

FOOT NOTES

Message From the Board President



Thank you to all who have wished me well in my new position as president of the Board of Podiatric Medicine (BPM). My tenure started on February 1, 2017. My thanks also go to all the presidents I have had the pleasure to serve and learn under, including Neil Mansdorf, DPM, Kristina Dixon, MBA, and my immediate predecessor John Cha, DPM. We all owe a debt of gratitude to Kathleen Cooper who ably and enthusiastically acted as our interim Executive Officer after the unanticipated resignation of the former Executive Officer, Jason Campbell.

Special thanks go to Dr. Cha for shepherding us through the turmoil of Senate Bill 1039. If you recall, late last year we received the unexpected news that the Business and Professions Committee of the Senate was going to change the licensing law and move BPM out from under the purview of the Medical Board of California (MBC) and place us somewhere in the Department of Consumer Affairs. Our new home could quite possibly be outside our current home in Chapter 5 of the Healing Arts Division of the Business and Professions Code, commonly known as the “Doctor Chapter.” This change was placed in an omnibus bill, which must contain only noncontroversial housekeeping motions. Dr. Cha helped mobilize forces to let the bill’s author, Senator Jerry Hill of the Business and Professions Committee, know that this was, indeed, controversial and our part was pulled from the statute.

As far as the history of BPM and its relationship with MBC, we know that we have worked well together, but we are unsure of how the early years of BPM was organized. What happened in the 1920s and ‘30s is not clear, but in the last two dozen years, BPM, especially under the direction of longtime Executive Officer Jim Rathlesberger, has become rather independent.

BPM has been housed under the Medical Board of California (MBC) since 1957. Clear records are not available, but it seems as if we were placed there because of the unique nature of a profession that, unlike allied health professions that had to do work under the supervision of an MD, Doctors of Podiatric Medicine (then chiropodists) could independently perform medicine and surgery and write prescriptions. Since that time, the podiatric medical license has come from the MBC. BPM receives and processes the applications from prospective Doctors of Podiatric Medicine, assures their minimum competence and issues the licenses under the name of the MBC.

Continued on page 2

TABLE OF CONTENTS

Message From the Board President ...	1
Practice Tips	2
BPM Seeks Consultants and Expert Reviewers	3
Student Perspectives	4
Footpath to Doctor of Podiatric Medicine	7
Administrative Actions	8
Important Dates	8

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STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS



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FOOTNOTES

Message From the Board President continued from page 1

BPM acts independently of the MBC except for the investigations of complaints, for which we reimburse to MBC reasonable costs incurred. All of this is paid out of the licensing fees of California podiatric doctors. MBC assists BPM in receiving complaints from consumers and conducts preliminary investigations by requesting records and using podiatric consultants to perform first-level reviews. If a complaint is found to be of merit, it is sent to the Division of Investigation (DOI) of the Department of Consumer Affairs. DOI uses podiatric expert witnesses for a secondary evaluation of these cases. BPM works with the state Attorney General's Office to determine if penalties or prosecution is warranted. If a Doctor of Podiatric Medicine is found to need monitoring, BPM approves and selects podiatric doctors from the pool of consultants and experts to do the monitoring. The Board members review final decisions and orders and approve disciplinary actions. (See page 3 for information on how to become a consultant or expert.)

Every four years each board and bureau of DCA goes through a Sunset Review process where they justify their existence. BPM completed its last review in 2016, under the board presidency of Kristina Dixon. The process lends itself to making changes in each board or bureau's practice act. When BPM asked for an increase in unscheduled fees last year, it was decided that BPM would have that opportunity again this year during MBC's Sunset Review. Fees for services such as the application fee, duplicate license fee, or fee for a letter of good standing have not been increased by BPM for over 25 years, and it is expected that BPM will be allowed to do so this year and increases will become effective January 1, 2018.

