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8 **BEFORE THE**
9 **PODIATRIC MEDICAL BOARD**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 500-2023-001434

12 **BRANDON JAMES HAWKINS, D.P.M.**
13 **110 New Stine Road**
Bakersfield, CA 93309

ACCUSATION

14 **Podiatrist License No. 4648,**

15 Respondent.

16
17 **PARTIES**

18 1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as
19 the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.

20 2. On or about August 11, 2005, Podiatric Medical Board issued Podiatrist License
21 Number DPM 4648 to Brandon James Hawkins, D.P.M. (Respondent). The Podiatrist License
22 was in full force and effect at all times relevant to the charges brought herein and will expire on
23 July 31, 2027, unless renewed.

24 **JURISDICTION**

25 3. This Accusation is brought before the Podiatric Medical Board (Board) under the
26 authority of the following laws. All section references are to the Business and Professions Code
27 (Code) unless otherwise indicated.

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4. 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 physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority 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.

5. Section 2460.1 of the Code states:

Protection of the public shall be the highest priority for the California Board of Podiatric Medicine in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

STATUTORY PROVISIONS

6. Section 2234 of the Code states:

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:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(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.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

7. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

COST RECOVERY

8. 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.

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

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

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

12 DEFINITIONS

13 9. Metatarsals are the long bones in the feet that are proximal to the phalanges of the
14 toes.

15 10. Raynaud's phenomenon is a disease that causes some areas of the body, such as
16 fingers and toes, to feel numb and cold, and have diminished blood flow, in response to stress or
17 cold temperatures.

18 11. Capsulitis is a condition where the fibrous soft-tissue structure enclosing the joint,
19 known as the capsule, become inflamed.

20 12. Matrixectomy is a procedure in which an ingrown toenail is removed to prevent the
21 ingrown toenail from recurring.

22 13. Hallux valgus, a condition which is often a component of a bunion, is a bony bump
23 that forms on the joint at the base of the big toe. A hallux valgus forms when the great toe moves
24 out of its regular position, causing it to become angled toward the smaller toes.

25 14. The intermetatarsal angle is a measurement used to assess hallux valgus and other
26 foot deformities. The intermetatarsal angle typically refers to assessment of the first and second
27 metatarsals. The normal range of the intermetatarsal angle is less than 9 degrees. An increased
28 angle is associated with hallux valgus deformity, and correlates with hallux valgus severity as
follows: mild: 9-11 degrees; moderate: 12-17 degrees; and severe ≥ 18 degrees.

15. A bunionectomy is a surgery used to remove a bunion. During an Austin
Bunionectomy, or Austin correction, the surgeon will remove the excess bone from the bunion,

1 make a v-shape cut in the bone (osteotomy), and reposition it. The repositioning will straighten
2 the toe and the bone will be fixated with screws.

3 16. Osteotomy is a procedure in which a surgeon makes a cut to change the position or
4 angle in the foot and/or toe bones. The surgeon will insert screws or pins into your bones to
5 realign your big toe joint.

6 17. Tailor's bunions are painful deformities that develop where the base of the proximal
7 phalanx (toe bone closest to the metatarsals) of the fifth toe and the head of the fifth metatarsal
8 bone meet.

9 18. Neuritis, also known as peripheral neuropathy, is a condition characterized by
10 inflammation of one or more nerves.

11 19. Neuropathy is nerve damage outside the brain and spinal cord that causes pain or
12 numbness.

13 20. Neuroma is inflammation of a nerve in the foot. It causes pain and tingling in the
14 affected foot.

15 21. Atrophy is the partial or complete wasting away of a part of the body.

16 22. Plantar/heel bursitis is the swelling and inflammation in the bursa, the fluid filled
17 cushioning sac that surrounds and protects the tendon insertion to the bones allowing for
18 lubricated, pain-free movement. Bursitis can cause pain that affects your ability to move your
19 ankle or foot.

20 23. Capsulotomy is a surgical procedure that involves releasing the joint capsule, which
21 is a thick, fibrous tissue surrounding a joint, to improve its range of motion. The procedure is
22 often used to relieve pain and discomfort in the foot.

