BEFORE THE
PODIATRIC MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Christopher M. Byrne, D.P.M. Doctor of Podiatric Medicine License No. E-4263 Respondent.	Case No: 500-2021-001178

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted by the Podiatric Medical Board of the Department of Consumer Affairs, State of California as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on AUG 15 2024.

IT IS SO ORDERED: JUL 16 2024

PODIATRIC MEDICAL BOARD OF CALIFORNIA

Carolyn McAloon, DPM, President

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
PODIATRIC MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CHRISTOPHER M. BYRNE, D.P.M. 1551 Bishop Street, Suite. 310 C San Luis Obispo, California 93401 Doctor of Podiatric Medicine License DPM 4236, Respondent.	Case No. 500-2021-001178 OAH No. 2023040829 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Wendy Widlus, Deputy Attorney General.

2. Respondent Christopher M. Byrne, D.P.M. (Respondent) is represented in this

proceeding by attorney James R. Parrett of 3610 Fourteenth Street, P.O. Box 1299, Riverside, CA 92502.

3. On November 3, 1999, the Board issued Doctor of Podiatric Medicine License No. DPM 4236 to Christopher M. Byrne, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2021-001178, and will expire on May 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 500-2021-001178 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 16, 2022. Respondent timely filed a Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 500-2021-001178 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Accusation No. 500-2021-001178. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation

No. 500-2021-001178, if proven at a hearing, constitute cause for imposing discipline upon his Podiatrist License.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline if sustained. Respondent believes that he could present evidence disputing the factual basis for the charges in the Accusation, but he hereby gives up his right to contest that cause for discipline exists based on those charges.

11. Respondent agrees that his Doctor of Podiatric Medicine License is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

12. If an Accusation and/or Petition to Revoke Probation is filed against the Respondent before the Board, or Respondent should ever apply or reapply for a new license or certification, and/or file a petition for reinstatement of a license, before the Board or any other health care licensing action agency in the State of California, all of the charges and allegations contained in the Accusation No. 500-2021-001178 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any disciplinary proceeding seeking to deny, restrict, or revoke licensure or any petition proceeding seeking to reinstate licensure or modify probation.

CIRCUMSTANCES IN MITIGATION

13. Respondent Christopher M. Byrne, D.P.M. has been licensed for over three decades and has never been the subject of any disciplinary action.

CONTINGENCY

14. This stipulation shall be subject to approval by the Podiatric Medical Board. Respondent understands and agrees that counsel for Complainant and the staff of the Podiatric Medical Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary

Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Respondent Christopher M. Byrne, D.P.M. shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code sections 2222 and 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Accusation No. 500-2021-001178, is as follows:

> In March 2020, the Respondent diagnosed Patient 1 with gout, prescribed Allopurinol and continued to treat the patient with Allopurinol after the patient's bloodwork was negative for gout. Respondent then treated Patient 1 on March 4, 2020, April 23, 2020, and May 27, 2020, with steroid injections into Patient 1's first metatarsophalangeal joint of his right foot, as more fully described in Accusation No. 500-2021-001178.

1. PRESCRIBING PRACTICES COURSE Within 60 days of the effective date of this Decision and Order, Respondent shall enroll in a course in prescribing practices, at Respondent's expense, approved in advance by the Board or its designee. Respondent shall successfully complete the course within 6 months of the effective date of this Decision and Order.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 6 months after the effective date of this Decision and Order, whichever is later.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Any failure to fully comply with this term and condition of the Decision and Order shall constitute unprofessional conduct and will subject Respondent's Doctor of Podiatric Medicine License to further disciplinary action.

3. COST RECOVERY Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee, Respondent shall reimburse the Board the amount of $19,472.50 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by Respondent shall not relieve the respondent of his obligation to reimburse the Board for its costs.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, James R. Parrett. I understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Podiatric Medical Board.

DATED: 2/02/2024

CHRISTOPHER M. BYRNE, D.P.M.
Respondent

I have read and fully discussed with Respondent Christopher M. Byrne, D.P.M. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: February 2, 2024

JAMES R. PARRETT
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Podiatric Medical Board.

DATED: 2/2/2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Wendy Widlus

WENDY WIDLUS
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 500-2021-001178

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ROBERT MCKIM BELL
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Attorneys for Complainant

BEFORE THE
PODIATRIC MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **CHRISTOPHER M. BYRNE, D.P.M.** **1551 Bishop Street, Suite. 310C** **San Luis Obispo, CA 93401** **Doctor of Podiatric Medicine License** **No. 4236,** Respondent.	Case No. 500-2021-001178 **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board (Board).

2. On November 3, 1999, the Board issued Podiatrist License Number DPM 4236 to Christopher M. Byrne, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2023, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following

laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2229 of the Code states:

(a) Protection of the public shall be the highest priority for the Division of Medical Quality, the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality Hearing Panel in exercising their disciplinary authority.

