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

In the Matter of the First Amended Accusation Against: **BRANDON JAMES HAWKINS, D.P.M.** **110 New Stine Road** **Bakersfield, CA 93309** **Podiatrist License No. 4648,** Respondent.	Case No. 500-2023-001434 OAH No. 2025080160 **FIRST AMENDED ACCUSATION**

PARTIES

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

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

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JURISDICTION

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

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.
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> 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:
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> (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.
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> (b) Gross negligence.
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> (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.

(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 that 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

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

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

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

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

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

14. The intermetatarsal angle is a measurement used to assess hallux valgus and other foot deformities. The intermetatarsal angle typically refers to assessment of the first and second metatarsals. The normal range of the intermetatarsal angle is less than 9 degrees. An increased 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, make a v-shape cut in the bone (osteotomy), and reposition it. The repositioning will straighten the toe and the bone will be fixated with screws.

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

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

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

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

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

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

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

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

24. Plantar plate tears are foot injuries that occur when the ligament beneath the metatarsal heads becomes damaged. In mild cases, there may be some joint swelling and loss of toe grip.

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25. Kirschner wires (K-wires) are stiff, straight wires that are used to help reduce and stabilize fractures, osteotomies, and fusions.

26. Osteomyelitis is an infection in a bone.

FACTUAL ALLEGATIONS

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

Patient A

28. Patient A[1] first presented to Respondent at Stockdale in January 2013, complaining of a painful ingrown toenail on the second toe. Patient A was a consistent patient of Respondent and Stockdale from 2013 through about June 2022. During this time, Patient A suffered from Raynaud's phenomenon, capsulitis, neuritis, and tailor's bunion, among other maladies to the feet. Patient A underwent surgical procedures, such as a matrixectomy, and received numerous injections for pain during this period as well.

29. On or about May 6, 2022, Patient A presented to Respondent, at Stockdale, with continued complaints of pain of the left foot. Respondent examined Patient A's foot and ankle and found that Patient A suffered from chronic painful bunion deformity, of the left lower extremity, and chronic tailor's bunion deformity with notable plantar bursitis. Respondent also found that Patient A's skin was intact, but there was atrophy of the skin and notable medial and lateral eminence[2] associated to the first and fifth metatarsals. There was also notable bursa associated to the plantar surface of the left foot, which was notably spongy with palpation. X-ray imaging was taken of Patient A's left foot, which showed an intermetatarsal angle (IM) angle of approximately 14 degrees and an HA angle of approximately 22 degrees. The IM angle associated to the fifth digit was notably increased approximately 18 degrees. Patient A received a cortisone injection, and was advised of a surgical procedure in regards to an Austin bunion

[1] The patients are identified herein by letter to protect their privacy.

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

correction and tailor's bunion correction, with internal fixation. Patient A agreed to the surgical procedure and was tentatively scheduled for outpatient surgery on June 13, 2022.

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

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

32. On or about June 20, 2022, Patient A presented to Respondent for her first postoperative appointment. X-ray imaging was taken, which showed that the surgical hardware was intact. Respondent examined Patient A and found that the surgical sites were coapting well

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

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

and were intact, and there was minimal edema and no erythema[5] or ecchymosis.[6] Patient A reported minimal pain.

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

34. On or about October 20, 2022, Patient A presented to Respondent for a follow-up appointment. She reported pain and difficulty putting on shoes. Respondent noted that the surgical sites were well healed and there was no active erythema or edema. Respondent performed a gait analysis and muscle testing, and Patient A was scanned for, and later received, custom-made orthotics to help reduce pain.

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

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

37. On or about January 19, 2023, Patient A presented to Respondent for another follow-up appointment. Upon examination, Respondent found that Patient A's surgical scars were

[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.

healed, but there was still pain to the second and third digits with splaying. There was also notable purple discoloration of the second and third digits of both feet.

38. On or about February 2, 2023, Patient A presented to another podiatrist, J.E., for a second opinion. Patient A complained of continued pain, toe clicking, and continued swelling following the bunion corrections by Respondent. J.E. examined Patient A and x-ray imaging was taken of her left foot. X-ray images confirmed the previous osteotomy/bunionectomy and tailor's bunion correction performed by Respondent. However, J.E. found that Patient A suffered severe complications and had chronic swelling. The fifth metatarsal osteotomy went on to a nonunion[7] and displaced to the point where it was floating in the soft tissues. Further, Patient A had a migration of the first metatarsal osteotomy that created a dorsiflexed first metatarsal with jamming, along with a significant hallux varus. Ultimately, J.E. noted several issues with the previous surgeries and indicated that a revision surgery would be complicated. J.E. recommended that Patient A see a tertiary foot and ankle orthopedist for another opinion.

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

40. On or about May 15, 2023, Patient A returned to J.E. complaining of pain at the lateral column of her left foot. J.E. examined her foot and found that she had Cuboid syndrome[8] of the left foot. J.E. educated Patient A on Cuboid syndrome and some conservative treatments to address it. J.E. also performed an ultrasound guided Kenalog[9] injection to treat Patient A's pain.

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[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.

[8] Cuboid syndrome is a condition caused by a problem with the cuboid bone, producing pain on the outer side, and possibly underside, of the foot. Cuboid syndrome is the result of 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.