23 **FACTUAL ALLEGATIONS**

24 24. Respondent is a podiatrist and the chief executive officer of Stockdale Podiatry Group
25 (Stockdale), located in Bakersfield, California.

26 25. Patient A¹ first presented to Respondent at Stockdale in January 2013, complaining of
27 a painful ingrown toenail on the second toe. Patient A was a consistent patient of Respondent and

28 ¹ The patient is identified as "Patient A" to protect her privacy.

1 Stockdale from 2013 through about June 2022. During this time, Patient A suffered from
2 Raynaud's phenomenon, capsulitis, neuritis, and tailor's bunion, among other maladies to the
3 feet. Patient A underwent surgical procedures, such as a matrixectomy, and received numerous
4 injections for pain during this period as well.

5 26. On or about May 6, 2022, Patient A presented to Respondent, at Stockdale, with
6 continued complaints of pain of the left foot. Respondent examined Patient A's foot and ankle
7 and found that Patient A suffered from chronic painful bunion deformity, of the left lower
8 extremity, and chronic tailor's bunion deformity with notable plantar bursitis. Respondent also
9 found that Patient A's skin was intact, but there was atrophy of the skin and notable medial and
10 lateral eminence² associated to the first and fifth metatarsals. There was also notable bursa
11 associated to the plantar surface of the left foot, which was notably spongy with palpation. X-ray
12 imaging was taken of Patient A's left foot, which showed an intermetatarsal angle (IM) angle of
13 approximately 14 degrees and an HA angle of approximately 22 degrees. The IM angle
14 associated to the fifth digit was notably increased approximately 18 degrees. Patient A received a
15 cortisone injection, and was advised of a surgical procedure in regards to an Austin bunion
16 correction and tailor's bunion correction, with internal fixation. Patient A agreed to the surgical
17 procedure and was tentatively scheduled for outpatient surgery on June 13, 2022.

18 27. On or about June 3, 2022, Patient A presented to Stockdale for a preoperative
19 workup. Respondent met with podiatrist, K.H. during this appointment. K.H. examined Patient
20 A's foot and ankle, confirming the severe painful bunion deformity and tailor's bunion of the left
21 foot. K.H. also found that there were early signs of peripheral vascular disease,³ and Patient A
22 had pain and an inability to walk. K.H. discussed the surgical intervention with Patient A, who
23 asked several questions about postoperative management and care. After discussing the risks,
24 benefits, and alternatives of the procedure, Patient A signed a consent form and the surgery was
25 scheduled.

26 ² The medial eminence of the foot is a bony prominence on the inner aspect of the first
27 metatarsal head. It is often associated with hallux valgus/bunion. The lateral eminence is a
28 prominence of the fifth metatarsal head, often associated with tailor's bunion/bunionettes.

³ Peripheral vascular disease is a slow and progressive circulation disorder caused by
narrowing, blockage or spasms in a blood vessel.

1 28. On or about June 13, 2022, Patient A presented to Bakersfield Adventist Hospital to
2 undergo an Austin bunion correction, left foot, with internal fixation and a tailor's bunion
3 correction, left lower extremity, with internal fixation. During the procedure, Respondent used a
4 standard ArthroOsteotomy (AO) technique⁴ and inserted a realign plate with corresponding
5 screws. The wound was flushed with saline and deep tissues and skin were reapproximated and
6 coapted using absorbable sutures. Next, an incision was made at the fifth metatarsal joint region
7 and deep dissection was performed, exposing the capsule whereupon a linear capsulotomy was
8 performed. An osteotomy was performed at the metaphyseal region, and a screw was driven
9 across the osteotomy site. Stable compression and reduction of the deformity was noted, the
10 wound was flushed with saline, and the deep tissues and skin were sutured. No surgical
11 complications were noted and Patient A was given pain medicine before discharge.

12 29. On or about June 20, 2022, Patient A presented to Respondent for her first
13 postoperative appointment. X-ray imaging was taken, which showed that the surgical hardware
14 was intact. Respondent examined Patient A and found that the surgical sites were coapting well
15 and were intact, and there was minimal edema and no erythema⁵ or ecchymosis.⁶ Patient A
16 reported minimal pain.