The MBC is doing its Sunset Review this year and are taking advantage of the opportunity to say in their Sunset Review: "For the past two decades the BPM has issued its own podiatric license, but with the Medical Board seal, separate and apart from the Medical Board....The [Medical] Board has no authority over who is licensed and does not have the ability to deny licensure for any applicant....The [Medical] Board does not feel that this is appropriate, and the BPM, who has the authority over the decision as to whether an applicant should have a license or not, should be the entity issuing a podiatrist (sic) license."

The ideas just presented will be put into a bill later this year. We have not seen the wording. We have submitted some suggestions such that we remain in Chapter 5 and to "modernize the laws." The topics that have been discussed include using the title "physicians and surgeons of the foot" or "foot and ankle physicians and surgeons," and that Doctors of Podiatric Medicine be included in the definition of "attending physician." The latter so that legislation like last year's medical marijuana law that allowed referrals to be written only by the patient's "attending physician" always include DPMs. As you might know, BPM is not an advocacy group for the podiatric medical profession; we are charged with protecting the public. That said, the Board feels that it is only fair to the public to know what it is that podiatric medicine does.

Finally, a special welcome and thank you to our new Executive Officer Brian Naslund. Even in his short time he has confirmed to the Board that he was, indeed, a great choice. He is articulate, enthusiastic, and politically aware and will be a great asset to the BPM for, we hope, a good long time. Welcome aboard, Brian.

Michael A. Zapf, DPM
President, Board of Podiatric Medicine



Practice Tips From a BPM Consultant



I would like to share with you some insights that I have had over the past 36 years of practice. I have had the honor and opportunity of

being a consultant an expert witness for the Board of Podiatric Medicine (BPM) for approximately 30 years since the inception of the Enforcement arm of BPM. I am currently serving my fourth term as a consultant to BPM. Having reviewed over 500 cases for the Board, I have seen many common threads as to why complaints are filed.

There are three common reasons why complaints are lodged with BPM. The most common pathway for a complaint to be lodged against a podiatrist is an upset or dissatisfied patient. Second, a settlement or award of a podiatric malpractice case results in a complaint. Third, an insurance company files a complaint, usually for treatment out of the scope of podiatric practice.

There are many reasons why patients may become disenchanted or angry with treatment and care. A huge cause of upset is that the patient feels the doctor is not caring or interested in their well-being.

This may occur due to poor communication skills on the part of the podiatrist. Most of us realize that every patient sitting across from us has a different way of learning. Some of them require visual education, some



of them require tactile education, and some require auditory education. Regardless of the way people learn, we need to provide for them reasonable expectations and goals for their treatment that they can be on board with. If a patient is not willing to go with your recommended treatment plan, it is best to not engage them in treatment.

One of the biggest faults that I have observed is that some podiatrists treat their patients as “surgeries.” Some problems can only be treated surgically; however, most can be treated conservatively. By treating a patient conservatively you get to know them better and they get to know that you care about them. If all else fails and surgery is indicated, we all know that results may not be perfect. If a suboptimal result occurs, we can express that we will work with them to resolve the issue, and at least we tried everything possible to avoid surgery in the first place. Letting your patient know that you care, although difficult for some, is the most important component in a good doctor-patient relationship.

Having worked with the BPM over so many years, I am clear that the personnel that make up the Board are tireless advocates of our profession whose mission is consumer protection. If a complaint is filed with the Board, the best that we can do is cooperate with all requests made by the Board.

Carl Wegreich
BPM Consultant and Expert Witness

BPM Seeks Consultants and Expert Reviewers

When quality-of-care issues arise, they are evaluated by podiatric medical consultants and expert reviewers (experts), case by case, based on the standard of care. BPM’s podiatric medical consultants and experts are a group of experienced, residency-trained, and board-certified DPMs.

The standard of care is dynamic. It allows for advancements in the state of knowledge, and the individual circumstances of each case. It generally reflects the knowledge, skills, and professional practice in the community. These are derived from various sources, including but not limited to, medical textbooks, medical references, and medical training provided in academic and professional education programs.

A podiatric medical consultant or expert is not only responsible for reviewing complaints concerning quality of care, they also serve as a resource for Board staff, investigators, and attorneys general in addition to assisting probation officers in the monitoring of probationers. The role is critical to the Board’s enforcement program and it’s effectiveness as a consumer protection agency.

