

# FOOT NOTES

## Residents' Corner: Education and Training During the COVID-19 Pandemic

This is our third year of postgraduate residency training. Prior to COVID-19, we vividly recall there were set schedules of clinic and surgeries. In fact, there was a routine with which everyone was accustomed. COVID-19 has had a detrimental impact locally and globally. Not only has it taken the lives of many loved ones, but it also has greatly affected residency training and the approach of how to learn patient care.

This pandemic changed everything that was once "normal." In-person clinics turned into telemedicine, and surgeries quickly focused on only emergent and traumatic cases. When it was normal to see 60 patients a day or more, we now had to find a way to treat this high patient load through phone and video visits. Learning virtual patient care was new, but it allowed us to open our education to treat our patients in different ways.

We were able to broaden our knowledge of medicine by realizing all of the available resources patients have access to when they are unable to access in-person treatment at the hospital. Elective surgeries were low on priority or canceled when hospitals were overcrowded with COVID-19 admissions. We learned to adapt and find innovative ways to continue our surgical training without actually being in the operating room. Utilizing saw bone workshops allowed us to closely simulate surgical procedures in a step-wise fashion. Studying our library of HD videos allowed us to follow detailed podiatric procedures and learn the dissection and important structures a surgeon encounters through typical procedures.

Residency during COVID-19 has definitely impacted podiatric residency training, but we were fortunate to innovate and find new technological resources to allow us to continue to become lifelong learners for the best care of our patients.

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### PODIATRIC MEDICAL BOARD OF CALIFORNIA

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STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS



**PODIATRIC**  
MEDICAL BOARD  
OF CALIFORNIA





## FOOTNOTES

### PMBC and the COVID-19 Pandemic

The Podiatric Medical Board of California (PMBC) is the regulatory agency in California that regulates doctors of podiatric medicine (DPM) who treat diseases of the foot ankle and lower limb. PMBC is expecting that its licensee base will continue to grow in the future and is preparing to meet the additional workload.

PMBC works with the Department of Consumer Affairs and the California Assembly and Senate to provide all regulatory functions that protect the public and license and enforce laws and regulations for all California DPMs. PMBC successfully completed the process known as sunset review, which was scheduled for March 2020 but was delayed due to the pandemic and was ultimately completed before the end of 2020.

PMBC has also been working toward the goals of its strategic plan for 2019–2022. Among the goals that have been accomplished and continue to evolve include recruiting DPM experts and consultants; collaborating with other healing art boards and associations; participating in the legislative process as it impacts PMBC and DPMs; managing the expenditures and revenues to meet the requirements of sustainability; and improving

communications with licensees, stakeholders, and the public via the PMBC’s website and social media accounts.

PMBC did not have the delays or interruptions that may have been present if it were not already implementing a work-at-home schedule. Each PMBC employee already had a laptop and a work-at-home schedule that was able to be expanded. The physical office was able to remain open and staff was able to safely work remotely. PMBC was also able to continue performing its duties with no additional costs to the Board.

Throughout the pandemic, PMBC’s Board meetings continued as scheduled, complied with procedural and legal requirements, and remained well attended and open to the public for participation. PMBC would like to give special thanks to all the staff at DCA who assisted PMBC with the transition from physical meetings to virtual meetings.

Additionally, PMBC couldn’t have made it through the last two years as well as it did without the professionalism of Executive Officer Brian Naslund, and the patience and savvy of all of its board members: licensee members Dr. Judith Manzi, Dr. Michael Zapf, Dr. Carolyn McAloon, and Dr. Daniel Lee, and public members Ms. Darlene Trujillo Elliot and Ms. Maria Cadenas.

### 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 about California podiatrists, assist with investigations, testify at administrative hearings in court, and assist with probation 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](mailto:Bethany.DeAngelis@dca.ca.gov), or visit the Board’s [website](#).





## What Is a Diabetic Foot Ulcer?

A diabetic foot ulcer is an open sore or wound that occurs in approximately 15% of patients with diabetes and is commonly located on the bottom of the foot. Of those who develop a foot ulcer, 6% will be hospitalized due to infection or other ulcer-related complication.

Diabetes is the leading cause of non-traumatic lower extremity amputations in the United States, and approximately 14–24% of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulceration precedes 85% of diabetes-related amputations. Research has shown, however, that development of a foot ulcer is preventable.

### Causes

Anyone who has diabetes can develop a foot ulcer. Native Americans, African Americans, Hispanics, and older men are more likely to develop ulcers. People who use insulin are at higher risk of developing a foot ulcer, as are patients with diabetes-related kidney, eye, and heart disease. Being overweight and using alcohol and tobacco also play a role in the development of foot ulcers.