17 30. Patient A continued to present to Respondent from July through September 2022.
18 During these visits, Patient A indicated that she had minimal pain. Respondent noted that there
19 was minimal swelling and the surgical sites were healing well. During the August 2022
20 appointment, Patient A was referred to physical therapy to decrease swelling.

21 31. On or about October 20, 2022, Patient A presented to Respondent for a follow-up
22 appointment. She reported pain and difficulty putting on shoes. Respondent noted that the
23 surgical sites were well healed and there was no active erythema or edema. Respondent
24
25

26 ⁴ ArthroOsteotomy (AO) technique is a surgical approach, commonly used in a
27 bunionectomy, that focuses on bone realignment and fixation. AO techniques help ensure that cut
28 bones are properly fixed in place to maintain the correction and facilitate healing.

⁵ Erythema is redness of the skin or mucous membranes, caused by increased blood flow
in superficial capillaries. It occurs with any skin injury, infection, or inflammation.

⁶ Ecchymosis is bruising that occurs when blood pools under your skin after an injury.

1 performed a gait analysis and muscle testing, and Patient A was scanned for, and later received,
2 custom-made orthotics to help reduce pain.

3 32. On or about November 10, 2022, Patient A presented to Respondent complaining of
4 notable pain to the second and third digits. She reported numbness and tingling as well.
5 Respondent noted that there was notable splaying of the second and third digits and referred
6 Patient A for an magnetic resonance imaging (MRI) of the left foot. Respondent indicated that a
7 cortisone injection may be needed, but they would follow-up in about two weeks.

8 33. On or about December 5, 2022, Patient A presented to Respondent to discuss the MRI
9 results. The MRI showed previous fracture of the fifth metatarsal, but was otherwise normal.
10 Respondent examined Patient A's foot and ankle and noted slight atrophy of the skin and notable
11 splaying of the second and third digits, with notable pain to the second intermetatarsal space.
12 Respondent determined that Patient A suffered from painful neuroma with signs of neuritis and
13 neuropathy. Patient A opted to continue with physical therapy and other conservative options to
14 treat her pain.

15 34. On or about January 19, 2023, Patient A presented to Respondent for another follow-
16 up appointment. Upon examination, Respondent found that Patient A's surgical scars were
17 healed, but there was still pain to the second and third digits with splaying. There was also
18 notable purple discoloration of the second and third digits of both feet.

19 35. On or about February 2, 2023, Patient A presented to another podiatrist, J.E., for a
20 second opinion. Patient A complained of continued pain, toe clicking, and continued swelling
21 following the bunion corrections by Respondent. J.E. examined Patient A and x-ray imaging was
22 taken of her left foot. X-ray images confirmed the previous osteotomy/bunionectomy and tailor's
23 bunion correction performed by Respondent. However, J.E. found that Patient A suffered severe
24 complications and had chronic swelling. The fifth metatarsal osteotomy went on to a nonunion⁷
25 and displaced to the point where it was floating in the soft tissues. Further, Patient A had a
26 migration of the first metatarsal osteotomy that created a dorsiflexed first metatarsal with

27
28 ⁷ Nonunion of a bone is a fracture that persists for a minimum of nine months without
signs of healing. Nonunion occurs when the bone lacks adequate stability, blood flow, or both.

1 jamming, along with a significant hallux varus. Ultimately, J.E. noted several issues with the
2 previous surgeries and indicated that a revision surgery would be complicated. J.E.
3 recommended that Patient A see a tertiary foot and ankle orthopedist for another opinion.

4 36. On or about February 28, 2023, Patient A saw another physician, G.P., regarding her
5 left foot pain. G.P. examined Patient A and confirmed the nonunion of the fifth metatarsal and
6 hallux varus deformity. G.P. discussed surgical interventions with Patient A, which included
7 fusions and shortening osteotomies. Patient A did not want to have another surgery and G.P.
8 noted that surgery was risky and could make her situation worse. G.P. recommended that Patient
9 A use a Budin splint and continue to follow up as needed.

