

# FOOT NOTES

## Message from the Board President

*"An ounce of prevention is worth a pound of cure." – Benjamin Franklin*



Benjamin Franklin had it right. The idea of heading off a large problem later by taking small preventive steps sooner is sound advice. This has long been a core principle of medicine.

The Podiatric Medical Board of California is dedicated in licensing, disciplining, and regulating our physicians to its end goal of keeping patients safe. Besides licensing the podiatrists of California, our Board issues residency licenses and approves some 14 surgical residencies throughout California. We recognize that the most powerful prescription is a well-trained physician.

For physicians, medical school is only the beginning. After graduation, podiatric medical students begin up to four more years of specialty training or graduate medical education. This training required for licensure is where our podiatrists learn how to treat patients with every variety of foot pathology.

As for our 2,204 licensed podiatric physicians in California, our strict auditing of continuing medical education credits is an ongoing process. This continuing education requirement benefits the doctor as well as the consumer and is helping to ensure every patient receives the best care possible and every doctor of podiatric medicine is practicing well within the standard of care.

Our message is clear to the licensee population that their compliance is mandatory. Educating consumers of California through licensing, enforcement, and regulation of doctors of podiatric medicine is our ongoing mission.

**Judith A. Manzi, DPM**

President, Podiatric Medical Board of California

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STATE OF CALIFORNIA  
**dca**  
DEPARTMENT OF CONSUMER AFFAIRS



**PODIATRIC**  
MEDICAL BOARD  
OF CALIFORNIA





## FOOTNOTES

# The Podiatric Medical Board of California



As of July 1, 2019, the Board of Podiatric Medicine will be known as the Podiatric Medical Board of California.

This name change will allow the Board to be consistent with the other independent medical licensing boards in California, the Medical Board of California and the Osteopathic Medical Board of California. The new website for the Board is [www.pmbc.ca.gov](http://www.pmbc.ca.gov).

## Consultants and Experts Needed!

Podiatric medical consultants and experts are experienced, residency-trained, and board-certified podiatrists that 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 and in court, and assist with probation monitoring.

For more information on working as a consultant or expert with the Board, contact Bethany DeAngelis, enforcement coordinator, at (916) 263-4324, [Bethany.DeAngelis@dca.ca.gov](mailto:Bethany.DeAngelis@dca.ca.gov), or visit [www.pmbc.ca.gov/enforcement/consultants\\_expertwitnesses.shtml](http://www.pmbc.ca.gov/enforcement/consultants_expertwitnesses.shtml).





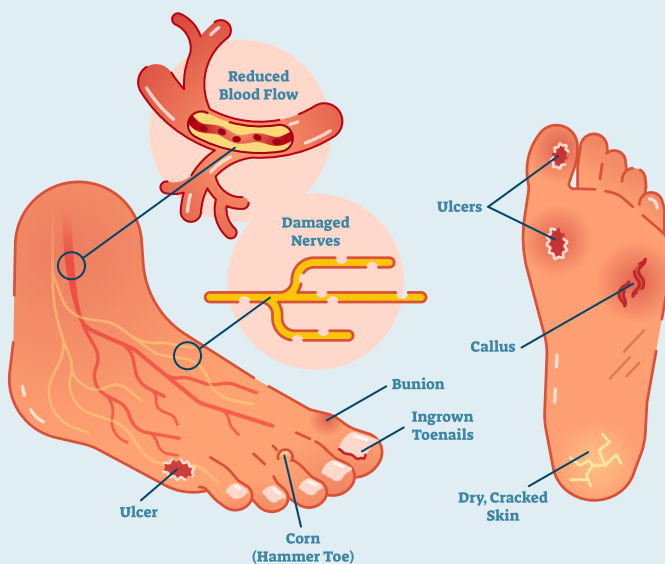
## Podiatrists Recommend Preventative Care for Diabetes

Perhaps one of the most frightening aspects of diabetes is that it damages nerves, meaning patients are unable to feel pain when they injure themselves or develop a blister or sore. These injuries can turn into ulcers, essentially open wounds on the feet, and can develop serious infections. Unfortunately, diabetic ulcers often lead to amputation.

With this in mind, and as physicians, surgeons, and specialists, podiatrists recommend the following steps as preventive care for those with diabetes:

- **An annual foot exam.** Specially trained to treat conditions of the foot and ankle that are caused by diabetes, today's podiatrist can help prevent complications before they happen.
- **Daily self-examinations.** Check your feet every day for cuts, bruises, sores, or changes to the toenails, such as thickening or discoloration. If you notice a change, make an appointment to see your podiatrist immediately.
- **Professional foot care.** Never try to treat calluses, ingrown toenails, or other foot conditions on your own. Home treatment is especially risky for people with diabetes who could develop dangerous infections.
- **Comfortable, well-fitting footwear.** Podiatrists recommend against going barefoot because of the high risk of injuring yourself without being aware of it. Wear well-fitting shoes and socks to protect your feet.
- **A team approach:** Today's podiatrist will collaborate with your primary care physician and other specialists to establish the right approach for your individual needs. Podiatrists can provide a wide range of treatments, from conservative care of the skin and nails to surgical options for advanced wounds or complications involving the bones of your feet. You, your podiatrist, and your care team will determine what's right for you.
- For more information about Podiatric Medical Doctors, visit the California Podiatric Medical Association at [www.podiatrists.org](http://www.podiatrists.org) and the American Podiatric Medical Association at [www.apma.org](http://www.apma.org).

