BEFORE THE ARIZONA STATE BOARD OF PODIATRY EXAMINERS

IN THE MATTER OF:

CHRISTOPHER FUNK, DPM,

Holder of License No. POD-000542 For the Practice of Podiatry In the State of Arizona.

Case No.: 22-08-C

ORDER FOR CONTINUING EDUCATION

(NON-DISCIPLINARY)

At its meeting on February 8, 2023, the Arizona State Board of Podiatry Examiners (Board) voted to issue Christopher Funk, DPM, (Respondent), a non-disciplinary Continuing Education (CE) Order (Order) to address issues raised in the complaint and the Board's subsequent investigation. The Board, pursuant to A.R.S. § 32-852.01(C)(3), determined that while the conduct was not of sufficient seriousness to merit direct action, Respondent would, as set forth below, benefit from completing a prescribed number of hours of CE in a specific practice area or areas for purposes of providing him with the necessary understanding of current developments, skills, procedures or treatment.

FINDINGS OF FACT

1. The Arizona State Board of Podiatry Examiners is the duly constituted agency for licensing and regulating of the practice of podiatry in the State of Arizona and has jurisdiction over Respondent as a licensee of the Board and the subject matter pursuant to A.R.S. § 32-801, *et seq.*

2. Respondent is the holder of License Number POD-000542 which enables him to practice podiatry in the State of Arizona.

3. The Board initiated this investigation after receiving a complaint from GW on July 6, 2022. The complaint alleged the Respondent was negligent in his care of GW. Specifically, GW alleged Respondent removed sutures prematurely following a bunionectomy, causing the surgical site to reopen, exposing the bone and resulting in infection. The complaint also alleged that GW told Respondent he had an autoimmune disorder (Rheumatoid Arthritis) and was on oral 1 Prednisone long term and that his wounds healed slowly.

4. On December 7, 2021, GW presented to the Respondent with a chief complaint of
pain in the 5th metatarsal head on the right foot. GW's record states that the issue had been ongoing
for over a year. At that visit the Respondent injected the 5th metatarsal bursa with a combination
of Lidocaine, Marcaine, Kenalog and Dexamethasone.

5. On December 20, 2021, GW presented to the Respondent for the same recurring
problem as mentioned above. Respondent indicated in the treatment records that the ulcer on the
5th metatarsal head had a slight opening, but no drainage.

9 6. On January 4, 2022, GW again presented to the Respondent. After performing an
10 x-ray of the 5th metatarsal head, the Respondent diagnosed a tailor's bunion in the form of a sharp
11 bone spur on that metatarsal head. In response to being asked whether he discussed the finding of
12 Mockberg's sclerosis of the pedal vessels that were noted on the x-ray, Respondent stated he had
13 not.

14 7. On January 17, 2022, GW contacted the Respondent after going to the emergency 15 room on January 16, 2022. The emergency room visit determined that the ulcer was worse, 16 swollen, and red. GW indicated to the Respondent that his pain level measured a 10-out-of-10. 17 The Board determined that while the Respondent presented consents for surgery on the day of 18 surgery, there were no preoperative visit consents signed prior to surgery. The Board also 19 determined that there were no preoperative labs and history and physical completed in the office 20 record. Respondent indicated that he utilized the labs, as well as the history and physical performed 21 during the emergency room visit. Respondent indicated that his normal practice is to establish 22 consent in a preoperative visit, however due to the emergent nature of the situation it was not done.

8. On January, 19, 2022, in response to the emergent situation, the Respondent excised
the 5th metatarsal head on the right foot. The Board determined that Respondent failed to document
whether he took pulse readings for GW's feet. The Board also determined that Respondent failed
to document the pulse readings for the right foot on January 4th and 17th. The Respondent should
have documented this information as part of the preoperative exam. The Board further determined

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that the Respondent failed to document that cultures were taken and bone sent for pathologic
 examination in the operative report. Respondent admitted that it was an emergent situation and he
 did not document everything he had done.

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9. On January 31, 2022, GW presented to the Respondent for an initial post-operative visit, 12 days after surgery. Respondent's treatment records indicate that the incision site was intact. The notes also indicate that there was some dehiscence and swollenness around the site, but no indication of drainage. The Respondent also noted that the skin was fragile and thin. The Respondent then removed the sutures, even though he noted the patient was on Prednisone and understood the patient had trouble healing. The Respondent prescribed antibiotics and dressed the wound for protection.