10 37. On or about May 15, 2023, Patient A returned to J.E. complaining of pain at the
11 lateral column of her left foot. J.E. examined her foot and found that she had Cuboid syndrome⁸
12 of the left foot. J.E. educated Patient A on Cuboid syndrome and some conservative treatments to
13 address it. J.E. also performed an ultrasound guided Kenalog⁹ injection to treat Patient A's pain.

14 **FIRST CAUSE FOR DISCIPLINE**

15 (Gross Negligence)

16 38. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),
17 in that Respondent was grossly negligent in his care and treatment of Patient A. The
18 circumstances are as follows:

19 39. Complainant hereby re-alleges the facts set forth in paragraphs 24 through 37 above,
20 as though fully set forth.

21 40. The standard of care when documenting the care and treatment of a patient requires a
22 practitioner to maintain a comprehensive record that can be easily interpreted by another medical
23 practitioner, if necessary. Medical records and notes should contain a summary of all findings,
24 complaints, medical history, and descriptive examination findings, among other things. Further,

26 ⁸ Cuboid syndrome is a condition caused by a problem with the cuboid bone, producing
27 pain on the outer side, and possibly underside, of the foot. Cuboid syndrome is the result of
28 partial dislocation of the bones in the middle of the foot.

⁹ Kenalog is a potent corticosteroid that is used to treat inflammation caused by a variety
of conditions.

1 the standard of care requires that clear indications for treatment be documented, as well as
2 treatment alternatives.

3 41. The standard of care also requires comprehensive communication between a
4 practitioner and a patient. The practitioner should conduct any appropriate examinations and
5 conservative treatments prior to surgical intervention, and provide the necessary preoperative and
6 postoperative care.

7 42. Respondent's medical documentation regarding Patient A was inconsistent and
8 inaccurate. Respondent failed to document chart notes of actual radiographic findings, which
9 demonstrated a poor surgical result with the hallux varus overcorrection of the bunion deformity
10 and the loss of fixation and displacement as a result of the tailor's bunion surgery.

11 43. Respondent was not forthcoming in his communication with Patient A. Respondent
12 failed to have an open and honest discussion with Patient A about the surgery results.
13 Specifically, Respondent consistently told Patient A that it would take a long time for her foot to
14 improve, instead of clearly explaining, or documenting that he explained, that the surgical
15 outcome was poor and directly caused her further foot pathology and pain. Respondent was also
16 contradictory in his discussions with Patient A. Respondent diagnosed Patient A with
17 neuropathy, but also tried to rationalize her exacerbated condition and insinuated that he
18 decreased her pain.

19 44. Respondent's care and treatment of Patient A did not improve her condition, but
20 instead exacerbated Patient A's condition.

21 45. Respondent's actions and inactions constitute an extreme departure from the standard
22 of care.

23 **SECOND CAUSE FOR DISCIPLINE**

24 (Repeated Negligent Acts)

25 46. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
26 in that Respondent was repeatedly negligent in his care and treatment of Patient A. The
27 circumstances are as follows:

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1 47. The facts and allegations of the First Cause for Discipline are incorporated herein by
2 reference as if fully set forth.

3 48. Each act of gross negligence set forth in the First Cause for Discipline is also a
4 negligent act.

5 **THIRD CAUSE FOR DISCIPLINE**

6 (Failure to Maintain Adequate Medical Records)

7 49. By reasons of the facts and allegations set forth in the First and Second Causes for
8 Discipline, Respondent is subject to disciplinary action under Code section 2266 in that
9 Respondent failed to maintain adequate and accurate medical records of Patient A.

10 **PRAYER**

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

13 1. Revoking or suspending Podiatrist License Number DPM 4648, issued to Respondent
14 Brandon James Hawkins, D.P.M.;

15 2. Ordering Respondent Brandon James Hawkins, D.P.M. to pay the Podiatric Medical
16 Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business
17 and Professions Code section 2497.5 and if placed on probation, the costs of probation
18 monitoring; and,

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

20
21 DATED: JUN 20 2025

22 
23 BRIAN NASLUND
24 Executive Officer
25 Podiatric Medical Board
26 Department of Consumer Affairs
27 State of California
28 Complainant

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