Training is available and a manual is provided to all consultants and experts.

Candidates must meet the following requirements in order to be considered for approval:

1. Hold a current, valid, and unrestricted California license to practice podiatric medicine.
2. Be active in the practice of podiatric medicine in the subject area being reviewed.
3. Have completed a postgraduate medical education program approved by the Council on Podiatric Medical Education.
4. Be certified by the American Board of Foot and Ankle Surgery, the American Board of Podiatric Medicine, or the American Board of Multiple Specialties in Podiatry, and must maintain a current certificate.
5. Have surgical staff privileges in at least one general acute care hospital facility.
6. Must not have been subject to disciplinary action by BPM, i.e., the filing of an Accusation or Statement of Issues that was not withdrawn or dismissed.
7. Must not be under BPM investigation for a violation of any laws relating to

the practice of medicine at the time of appointment or be the subject of such a case pending in the Attorney General’s Office.

8. Must not have been the subject of a field investigation by BPM within the last five years that was not closed and deleted from Medical Board records.
9. In the event of a conflict of interest, must recuse themselves from the review.
10. Must not misrepresent his or her credentials, qualifications, experience, or background.

The Board votes to approve new applicants once it is determined they meet all qualifications.

If you are interested in becoming an approved BPM consultant or expert, please contact the Board’s enforcement coordinator, Bethany DeAngelis, at (916) 263-4324 or by e-mail at Bethany.DeAngelis@dca.ca.gov to request an application.



FOOTNOTES

How I Got Into Podiatry: Student Perspectives

I first learned about podiatry a year after graduating from my undergraduate studies, while I was midway through the process of applying to allopathic and osteopathic medical schools. Like many undergraduate students looking to go into medicine, I had always just thought podiatry was a specialty one could pursue after getting their MD or DO. While I knew of podiatry and thought it would be interesting, it had never occurred to me to really consider it because I thought I was still a full round of medical school away from even having that option.

My story is not a unique one, but certainly highlights one small element pertaining to the difficulty podiatry schools have had in finding applicants. That is that even among pre-med students who know about podiatry, many have no idea that it is a separate track from MD or DO school.

Ultimately, I learned about the option to go to podiatry school by way of a heel injury. The podiatrist I visited to have my heel checked out had such a great demeanor and clearly loved his specialty, so much so that I decided to Google it when I got home. That is how I discovered podiatry as a viable option when it came to applying to medical schools. I had the opportunity to shadow that podiatrist numerous times shortly after and quickly discovered that podiatry was a specialty I would love to go into. As they say, the rest is history!

— Tyler Rodericks

I first heard about podiatry from an e-mail I received from Kent State University College of Podiatric Medicine after I took my MCAT. This e-mail sparked my interest to explore podiatry and shadow a local podiatrist. I was fascinated to learn about life-changing complications that can affect all ages, such as diabetes. My time in his office gave me a newfound perspective on a profession that provided direct, hands-on patient care, a focus on preventative medicine, and the skills to become a surgeon.

During my gap year, I attended and volunteered at several podiatric scientific conferences and events including Diabetic Foot Conferences, Foot Fest Western, and the Special Olympics with Fit Feet. I became more aware that podiatry is a highly interdisciplinary practice. During several clinical visits, podiatrists consulted with radiologists, vascular surgeons, primary care physicians, and infectious disease specialists. I was inspired to see such teamwork among physicians and surgeons to determine the best approach for a patient.

