, or a bruise incurred while walking, running, or jumping on hard surfaces; wearing poorly constructed footwear (such as flimsy flip-flops); or being overweight.

Common causes of heel pain include:

Heel spurs. A bony growth on the underside of the heel bone. The spur, visible by X-ray, appears as a protrusion that can extend forward as much as half an inch. When there is no indication of bone enlargement, the condition is sometimes referred to as "heel spur syndrome." Heel spurs result from strain on the muscles and ligaments of the foot, by stretching of the long band of tissue that connects the heel and the ball of the foot, and by repeated tearing away of the lining or membrane that covers the heel bone. These conditions may result from biomechanical imbalance, running or jogging, improperly fitted or excessively worn shoes, or obesity.

Plantar fasciitis. Both heel pain and heel spurs are frequently associated with plantar fasciitis, an inflammation of the band of fibrous connective tissue (fascia) running along the bottom (plantar surface) of the foot, from the heel to the ball of the foot. It is common among athletes who run and jump a lot, and it can be quite painful.

The condition occurs when the plantar fascia is strained over time beyond its normal extension, causing the soft tissue fibers of the fascia to tear or stretch at points along its length; this leads to inflammation, pain, and possibly the growth of a bone spur where the plantar fascia attaches to the heel bone. The inflammation may be aggravated by shoes that lack appropriate support, especially in the arch area, and by the chronic irritation that sometimes accompanies an athletic lifestyle.

Resting provides only temporary relief. When you resume walking, particularly after a night's sleep, you may experience a sudden elongation of the fascia band, which stretches and pulls on the heel. As you walk, the heel pain may lessen or even disappear, but that may be just a false sense of relief. The pain often returns after prolonged rest or extensive walking.

Excessive pronation. Heel pain sometimes results from excessive pronation. Pronation is the normal flexible motion and flattening of the arch of the foot that allows it to adapt to ground surfaces and absorb shock in the normal walking pattern.

As you walk, the heel contacts the ground first; the weight shifts first to the outside of the foot, then moves toward the big toe. The arch rises, the foot generally rolls upward and outward, becoming rigid and stable in order to lift the body and move it forward. Excessive pronation—excessive inward motion—can create an abnormal amount of stretching and pulling on the ligaments and tendons attaching to the bottom back of the heel bone. Excessive pronation may also contribute to injury to the hip, knee, and lower back.

Achilles tendinitis. Pain at the back of the heel is associated with Achilles tendinitis, which is inflammation of the Achilles tendon as it runs behind the ankle and inserts on the back surface of the heel bone. It is common among people who run and walk a lot and have tight tendons. The condition occurs when the tendon is strained over time, causing the fibers to tear or stretch along its length, or at its insertion on to the heel bone. This leads to inflammation, pain, and the possible growth of a bone spur on the back of the heel bone. The inflammation is aggravated by the chronic irritation that sometimes accompanies an active lifestyle and certain activities that strain an already tight tendon.

Other possible causes of heel pain include:

- Rheumatoid arthritis and other forms of arthritis, including gout, which usually manifests itself in the big toe joint.
- An inflamed bursa (bursitis), a small, irritated sac of fluid; a neuroma (a nerve growth); or other soft-tissue growth. Such heel pain may be associated with a heel spur or may mimic the pain of a heel spur.
- Haglund's deformity ("pump bump"), a bone enlargement at the back of the heel bone in the area where the Achilles tendon attaches to the bone. This sometimes painful deformity generally is the result of bursitis caused

Continued on page 9

Continued from page 8

by pressure against the shoe and can be aggravated by the height or stitching of a heel counter of a particular shoe.

- A bone bruise or contusion, which is an inflammation of the tissues that cover the heel bone. A bone bruise is a sharply painful injury caused by the direct impact of a hard object or surface on the foot.

When to Visit a Podiatrist

If pain and other symptoms of inflammation—redness, swelling, heat—persist, limit normal daily activities and contact a doctor of podiatric medicine.