Ulcers form due to a combination of factors, such as lack of feeling in the foot, poor circulation, foot deformities, irritation (such as friction or pressure), and trauma, as well as duration of diabetes. Patients who have diabetes for many years can develop neuropathy: a reduced or complete lack of ability to feel pain in the feet due to nerve damage caused by elevated blood glucose levels over time. The nerve damage often can occur without pain, and one may

not even be aware of the problem. Your podiatrist can test feet for neuropathy with a simple, painless tool called a monofilament.

Vascular disease can complicate a foot ulcer, reducing the body's ability to heal and increasing the risk for an infection. Elevations in blood glucose can reduce the body's ability to fight off a potential infection and also slows healing.

### Symptoms

Because many people who develop foot ulcers have lost the ability to feel pain, pain is not a common symptom. Many times, the first thing you may notice is some drainage on your socks. Redness and swelling may also be associated with the ulceration and, if it has progressed significantly, odor may be present.

### When to Visit a Podiatrist

Once an ulcer is noticed, seek podiatric medical care immediately. Foot ulcers in patients with diabetes should be treated to reduce the risk of infection and amputation, improve function and quality of life, and reduce health care costs.

### Diagnosis and Treatment

The primary goal in the treatment of foot ulcers is to obtain healing as soon as possible. The faster the healing, the less chance for an infection.

There are several key factors in the appropriate treatment of a diabetic foot ulcer:

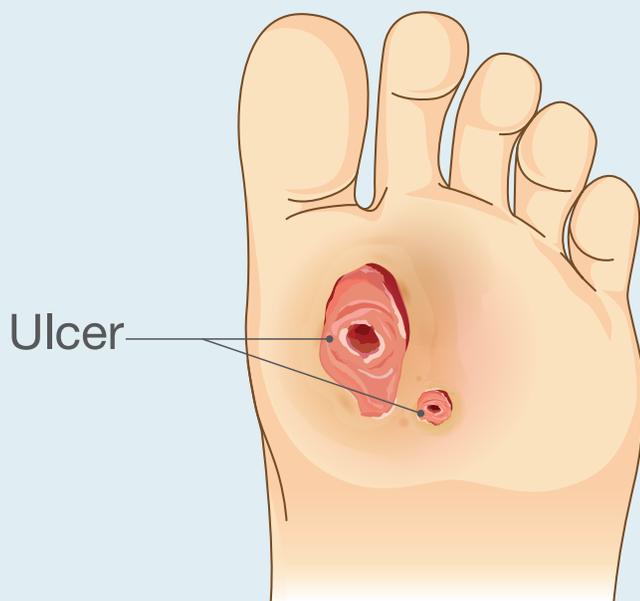
- Prevention of infection.
- Taking the pressure off the area, called “off-loading.”
- Removing dead skin and tissue, called “debridement.”
- Applying medication or dressings to the ulcer.
- Managing blood glucose and other health problems.

Not all ulcers are infected; however, if your podiatrist diagnoses an infection, a treatment program of antibiotics, wound care, and possibly hospitalization will be necessary.

To keep an ulcer from becoming infected, it is important to:

- Keep blood glucose levels under tight control.
- Keep the ulcer clean and bandaged.
- Cleanse the wound daily, using a wound dressing or bandage.
- Avoid walking barefoot.

For optimum healing, ulcers—especially those on the bottom of the foot—must be “off-loaded.” You may be asked to wear special footwear, a brace, or specialized castings, or to use





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*What Is a Diabetic Foot Ulcer? continued from page 3*

a wheelchair or crutches. These devices will reduce the pressure and irritation to the area with the ulcer and help to speed the healing process.

The science of wound care has advanced significantly over the past 10 years. The old thought of “let the air get at it” is now known to be harmful to healing. We know that wounds and ulcers heal faster, with a lower risk of infection, if they are kept covered and moist. The use of full-strength betadine, hydrogen peroxide, whirlpools, and soaking are not recommended, as these practices could lead to further complications.

Appropriate wound management includes the use of dressings and topically applied medications. Products range from normal saline to growth factors, ulcer dressings, and skin substitutes that have been shown to be highly effective in healing foot ulcers.

For a wound to heal, there must be adequate circulation to the ulcerated area. Your podiatrist can determine circulation levels with noninvasive tests.

Tightly controlling blood glucose is of the utmost importance during the treatment of a diabetic foot ulcer. Working closely with a medical doctor or endocrinologist to control blood glucose will enhance healing and reduce the risk of complications.

### **Surgical Options**

A majority of non-infected foot ulcers are treated without surgery; however, if this treatment method fails, surgical management may be appropriate. Examples of surgical care to remove pressure on the affected area include shaving or excision of bone(s) and the correction of various deformities, such as hammertoes, bunions, or bony “bumps.”

Healing time depends on a variety of factors, such as wound size and location, pressure on the wound from walking or standing, swelling, circulation, blood glucose levels, wound care, and what is being applied to the wound. Healing may occur within weeks or require several months.