— Tzu Lu Lin



Footpath to Doctor

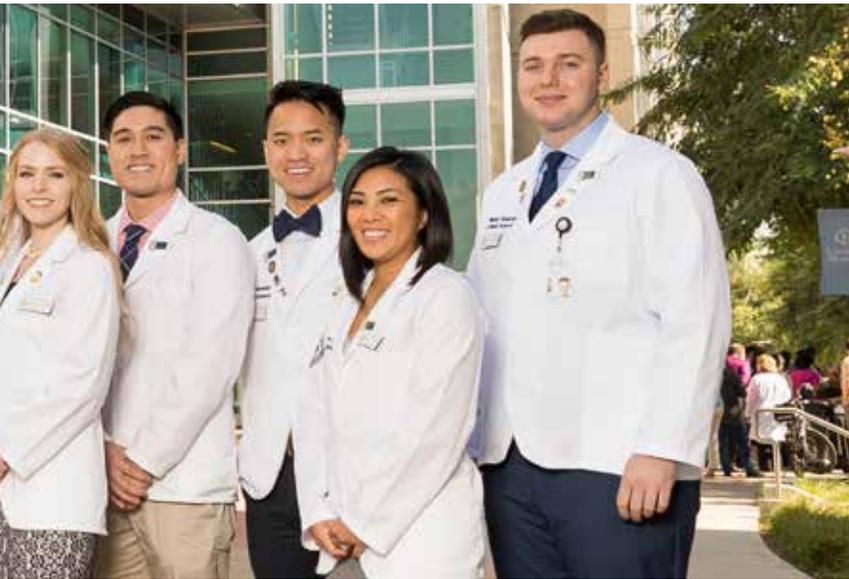
Western University of Health Board of Podiatric

Life as a Student

Podiatry school is a lot of work. I expected this, but never could have guessed just how much work it really would be. I love the opportunity to study and learn so much daily, but it is not without its sacrifices. My daily schedule and habits have slowly evolved through this past semester and a half as I've discovered that I absolutely need to prioritize getting enough sleep over almost everything else. While I would have stayed up late to study extra or hang out in undergrad, I have since found that to be a sure way to retain too little of what I study by the end of the week. My weekdays are almost regimented in organization as a result, as I adhere to relatively strict sets of study times, bed times, and wake-up times.

Despite this, I have been pleasantly surprised to learn that it is still possible (and quite necessary) to make time for oneself! I have blocked off a few hours every day that are devoted to reading, cooking dinner, and spending time with friends/family, and these times have proven to be critical to balance the rest of life with my work load. When I strike the right balance between the two, it makes it much easier to be focused and diligent when working, which in turn perpetuates the ability to temporarily take a break from the studies here and there. While weekends are a great opportunity to catch up on work, they have also proven to be a great chance to recharge with a trip to the beach or a weekend backpacking trip here or there.

— Tyler Rodericks



of Podiatric Medicine

Science in Pomona, CA Hosts
Medicine on March 3, 2017

Community Service

I believe that medical humanism is making connections with your patients and colleagues. I had the opportunity to do so when I volunteered at a Pomona Community Health Action Team event to perform sports physicals with my fellow osteopathic classmates. Community health service events remind me why I love medicine because they give me an opportunity to work with my colleagues as a team to help and make connections with people who are seeking help. I had the opportunity to work with two osteopathic students and saw how they performed physical exams. We also shared different techniques we had learned during our respective clinical medicine classes. It expanded my knowledge about physical exams by just watching how other professionals complete them. The event not only allowed me to practice performing foot exams, but I also had the chance to ask my osteopathic colleagues about OMM.

The experience was definitely a reminder of why I chose this school, for its belief in interprofessionalism and how that can help us to become better physicians. Moreover, it always amazes me how people are so appreciative of our service even when we tell them that we are only first-year medical students. I always feel like I should express more gratitude because they're volunteering their time to help me become a better physician.

When I was performing the foot exam during the service event, I saw that the patient was shocked that I was there to examine his feet. His mom even warned me that his feet were extra smelly. I smiled back and told them, "I am a podiatrist, a feet doctor! So I am going to be looking at feet for the rest of my life, you're helping me to become a better doctor."

I never get tired of that kind of exchange because I love promoting my profession and helping my patients feel more comfortable about me looking at their feet. I believe that feet can tell me a story about the patient. Whenever I feel burned-out by schoolwork, I always look forward to these events. They help me recognize how school material is relevant in clinical settings. In addition, community health service events are a good reminder to why I chose medicine in the first place. I want to provide medical service while making connections with my patients and colleagues.