(b) In exercising his or her disciplinary authority an administrative law judge of the Medical Quality Hearing Panel, the division, or the California Board of Podiatric Medicine, shall, wherever possible, take action that is calculated to aid in the rehabilitation of the licensee, or where, due to a lack of continuing education or other reasons, restriction on scope of practice is indicated, to order restrictions as are indicated by the evidence.

(c) It is the intent of the Legislature that the division, the California Board of Podiatric Medicine, and the enforcement program shall seek out those licensees who have demonstrated deficiencies in competency and then take those actions as are indicated, with priority given to those measures, including further education, restrictions from practice, or other means, that will remove those deficiencies. Where rehabilitation and protection are inconsistent, protection shall be paramount.

5. Section 2222 of the Code states:

The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed doctors of podiatric medicine.

The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

6. Section 2497 of the Code states:

(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present

during the board's consideration of the case and shall assist and advise the board.

7. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

8. Section 2234 of the Code states in pertinent part:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

. . .

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

. . .

COST RECOVERY

9. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within one year period for those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

DEFINITIONS

10. A dermal ulceration plantar is defined as follows: "dermal" relates to the skin or dermis; "plantar" refers to the sole of the foot; an "ulceration" is an ulcer, i.e., a patch of tissue that is discontinuous with the surrounding tissue because the tissue within the ulcer has decayed or died and been swept away.

11. The first metatarsophalangeal joint is commonly known as the big toe joint. It is a "synovial" joint [a type of joint which is surrounded by a thick flexible membrane forming a sac

into which is secreted a viscous fluid that lubricates the joint] that connects the metatarsal bones of the foot to the proximal phalanges of the toes. This type of joint permits motion and performs a major role in walking.

12. Gout is sudden, severe pain in one or more joints caused by abnormally high levels of a substance called uric acid in the blood.

13. Allopurinol is a medication used for the treatment and prevention of chronic gout attacks and certain types of kidney stones. It is also used to treat elevated uric acid levels in the blood and urine.

14. Colchicine is used to prevent gout attacks in adults and is also used to relieve the pain of gout attacks when they occur. Colchicine is not a pain reliever and cannot be used to treat pain that is not caused by gout. Colchicine is in a class of medications called anti-gout agents. It works by stopping the natural processes that cause swelling and other symptoms of gout.

15. Steroid injections are injections of man-made drugs which are similar to cortisol, a hormone the body produces in the adrenal glands. Steroid injections ease inflammation and slow the body's immune system. Steroid injections are used to treat many kinds of inflammatory conditions.

16. Peripheral artery disease (also called peripheral arterial disease) is defined as a common condition in which narrowed arteries reduce blood flow to the arms or legs. In peripheral artery disease, the legs or arms — usually the legs — do not receive enough blood flow to keep up with demand. This may cause leg pain when walking and other symptoms. Peripheral artery disease is usually a sign of a buildup of fatty deposits in the arteries or atherosclerosis which causes narrowing of the arteries that can reduce blood flow in the legs and sometimes the arms.

17. An intra-articular injection is an injection given in a joint to treat conditions like gout, tendinitis, bursitis, rheumatoid arthritis, carpal tunnel syndrome, psoriatic arthritis, and sometimes osteoarthritis. In the procedure, the affected joint is injected with a hypodermic needle through which anti-inflammatory agents are delivered.

18. Sesamoid bones can be present as a normal variant in the body or form in response to

strain. The kneecap is the largest sesamoid bone in the body. Sesamoids act like pulleys, providing a smooth surface for tendons to slide over, increasing the tendon's ability to transmit muscular forces.

19. Osteomyelitis is an infection in a bone. Infections can reach a bone by traveling through the bloodstream or spreading from nearby tissue or can also begin in the bone itself if an injury exposes the bone to germs. People with chronic health conditions, such as diabetes or kidney failure, are more at risk of developing osteomyelitis. People may develop osteomyelitis in their feet if they have foot ulcers although osteomyelitis can be successfully treated. Most people need surgery to remove areas of the bone that have died. After surgery the patient will often require strong intravenous antibiotics.

FACTUAL ALLEGATIONS

20. The Board opened an investigation into the Respondent's care of Patient 1[1] which disclosed Patient 1 went to see Respondent after Patient 1 developed a callus on the bottom of his right-side big toe which was infected and oozing.

21. In January 2020, Patient 1 initially saw Respondent's physician assistant who cut open the infected callus and found a hole inside. Patient 1 was treated for the ulceration from January 2020 through early March 2020.

22. In March 2020, the Respondent diagnosed Patient 1 with gout and prescribed Allopurinol. The Respondent continued to treat the patient with Allopurinol. For approximately six months, Patient 1 occasionally saw Respondent to check on the progress of Patient 1's toe whose condition failed to improve and became worse.