### **Prevention**

The best way to treat a diabetic foot ulcer is to prevent its development in the first place. Recommended guidelines include seeing a podiatrist on a regular basis. Your podiatrist can determine if you are at high risk for developing a foot ulcer and implement strategies for prevention.

You are at high risk if you have or do:

- Neuropathy.
- Poor circulation.
- A foot deformity (e.g., bunion, hammer toe).
- Wear inappropriate shoes.
- Uncontrolled blood sugar.
- History of a previous foot ulceration.

Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose, are important in prevention and treatment of a diabetic foot ulcer. Wearing the appropriate shoes and socks will go a long way in reducing risks. Your podiatrist can provide guidance in selecting the proper shoes.

Learning how to check your feet is crucial so that you can find a potential problem as early as possible. Inspect your feet every day—especially the sole and between the toes—for cuts, bruises, cracks, blisters, redness, ulcers, and any sign of abnormality. Each time you visit a health care provider, remove your shoes and socks so your feet can be examined. Any problems that are discovered should be reported to your podiatrist as soon as possible—no matter how simple they may seem to you.

The key to successful wound healing is regular podiatric medical care to ensure the following “gold standard” of care:

- Lowering blood sugar.
- Appropriate debridement of wounds.
- Treating any infection.
- Reducing friction and pressure.
- Restoring adequate blood flow.

The old saying “an ounce of prevention is worth a pound of cure” was never as true as it is when preventing a diabetic foot ulcer.

*Continued on page 5*



*What Is a Diabetic Foot Ulcer? continued from page 4*

### **If You Have Diabetes Already: Do's and Don'ts Footcare Tips**

**Wash feet daily.** Using mild soap and lukewarm water, wash your feet in the mornings or before bed each evening. Dry carefully with a soft towel, especially between the toes, and dust your feet with talcum powder to wick away moisture. If the skin is dry, use a good moisturizing cream daily, but avoid getting it between the toes.

**Inspect feet and toes daily.** Check your feet every day for cuts, bruises, sores, or changes to the toenails, such as thickening or discoloration. If age or other factors hamper self-inspection, ask someone to help you, or use a mirror.

**Lose weight.** People with diabetes are commonly overweight, which nearly doubles the risk of complications.

**Wear thick, soft socks.** Socks made of an acrylic blend are well suited, but avoid mended socks or those with seams, which could rub to cause blisters or other skin injuries.

**Stop smoking.** Tobacco can contribute to circulatory problems, which can be especially troublesome in patients with diabetes.

**Cut toenails straight across.** Never cut into the corners, or taper, which could trigger an ingrown toenail. Use an emery board to gently file away sharp corners or snags. If your nails are hard to trim, ask your podiatrist for assistance.

**Exercise.** As a means to keep weight down and improve circulation, walking is one of the best all-around exercises for the diabetic patient. Walking is also an excellent conditioner for your feet. Be sure to wear appropriate athletic shoes when exercising. Ask your podiatric physician what's best for you.

**See your podiatric physician.** Regular checkups by your podiatric physician—at least annually—are the best way to ensure that your feet remain healthy.

**Be properly measured and fitted every time you buy new shoes.** Shoes are of supreme importance to people with diabetes because poorly fitted shoes are involved in as many as half of the problems that lead to amputations. Because foot size and shape may change over time, everyone should have their feet measured by an experienced shoe fitter whenever they buy a new pair of shoes. New shoes should be comfortable at the time they're purchased and should not require a "break-in" period, though it's a good idea to wear them for short periods of time at first. Shoes should have leather or canvas uppers, fit both the length and width of the foot, leave room for toes to wiggle freely, and be cushioned and sturdy.

**Don't go barefoot.** Barefoot walking outside is particularly dangerous because of the possibility of cuts, falls, and infection. When at home, wear slippers. Never go barefoot—not even in your own home.

**Don't wear high heels, sandals, and shoes with pointed toes.** These types of footwear can put undue pressure on parts of the foot and contribute to bone and joint disorders, as well as diabetic ulcers. In addition, open-toed shoes and sandals with straps between the first two toes should also be avoided.

**Don't drink in excess.** Alcohol can contribute to neuropathy (nerve damage) which is one of the consequences of diabetes. Drinking can speed up the damage associated with the disease, deaden more nerves, and increase the possibility of overlooking a seemingly minor cut or injury.

**Don't wear anything that is too tight around the legs.** Pantyhose, panty girdles, thigh-highs, or knee-highs can constrict circulation to your legs and feet. So can men's dress socks if the elastic is too tight.

**Never try to remove calluses, corns, or warts by yourself.** Commercial, over-the-counter preparations that remove warts or corns should be avoided because they can burn the skin and cause irreplaceable damage to the foot of someone with diabetes. Never try to cut calluses with a razor blade or any other instrument because the risk of cutting yourself is too high, and such wounds can often lead to more serious ulcers and lacerations. See your podiatric physician for assistance in these cases.