— *Tzu Lu Lin*

Anatomy Now

At WesternU, we dove right into anatomy upon beginning our first semester. The class hit like a wall, as we were bombarded with more information at a faster pace than any of us had ever known to be possible. We had to improve our study techniques and find ways to maximize how we spent our time. I still cannot believe it's possible for a person to learn so much in such a short amount of time, but somehow we did. At the center of it all was anatomy lab, a hands-on opportunity to apply what we learned while we learned it.

Being the 21st century, we have incredible opportunities to learn via virtual anatomy programs as well. WesternU has a virtual anatomy system called Anatomage, in which we can dissect a full-size virtual cadaver on the touch screens of the Anatomage table. The software is an incredible innovation for the ease with which layers can be peeled away to view and identify what's beneath. The ability to view coronal, sagittal, and transverse cross sections at any point in the dissection is equally beneficial. The software was a great complement to our time spent in the Anatomy Lab, and was very helpful in honing our skills at identifying structures while we did the associated real-world dissections, which were never as clean and perfect as the Anatomage table made it seem.

— *Tyler Rodericks*

Continued on page 6



FOOTNOTES

How I Got Into Podiatry: Student Perspectives cont. from page 5

Working With DOs

While applying to podiatric schools, I wanted a curriculum that would train me to become a well-rounded physician academically and professionally. The shared curriculum at WesternU was definitely a unique selling point for me because it offered me that academic challenge that I was looking for in a podiatric program. Beyond academics, the shared curriculum gave me an opportunity to educate my fellow DO classmates about podiatry and learn about their osteopathic profession. My favorite memory during my time at WesternU was working with my cadaver lab teammates who all happens to be DOs. It was an empowering experience for me because it showed how we are all students working toward a common goal, which is to become well-educated physicians who will treat our patients with compassion. My lab teammates often tell me that they forget that I am a podiatric student because of how closely we work with the osteopathic students.

— Tzu Lu Lin

Digital Age – Facebook

Before starting medical school, I had promised myself that I would turn off Facebook because it would be a huge distraction. Ironically, Facebook is actually medical students’ main way of communication. Rather than having videos of ultimate frisbee or puppies on my newsfeed, it is now replaced with assignment deadlines, class notes, and exam schedules. Sometimes I would even have to turn off Facebook because I get overwhelmed by the amount of resources upperclassmen or my peers shared. Facebook can definitely be a blessing in disguise.

— Tzu Lu Lin



Hello,

Let me take a quick moment to introduce myself. I’m Brian Naslund, BPM’s new Executive Officer. First and foremost, I’d like to thank the Board for giving me this opportunity. I couldn’t be more intrigued by the professional atmosphere that floats every day in our office. I’d like to thank the staff of BPM: Bethany, Andreia, and Kathy for their continued support and training me in the functions of the daily tasks that provide consumer protection, licensing, and state business that supports Doctors of Podiatric Medicine and all stakeholders alike.

My goal for this Board is to provide efficient customer service while holding the highest commitment to consumer protection. I’ll be strategizing to implement better flow and efficiencies to our licensees and the consumer.

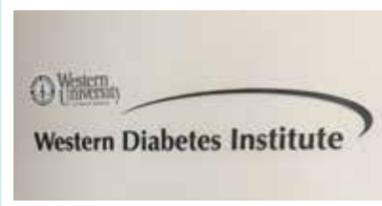
I’d like everyone to know that I have an open-door mentality and encourage anyone with questions or concerns to contact me. I’d be happy to help in any way I can. So please feel free to get ahold of me even it’s just to introduce yourself.

When I took this position in the first part of November, there were changing times in the future. The separation from the jurisdiction of the Medical Board is a top priority to the Board and I. I will do everything I can to protect all stakeholders if this transition happens. As we move toward this legislative process, our goals are simple: remain in Chapter 5 of the Healing Arts section of the Business and Professions Code and modernize laws that reflect what current practice is happening now with podiatric medicine.