23. Respondent continued to treat Patient 1 for gout with Allopurinol after the patient's bloodwork was negative for gout.

24. Respondent then treated Patient 1 with steroid injections which he delivered via a plantar approach into Patient 1's first metatarsophalangeal joint of his right foot via injections on March 4, 2020, April 23, 2020, and May 27, 2020.

[1] The name of the patients and/or witnesses are anonymized to protect their privacy rights. The names will be provided to the Respondent upon written request for discovery.

25. On May 27, 2020, the date of the third steroid injection, the Respondent observed a notable instability on Patient 1's first metatarsophalangeal joint. An MRI of Patient 1's foot confirmed Patient 1's first metatarsophalangeal joint of his right foot was now dislocated. The Respondent did not provide the MRI results to Patient 1.

26. The Respondent provided Patient 1 with an orthopedic boot. The Respondent also suggested placing pins and screws inside of the toe. Patient 1's toe continued to get worse and failed to improve.

27. When the condition of Patient 1's toe continued to worsen, Patient 1 went to his primary care physician, who observed that Patient 1 was still wearing the boot but not healing. Patient 1's primary care physician suggested the see another podiatrist for a second opinion.

28. Patient 1 saw another podiatrist who reviewed the patient's files and the MRI and stated Patient 1 needed exploratory surgery to observe the damage and to clean the wound.

29. The second podiatrist performed the surgery and tried to put Patient 1's toe in place but was unable to do so. The second podiatrist informed Patient 1 that one of the tendons in his toe was gone and explained that Patient 1's tendon was either severed or the infection had destroyed it. The second podiatrist cleaned out Patient 1's infection and prescribed a high dose of antibiotics for him.

30. After taking the antibiotics Patient 1 followed up with the second podiatrist approximately three weeks later. At that time the second podiatrist informed Patient 1 that she would need to amputate his big toe so the infection didn't spread to other toes or parts of his foot. In addition to amputating Patient 1's big toe, she also removed part of the metatarsal of Patient 1's foot above his big toe.

31. After the amputation, Patient 1 spent approximately six months in a wheelchair. Patient 1 stated the wound healed well and he did not experience any further issues with his foot problems after the recuperation period. However, Patient 1 has a difficult time with his balance as well as with orientating himself. Patient 1 has had to make many adjustments to his daily life as a result.

32. The standard of care does not permit giving multiple articular injections through

tendon and sesamoids into the first metatarsophalangeal joint of a patient with confirmed peripheral artery disease and poor circulation.

33. The standard of care does not permit giving multiple steroid injections in an area of prior ulceration.

34. The standard of care for the treatment of gout does not permit giving a patient multiple steroid injections without confirming a diagnosis of gout through laboratory tests.

35. The standard of care for the treatment of gout is to give a single steroid injection option, perform blood tests for gout, and provide the patient with a prescription for Colchicine.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

36. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he was grossly negligent when he engaged in the conduct described above in paragraphs 20 through 31, including but not limited to, the following:

A. Respondent's treatments of multiple steroid injections delivered via a plantar approach into the patient's first metatarsophalangeal joint of his right foot on March 4, 2020, April 23, 2020, and May 27, 2020, to a patient with confirmed peripheral arterial disease and poor circulation were each extreme departures from the standard of care.

B. Respondent's treatments of multiple steroid injections delivered to Patient 1's foot into an area of the foot with confirmed prior ulceration via a plantar approach into Patient 1's first metatarsophalangeal joint of his right foot on March 4, 2020, April 23, 2020, and May 27, 2020, were each extreme departures from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

37. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he was negligent in his care and treatment of Patient 1. The circumstances are as follows:

38. Respondent injected steroids via a plantar approach into Patient 1's first metatarsophalangeal joint of his right foot on multiple occasions to treat Patient 1 for acute gout.

39. The Respondent prescribed only Allopurinol to Patient 1 to treat what he believed to be Patient 1's acute gout.

40. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth.

41. Respondent's acts and/or omissions as outlined in in paragraphs 20 through 26, above, whether proven individually, jointly or in any combination thereof, constitute repeated negligent acts, pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

42. Respondent is subject to disciplinary action under section 2234 of the code in that Respondent engaged in unprofessional conduct. The circumstances are as follows:

43. The allegations of the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

44. Respondent's acts and/or omissions as set forth in in paragraphs 20 through 26, above, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct.

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PRAYER

WHEREFORE, the Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Podiatric Medical Board issue a decision:

1. Revoking or suspending Doctor of Podiatric Medicine License No. 4236, issued to Christopher M. Byrne, D.P.M.;

2. Ordering Christopher M. Byrne, D.P.M to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. Ordering Christopher M. Byrne, D.P.M if placed on probation, to pay the costs of probation monitoring; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: DEC 16 2022

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

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