Diagnosis and Treatment

The podiatric physician will examine the area and may perform diagnostic X-rays to rule out problems of the bone.

Early treatment might involve oral or injectable anti-inflammatory medication, exercise and shoe recommendations, taping or strapping, or use of shoe inserts or orthotic devices. Taping or strapping supports the foot, placing stressed muscles and tendons in a physiologically restful state. Physical therapy may be used in conjunction with such treatments.

A functional orthotic device may be prescribed for correcting biomechanical imbalance, controlling excessive pronation, and supporting the ligaments and tendons attaching to the heel bone. It will effectively treat the majority of heel and arch pain without the need for surgery.

Only a relatively few cases of heel pain require more advanced treatments or surgery. If surgery is necessary, it may involve the release of the plantar fascia, removal of a spur, removal of a bursa, or removal of a neuroma or other soft-tissue growth.

Prevention

A variety of steps can be taken to avoid heel pain and accompanying afflictions:

- Wear shoes that fit well—front, back, and sides—and have shock-absorbent soles, rigid shanks, and supportive heel counters.
- Wear the proper shoes for each activity.
- Do not wear shoes with excessive wear on heels or soles.
- Prepare properly before exercising. Warm up and do stretching exercises before and after running.
- Pace yourself when you participate in athletic activities.
- Don't underestimate your body's need for rest and good nutrition.
- If obese, lose weight.

From the American Podiatric Medical Association: **www.apma.org/heelpain**.

PMBC Legislative Update 2023

In 2022, the Podiatric Medical Board of California (PMBC) was successful in working with the Legislature and the Department of Public Health (DPH) to authorize DPH to issue limited podiatric radiography permits, which will allow medical assistants in the podiatric office to operate podiatric X-ray equipment. Assembly Bill 1704 outlines the educational and clinical requirements that must be satisfied for medical assistants in the podiatric office to provide radiographical services, which should assist the doctor of podiatric medicine (DPM) in providing efficient and effective podiatric medical treatment in the podiatric office. Please read the new law here for details.

We are also including the current scope statutes for DPMs in California. Business and Professions Code (BPC) section 2472 provides details regarding DPMs and their scope of practice. PMBC is interested in hearing from DPMs throughout California about how you work within the current limitations of BPC section 2472. Additionally, BPC section 2473 allows DPMs to provide vaccinations when certain educational and training requirements have been met.

We are interested in your thoughts on the scope of practice for DPMs in California. Please contact us with your feedback at **pmbc@dca.ca.gov**.

Assembly Bill 1704: Podiatric Limited X-Ray Permit

There is a new law—Assembly Bill 1704 (Chen, Chapter 580, Statutes of 2022)—allowing doctors of podiatric medicine (DPM) to hire a specially trained X-ray technician to work in their office. The limited license will allow the X-ray techs to take X-rays of the lower limb and to assist DPMs with providing medical treatment to patients within the scope of **Business and Professions Code section 2472**. Radiography of the foot, ankle, tibia, and fibula within the DPM's office will serve patients and will allow for easier diagnosis and treatment within the DPM's office. For more details, visit **https://leginfo.legislature.ca.gov** and search "AB1704" and "Session Year 2021–2022" under the "Bill Information" tab.

Consultants and Experts Needed!

Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists who provide their expertise in assisting the Board with its enforcement activities. These dedicated professionals review complaints received by the Board regarding California-licensed podiatrists, assist with investigations, testify at administrative hearings, and assist with probation/practice monitoring.

For more information on working as a consultant or expert with the Board, please contact Enforcement Coordinator Bethany DeAngelis at (916) 263-4324 or **Bethany.DeAngelis@dca.ca.gov**, or visit **www.pmbc.ca.gov** (click on "Enforcement Resources" under "Popular Pages" on the homepage, then scroll to "PMBC Consultants and Expert Witnesses").