Your podiatric physician/surgeon has been trained specifically and extensively in the diagnosis and treatment of all manners of foot conditions. This training encompasses all the intricately related systems and structures of the foot and lower leg including neurological, circulatory, skin, and the musculoskeletal system, which includes bones, joints, ligaments, tendons, muscles, and nerves.

For more information on managing diabetes visit the American Diabetes Association at [www.diabetes.org](http://www.diabetes.org).

*(Source: American Podiatric Medical Association)*



# FOOTNOTES

## 2022 Board and Committee Meetings

### JANUARY

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### AUGUST 2022

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#### ● PMBC Committee Meetings

- LIC – 10:00 am
- ENF – 12:00 am
- PUB ED – 1:00 pm
- LEG – 2:00 pm
- EX MGT – 3:00 pm

#### ● State Holidays

#### ● PMBC Board Meetings



## FOOTNOTES

### Administrative Actions: January 1, 2020–December 31, 2021

#### DOCTORS OF PODIATRIC MEDICINE

##### **Ahmadi, Matt DPM**

Mission Viejo  
License Number: E-4539  
Decision Effective: 06/16/20  
License Revoked

##### **Blaine, Charles DPM**

Glendale  
License Number: E-3817  
Decision Effective: 04/01/21  
License Surrendered

##### **Choe, Ki Joon DPM**

Irvine  
License Number: E-4716  
Decision Effective: 10/28/21  
Public Reprimand

##### **Haas, Richard Bennett DPM**

Temecula  
License Number: E-2676  
Decision Effective: 12/09/20  
Public Letter of Reproval With  
Conditions

##### **Lagaay, Pieter DPM**

Moraga  
License Number: E-4984  
Decision Effective: 02/28/20  
License Revoked

##### **Mayo, Paul DPM**

Visalia  
License Number: E-4122  
Decision Effective: 06/04/20  
Public Letter of Reproval With  
Conditions

##### **Perez, Hugo DPM**

Bakersfield  
License number: E-4679  
Decision effective: 12/23/21  
5 Years' Probation

##### **Proehl, Darrick DPM**

Los Gatos  
License Number: E-5140  
Decision Effective: 10/26/20  
License Surrender

##### **Ryan, Susan DPM**

Auburn  
License Number: E-4738  
Decision Effective: 05/28/21  
Public Reprimand

##### **Sarte, Richard DPM**

Sherman Oaks  
License Number: E-3285  
Decision Effective: 08/28/20  
Public Letter of Reproval with  
Conditions

##### **Sung, Wenjay DPM**

Arcadia  
License Number: E-5032  
Decision Effective: 10/23/20  
3 Years' Probation

##### **Wagner, Leonard DPM**

Sherman Oaks  
License Number: E-1949  
Decision Effective: 10/28/21  
4 Years' Probation

##### **Weber, Garey DPM**

Newport Beach  
License Number: E-1371  
Decision Effective: 07/22/20  
License Surrender

##### **Wells, Kenneth DPM**

San Diego  
License Number: E-3455  
Decision Effective: 08/11/20  
5 Years' Probation

##### **Yoo, Seong Min DPM**

Santa Clarita  
License number: E-4519  
Decision effective: 12/23/21  
5 Years' Probation

To view a doctor's profile and obtain a copy of the action(s), please go to [www.breeze.ca.gov](http://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>

## PMBC Licensing Updates Through the Pandemic

By **Andreia Damian, PMBC Licensing Coordinator**

PMBC had many challenges in 2020–2021, but also had key accomplishments. The Board's most important licensing accomplishments include:

- Maintaining the licensing program during the COVID-19 pandemic without any backlogs.
- Removing the address of record from the PMBC website. PMBC uses the address of record (AOR) for all correspondence, which used to be displayed on the PMBC website. In June 2021, we removed the AOR from the website and it is no longer displayed to the public. To update your address of record electronically, please log into your BreEZe account. You can also still submit the

paper change of address application if you prefer that method. The change of address application can be found **online**.

- Adding the duplicate license transaction to Versa Online. In September 2021, the duplicate license transaction was added to Versa Online for resident and permanent DPMs. If you need to request a duplicate resident or permanent doctor of podiatric medicine license, you can submit the application electronically through your BreEZe account. Alternatively, you can still submit the paper **application** and fees to our office.

## 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/](http://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](http://www.breeze.ca.gov)

For assistance, call: **(800) 633-2322**

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[www.pmbc.ca.gov/consumers/dispsumm.shtml](http://www.pmbc.ca.gov/consumers/dispsumm.shtml)

[www.pmbc.ca.gov/consumers/agreferrals.shtml](http://www.pmbc.ca.gov/consumers/agreferrals.shtml)