10. The Board determined that due to the condition of the skin, years of Rheumatoid 12 arthritis steroids and known healing issues that it was foreseeable that the wound would have 13 reopened. The Board took into account that GW was noncompliant and ambulating on his right 14 foot, but also determined that Respondent should have considered or discussed healing 15 enhancements such as a wound VAC with GW. The Respondent stated that he did not discuss a 16 wound VAC with GW. The Board also determined that Respondent did not discuss the use of a 17 walker or scooter with GW, which could have aided in the healing process.

18 11. On February 3, 2022, the Respondent set up home-health wound care to assist19 Respondent with healing.

20 12. On February 7, 2022, GW presented to the Respondent for the last time.
21 Respondent's treatment records for GW indicate that GW was upset due to the pain and the open
22 ulcer. Respondent also indicated that the wound had dehisced at the surgical site showing fibrous
23 tissue. The Respondent placed three more sutures in the incision site to assist with healing and
24 closure.

13. At the Board's February 8, 2023, monthly meeting it discussed the allegations in
the investigative report. Respondent and his attorney were present in-person. Respondent admitted
that GW had thin skin when he was removing the sutures on January 31, 2022, but that there was

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1 no dehiscence and/or drainage from the incision site.

14. Based on the investigative record and the discussion with the Respondent, including
the issues noted above, the Board found that the Respondent would benefit from Continuing
Education in the areas listed below in the Order.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-801 *et seq*.

2. The Board has the authority to issue a non-disciplinary Order for Continuing
Education pursuant to A.R.S. § 32-852.01(C)(3), if it believes the Respondent would benefit from
completing a prescribed number of hours of CE in a specific practice area for purposes of
providing him with the necessary understanding of current developments, skills, procedures or
treatment.

<u>ORDER</u>

1. **IT IS HEREBY ORDERED** that within **six months** from the effective date of this Order, Respondent shall complete a minimum of **EIGHT** total hours of Board pre-approved CE. Respondent shall complete **TWO** hours of CE in each of the following areas: patient communication, surgical methods for enhanced wound healing, documentation/record keeping and post-operative care. The CE hours shall be in addition to the hours required for the annual renewal of his podiatry license.

2. **IT IS FURTHER ORDERED** that Respondent shall, within **six months** of the effective date of this Order, provide Board staff with proof of attendance in satisfaction of this requirement.

3. Respondent shall within **60 days** of the effective date of this order submit his request for CE to the Board for pre-approval.

4. Respondent's failure to timely comply with the Order will subject him to future disciplinary action by the Board. A.R.S. § 32-854.01(21).

5. The effective date of the Order is the date it is signed by the Board's Executive Director on behalf of the Board President.

RIGHT TO APPEAL

NOTICE IS HEREBY GIVEN that, pursuant to A.R.S. § 41-1092.03(B), you may request a formal hearing by notifying the Board in writing within thirty-five (35) days from date of this Order. If you request a formal hearing, you also have the right to request an informal settlement conference by filing a written request with the Board, pursuant to A.R.S. § 41-1092.06, no later than twenty (20) days before the scheduled hearing. The conference will be held within fifteen (15) days after receipt of your request. Please note that you waive any right to object to the participation of the Board's representative in the final administrative decision of the matter if it is not settled at the conference.

DATED THIS 17TH DAY OF FEBRUARY, 2023,

ARIZONA BOARD OF PODIATRY EXAMINERS

Barbara a. Campbell, D.P. By:

Barbara A. Campbell, D.P.M., Board President

Original of the foregoing was e-filed this 17th day of February, 2023 with the: Arizona State Board of Podiatry Examiners

1740 West Adams Street, Suite 3004 Phoenix, Arizona 85007

Copies of the foregoing sent by Electronic, Certified and Regular mail

this 17th day of February, 2023 to:

Dr. Christopher Funk, DPM Address of Record Respondent

1	Peter Wittekind, Esq. 909 E. Missouri Ave.
2	Phoenix, AZ 85014 Attorney for the Respondent
3	Copy of the foregoing sent via Electronic mail
4	this 17th day of February, 2023 to:
5	Seamus Monaghan Assistant Attorney General
6	2005 N. Central Ávenue, SGD/LES Phoenix, Arizona 85004
7	Attorney for the Board
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