Once again, thank you to the Board and my wonderful staff for allowing me this opportunity to represent the fine professionals of this critical and important health care community.

Brian Naslund,
Executive Officer





Doctors of Podiatric Medicine help prevent amputations while saving limbs and lives. The innovative concepts taught through an interdisciplinary curriculum are founded on real-world case studies, critical thinking and problem solving, and an interactive team approach focusing on humanism, patient care, and compassion. Through expert training and practice, Doctors of Podiatric Medicine are leaders in diabetic foot treatments and regenerative medicine. They also develop an expertise in applying knowledge and cutting edge technologies to improve the biomechanics of the foot for achieving athletic excellence.



Founding Dean Lawrence Harkless (left), DPM, and Lester Jones, DPM, MS Ed, Executive Associate Dean, Academic Affairs, demonstrate the Anatomage Table. This cutting-edge teaching tool creates detailed photo-realistic 3-D images of the human anatomy. Students are able to learn the details of human anatomy through cross-sectional sequencing of the separate neurological, muscular, and bone tissues with this cutting edge equipment.



Members of the Board and guests were invited to tour the Virtual Reality Learning Center and Anatomage Table, which creates detailed photorealistic 3-D images of the human anatomy.

(From left) Karoline Almanzar, Associate Director of Access Services, Lester Jones, DPM MS Ed, Executive Associate Dean; Brian Naslund, Executive Officer of BPM; Judith Manzi, DPM, BPM Vice-President; Michael Zapf, DPM, President of BPM; Gary Duke, Attorney III at Department of Consumer Affairs; Neil Mansdorf, DPM, BPM Board Member; and Darlene Elliot, BPM Secretary.

Administrative Actions: October 1, 2016–March 31, 2017

DOCTORS OF PODIATRIC MEDICINE

Colburn, Michael, DPM

Livermore, CA

License number: E-2942

Decision Effective: 01/23/17

Petition for Termination of Probation Granted

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=2942&name=COLBURN>

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=2942&name=COLBURN>

Klapman, Leon, DPM

Northridge, CA

License number: E-4433

Decision Effective: 01/20/17

Revoked, Stayed, 5 Years' Probation

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=4433&name=KLAPMAN,LEONJASON>

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=4433&name=KLAPMAN,LEONJASON>

Ky, Nguyen, DPM

San Jose, CA

License number: E-4689

Decision Effective: 01/20/17

Petition for Termination of Probation Granted

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=4689&name=KY,NGUYEN>

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=4689&name=KY,NGUYEN>

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

<https://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:

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

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

Important Dates

June 2 – Board Meeting of the Board of Podiatric Medicine.

Last day for bills to be passed out of the House of origin (J.R. 61 (a)(8)).

June 5 – Committee meetings may resume (J.R. 61 (a)(9)).

June 15 – Budget must be passed by midnight (Article IV, Sec. 12 (c)(3)).

July 4 – Independence Day observed.

July 14 – Last day for policy committees to meet and report bills to fiscal committees (J.R. 61 (a)(10)).

July 21 – Last day for policy committees to meet and report bills (J.R. 61 (a)(11)).

Summer Recess begins upon adjournment of session provided budget bill has been enacted (J.R. 51 (a)(3)).

August 16 – Board of Podiatric Medicine Committee Meetings.

August 21 – Legislature reconvenes (J.R. 51 (a)(3)).

September 1 – Last day for fiscal committees to meet and report bills to Floor (J.R. 61 (a)(12)).

September 4 – Labor Day.

September 8 – Board Meeting of the Board of Podiatric Medicine.

Last day to amend on the Floor (J.R. 61 (a)(14)).

September 5-15 – Floor session only. No committees, other than conference or rules committees, may meet for any purpose (J.R. 61 (a)(13)).

September 15 – Last day for each House to pass bills (J.R. 61 (a)(15)).

Interim Study Recess begins at the end of this day's session (J.R. 51 (a)(4)).

October 15 – Last day for Governor to sign or veto bills passed by the Legislature on or before September 15 and in his possession after September 15 (Article IV, Sec. 10 (b)(1)).