## DIABETIC FOOT





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# Prevent and Treat Fungal Infection

According to the American Podiatric Medical Association, it is possible to fight a very common foot ailment—toenail fungus. Don't ignore the signs that something may be developing on your feet that can be prevented and treated. Early intervention can make all the difference in treating the disease and avoiding reoccurrences.

Toenail fungus, or onychomycosis, is an infection underneath the surface of the nail caused by fungi. When the tiny organisms take hold, the nail often becomes darker in color and smells foul. Debris may collect beneath the nail plate, white marks frequently appear on the nail plate, and the infection is capable of spreading to other toenails, the skin, or even the fingernails. If ignored, the infection can spread and possibly impair your ability to work or even walk. The resulting thicker nails are difficult to trim and make walking painful when wearing shoes. Onychomycosis can also be accompanied by a secondary bacterial or yeast infection in or about the nail plate.

### Causes

Because it is difficult to avoid contact with microscopic organisms like fungi, the toenails are especially vulnerable around damp areas where you are likely to be walking barefoot, such as swimming pools, locker rooms, and showers. In other words, wear your flip-flops when you are at the pool or health club. Injury to the nail bed, even pressure from shoes, may make it more susceptible to all types of infection, including fungal infection. Those who suffer from chronic diseases, such as diabetes, circulatory problems, or immune-deficiency conditions, are especially prone to fungal nails. Other contributing factors may be a history of athlete's foot and excessive perspiration.

### Symptoms

Toenail fungus is often ignored because the infection can be present for years without causing any pain. The disease is characterized by a progressive change in a toenail's quality and color, which is often ugly and embarrassing.

### Home Treatment

A daily routine of cleansing over a period of many months may temporarily suppress mild infections. White markings that appear on the surface of the nail can be filed off, followed by the application of an over-the-counter liquid antifungal agent. However, even the best over-the-counter treatments may not prevent a fungal infection from coming back.



### When to Visit a Podiatrist

You should visit a podiatrist when you notice any discoloration, thickening, or deformity of your toenails. The earlier you seek professional treatment, the greater your chance at getting your nails to clear.

### Diagnosis and Treatment

Treatments may vary, depending on the nature and severity of the infection. Your podiatrist can detect a fungal infection early, culture the nail, determine the cause, and form a suitable treatment plan, which may include prescribing topical or oral medication, and debridement (removal of diseased nail matter and debris) of an infected nail.

Oral antifungals, approved by the Food and Drug Administration, may be the most effective treatment. They offer a shorter treatment regimen of approximately three months and improved effectiveness. Your podiatrist may also prescribe a topical treatment, which can be an effective treatment modality for fungal nails.

In some cases, surgical treatment may be required. Temporary removal of the infected nail can be performed to permit direct application of a topical antifungal. Permanent removal of a chronically painful nail that has not responded to any other treatment permits the fungal infection to be cured and prevents the return of a deformed nail.

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*Prevent and Treat Fungal Infection continued from page 4*

Trying to solve the infection without the qualified help of a podiatrist can lead to more problems. With new technical advances in combination with simple preventive measures, the treatment of this lightly regarded health problem can often be successful.

### Prevention

Proper hygiene and regular inspection of the feet and toes are the first lines of defense against fungal nails. Clean and dry feet resist disease.

- Wash your feet with soap and water, remembering to dry thoroughly.
- Wear shower shoes when possible in public areas.
- Change shoes, socks, or hosiery more than once daily.
- Clip toenails straight across so that the nail does not extend beyond the tip of the toe.
- Wear shoes that fit well and are made of materials that breathe.
- Avoid wearing excessively tight hosiery to decrease moisture.
- Wear socks made of a synthetic fiber that “wicks” moisture away from your feet faster than cotton or wool socks do.
- Disinfect instruments used to cut nails.
- Disinfect home pedicure tools.
- Don’t apply polish to nails suspected of infection (those that are discolored, for example).
- Treat athlete’s foot if present.