PMBC Board Meeting Schedule

- **February 23, 2023**
- **June 1, 2023**
- **October 19, 2023**

50 Continuing Education Hours Are Needed for License Renewal

Under California law, doctors of podiatric medicine must complete at least 50 hours of approved continuing education, including a minimum of 12 hours in subjects related to the lower extremity muscular skeletal system, and one of the continuing competence pathways specified in Business and Professions Code section 2496(a) through (h), during each two-year renewal cycle.

The Licensing Program of the Podiatric Medical Board of California performs annual audits of licensees' continuing education requirements. Randomly selected licensees are chosen to provide details regarding their continuing education hours. Properly kept records will provide the name of the participating podiatrist, the course or program title, dates of attendance, number of credit hours received, and sponsoring/accrediting agency.

Credits may be obtained from colleges or schools of podiatric medicine, medicine, and osteopathic medicine, or a government agency. Please refer to California Code of Regulations title 16, section 1399.670 for additional continuing education options.

If licensees need to find continuing education courses, please check with the following programs, which are currently offering courses that are accepted by the Board:

- **California Podiatric Medical Association.**
- **American Podiatric Medical Association.**
- **American Medical Association.**
- **California Medical Association.**
- **American Osteopathic Association.**
- **California Osteopathic Association.**

Important Information Regarding Renewal Periods and Continuing Medical Education (CME)

It has come to the Board's attention that there has been confusion regarding CME requirements and the time frame in which they need to be completed.

California licensing regulations specify that a license expires at midnight on the last day of the birth month of the licensee during the second year of a two-year term. Licensees are required to report compliance with at least 50 hours of CMEs and one of the continuing competence pathways specified in Business and Professions Code section 2496(a) through (h), during each two-year renewal period (i.e., a licensee with a March 31, 2018 expiration date must comply with the renewal requirements between April 1, 2016–March 31, 2018).

Administrative Actions:
January 1, 2022–December 31, 2022

DOCTORS OF PODIATRIC MEDICINE

Fillerup, Casey Bowen, DPM
Santa Maria
License number: E-5622
Decision effective: 10/27/22
5 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220927%5cDMRAAAJD1%5c&did=AAAJD220927214323929.DID

Ojo, Aderonke Mojereade, DPM
Pittsburg
License number: E-4601
Decision effective: 07/18/22
License Revoked
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616232930343.DID

Pasamonte, Chandra Mae, DPM
Chico
License number: E-4327
Decision effective: 04/22/22
Public Reprimand
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220323%5cDMRAAAJD1%5c&did=AAAJD220323211946473.DID

Schmuel, Schlomo, DPM
Sherman Oaks
License number: E-3848
Decision effective: 06/22/22
License Surrender
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616233113756.DID

Scivally, John Wayne, DPM
Walnut Creek
License number: E-4319
Decision effective: 01/13/22
3 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20211214%5cDMRAAAJD2%5c&did=AAAJD211214190838519.DID

Swaim II, John Franklin, DPM
Red Bluff
License number: E-4348
Decision effective: 07/15/22
3 Years Probation
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220616%5cDMRAAAJD4%5c&did=AAAJD220616233020924.DID

Witt, Renae L, DPM
Sonora
License number: E-4644
Decision effective: 09/23/22
License Surrender
https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20220916%5cDMRAAAJD1%5c&did=AAAJD220916202623006.DID

To view a doctor's profile and obtain a copy of the action(s), please go to **www.breeze.ca.gov**. If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

- **https://pmbc.ca.gov/consumers/dispsumm.shtml**
- **https://pmbc.ca.gov/consumers/agreferrals.shtml**

Mission of the Podiatric Medical Board of California

To protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.

To file a complaint against a DPM, visit:

www.mbc.ca.gov/Consumers/Complaints/

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: (800) 633-2322

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

www.pmbc.ca.gov/consumers/dispsumm.shtml

www.pmbc.ca.gov/consumers/agreferrals.shtml

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