## Administrative Actions:

**October 1, 2018–March 31, 2019**

### DOCTORS OF PODIATRIC MEDICINE

#### Ebaugh, John, DPM

Indio

License number: E-4495

Decision Effective: 01/17/19

Stipulated Surrender

[www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20190117%5cDMRAAAGL3%5c&did=AAAGL190117174312951.DID](http://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20190117%5cDMRAAAGL3%5c&did=AAAGL190117174312951.DID)

#### Liu, Jazmin, DPM

Tustin

License number: E-4931

Decision Effective: 12/27/18

Public Reprimand

[www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20181127%5cDMRAAAGL11%5c&did=AAAGL181127200514028.DID](http://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20181127%5cDMRAAAGL11%5c&did=AAAGL181127200514028.DID)

#### Pacada, Mario, DPM

Los Angeles

License number: E-4163

Decision Effective: 01/25/19

Stipulated Surrender

[www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20190118%5cDMRAAAGL4%5c&did=AAAGL190118192806089.DID](http://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20190118%5cDMRAAAGL4%5c&did=AAAGL190118192806089.DID)

#### Servatjoo, Parviz, DPM

Reseda

License number: E-3494

Decision Effective: 10/12/18

Petition for Reinstatement of Surrendered License Denied

[www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20180913%5cDMRAAAGL8%5c&did=AAAGL180913210603445.DID](http://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20180913%5cDMRAAAGL8%5c&did=AAAGL180913210603445.DID)

To view a doctor’s profile and obtain a copy of the action(s), visit [www.breeze.ca.gov](http://www.breeze.ca.gov). If assistance is required, call (800) 633-2322.

Additional information regarding disciplinary matters can be found at the following web pages:

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

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



## FOOTNOTES

### Important Dates:

#### 2019

**April 3**—California Podiatric Medical Association—legislative meeting in Sacramento.

**April 11**—Spring recess begins upon adjournment (J.R. 51(a)(2)).

**April 22**—Legislature reconvenes from Spring Recess (J.R. 51 (a)(2)).

**April 26**—Last day for policy committees to hear and report to fiscal committees' fiscal bills introduced in their house (J.R. 61(a)(2)).

**May 3**—Last day for policy committees to meet and report to the floor non-fiscal bills introduced in their house (J.R. 61(a)(3)).

**May 10**—Last day for policy committees to meet prior to June 3 (J.R. 61(a)(4)).

**May 15**—Board of Podiatric Medicine—committee meetings.

**May 17**—Last day for fiscal committees to meet and report to the floor bills introduced in their house (J.R. 61 (a)(5)). Last day for fiscal committees to meet prior to June 3 (J.R. 61 (a)(6)).

**May 27**—State holiday—Memorial Day

**May 28**—May 31—Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to A.R. 77.2, and conference committees (J.R. 61(a)(7)).

**May 31**—Last day for each legislative house to pass bills introduced in that house (J.R. 61(a)(8)).

**June 3**—Committee meetings may resume (J.R. 61(a)(9)).

**June 7**—Board of Podiatric Medicine—Board meeting in Riverside.

**June 15**—State budget must be passed by midnight (Art. IV, Sec. 12(c)(3)).

**June 20–23**—Western Foot and Ankle Conference in Anaheim.

**June 30**—End of Fiscal Year 2018–19.

**July 1**—Podiatric Medical Board of California—effective date of Board's name change.

**July 4**—State holiday—Fourth of July.

**July 10**—Last day for policy committees to hear and report fiscal bills to fiscal committees (J.R. 61(a)(10)).

**July 12**—Last day for policy committees to meet and report bills (J.R. 61(a)(11)). Summer recess begins on adjournment, provided state budget has been passed (J.R. 51(a)(3)).

**August 12**—Legislature reconvenes from summer recess (J.R. 51(a)(3)).

**August 21**—Podiatric Medical Board of California—committee meetings.

**August 31**—Last day for each legislative house to pass bills; final recess on adjournment.

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*Important Dates continued from page 6*

**September 2**—State holiday—Labor Day

**September 3–13**—Floor session only. No committee may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and conference committees (J.R. 61(a)(13)).

**September 6**—Last day to amend on floor (J.R. 61(a)(14)).

**September 13**—Podiatric Medical Board of California—Board meeting in Sacramento.

**September 13**—Last day for any bill to be passed (J.R. 61(a)(15)). Interim recess begins upon adjournment (J.R. 51(a)(4)).

**September 30**—Last day for governor to sign or veto bills.

**October 1**—Bills enacted on or before this date take effect January 1, 2020.

**October 13**—Last day for governor to sign or veto bills passed by the Legislature on or before September 13 and in the governor's possession after September 13 (Art. IV, Sec. 10(b)(1)).

## 2020

**January 1**—Statutes take effect (Art. IV, Sec. 8(c)).

**January 6**—Legislature reconvenes (J.R. 51(a)(4)).



## Dixon Recognized for Service to Board

Kristina M. Dixon, MBA, was appointed to the Board of Podiatric Medicine on February 2, 2010. Since that time, she has faithfully served the Board and public with the utmost respect in carrying out the Board mission of consumer protection. She has worn many hats during her tenure, serving the Board as vice president and president and has served as chair in all committees, which include: Licensing, Enforcement, Legislation, Public Education and Executive Management. Her pride in protecting consumers and her experience in holding these positions was a key element in assisting the Board in fulfilling its overall mission, consumer protection. The Board is very grateful to her for the nine years of service and dedication, guiding and leading the Board throughout her tenure. Ms. Dixon's final meeting was on March 1, 2019, when she was presented with a Certificate of Appreciation by Board President Judith Manzi, DPM.

## 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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disciplinary matters for doctors of  
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following web pages:

[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)