Patient B

41. Patient B first presented to Respondent at Stockdale on or about April 9, 2018, complaining of severe pain, burning, and tingling to the right lower extremity. During the visit, Respondent ordered x-rays and examined Patient B. X-ray imaging showed minimal signs of plantar plate tear with dorsal contracture of the second toe and medial deviation. Respondent determined that Patient B suffered from severe painful neuroma with signs of neuritis and neuropathy, and a plantar plate tear with notable signs of hammertoe contracture. Respondent administered a platelet-rich plasma (PRP) injection.[10]

42. On or about October 8, 2018, Patient B presented to Respondent for a follow-up visit. Patient B indicated that his left foot was still in pain, and he experienced a new tremor to his left lower extremity. Respondent assessed Patient B and found atrophy of the skin and loss of hair growth of the lower extremity. Respondent also found that there was a palpable click associated with the second metatarsal with notable splaying of the second and third digits. Respondent recommended that Patient B consider physical therapy or surgical interventions since the PRP injections did not help. Patient B opted for physical therapy and was provided a referral.

43. On or about November 28, 2018, Patient B again presented to Respondent complaining of pain and noting that the physical therapy did not work. Patient B requested surgery to address the issues, and Respondent ordered an MRI of the lower extremity.

44. On or about December 7, 2018, Patient B presented to Respondent. MRI results showed second metatarsophalangeal joint inflammation and osteoarthritis, as well as a second intermetatarsal space neuroma. Respondent discussed treatment options with Patient B who consented to surgical intervention. Surgery was scheduled for January 8, 2019.

45. On or about January 8, 2019, Patient B presented to Comprehensive Blood and Cancer Surgery Center (CBCC) in Bakersfield, California. Respondent planned to perform a

[10] A PRP injection is a treatment made from a patient's own blood that can stimulate healing and enhance repair in certain injuries.

hammertoe correction (arthroplasty[11] on the right foot, second toe, with internal fixation) and an excision of neuroma of the second intermetatarsal space on the right foot.

46. On or about January 15, 2019, Patient B returned to Stockdale for a post-operative visit. Patient B indicated he had minimal to no pain, but noted that he had hit the surgical K-wire on several occasions. Respondent redressed the surgical wound and scheduled a follow-up.

47. On February 4, 2019, Patient B presented to Respondent and complained of swelling, stating that he may have hit his toe on a couple of occasions. Respondent examined Patient B and found some edema of the surgery site. The K-wire was removed and the surgical site redressed.

48. During a visit on or about February 19, 2019, Respondent noted that Patient B had been non-compliant with his post-operative plan. Respondent found notable signs of edema and erythema of the second toe, indicating a possible infection. Respondent administered a cortisone injection of Xylocaine,[12] Marcaine,[13] and Kenalog, and Respondent prescribed Patient B oral antibiotics.

49. Patient B continued to see Respondent for follow-up visits. On or about April 16, 2019, Patient B presented to Respondent complaining of pain. Patient B indicated that he saw his primary care physician, who ordered a bone scan, which showed possible signs of osteomyelitis. Respondent administered another cortisone injection and scheduled a follow-up appointment.

50. Patient B last presented to Respondent on or about May 20, 2019, stating that he was about 50% better. Patient B noted that the swelling had gone down and Respondent administered another cortisone injection.

51. Patient B discontinued visits with Respondent and found a new physician, J.Z. J.Z. found that Respondent had not corrected Patient B's deformity through surgery. Specifically, J.Z. noted that fusion failed and the toe nerve needed to be salvaged. Eventually, on or about July 30, 2019, J.Z. performed a second metatarsal osteotomy, with internal fixation on the right foot, and a tendon transfer.

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[11] Arthroplasty is surgery to restore the function of a joint, either by reconstructing the joint or using an artificial joint.

[12] Xylocaine is the brand name for lidocaine.

[13] Marcaine is the brand name for bupivacaine, which is used to numb an area of the body.

Patient C

52. Patient C first presented to Respondent at Stockdale on or about October 4, 2019, after sustaining a fracture to the right lower extremity on September 9, 2019. Respondent ordered x-rays, which showed a severe angulated spiral oblique fracture of the fifth metatarsal with complete displacement. Respondent placed Patient C in a splint and planned for surgical intervention.

53. On or about October 21, 2019, Patient C presented to Respondent at CBCC. Respondent planned to perform an open reduction and internal fixation of the fifth metatarsal, right foot. Respondent's operative report indicated that he used standard A/O fixation techniques, a five-hole plate with three 14 mm 2.7 locking screws and two 16 mm 2.7 locking screws were initiated. Respondent noted that the fracture was shown to be notably reduced and stable.

54. On or about October 24, 2019, Patient C presented to Respondent for a post-operative follow-up appointment. Respondent noted that Patient C had minimal pain, but was non-ambulatory with crutches. Respondent examined Patient C and found that there was minimal edema and the sutures were intact. X-rays were taken of Patient C's foot, which found that the surgical hardware was also intact, and the fracture was reduced.

55. Patient C continued to present to Respondent for follow-up visits. Patient C started complaining of pain at these visits. Consequently, during a visit on November 19, 2019, Respondent gave Patient C a cortisone injection at the incision site for the pain. Respondent also referred Patient C for physical therapy.

56. Patient C continued to present to Respondent complaining of pain. Respondent continually assessed Patient C and found that Patient C suffered from residual neuritis and neuropathy.

57. On or about July 6, 2020, Respondent discharged Patient C from his care, noting that there was no pain associated with Patient C's fifth metatarsal. Respondent gave Patient C ideas to deal with the neuropathic pain.

58. On or about April 19, 2021, Patient C presented to another podiatrist, J.E. Patient C indicated that since his October 21, 2019, surgery he has experienced intermittent moderate pain.

J.E. noted that Patient C walked with a limp and had complaints of numbness and tingling in the foot. J.E. ordered x-rays of Patient C's foot, which showed complete healing of the fifth metatarsal fracture. J.E. also ordered a CT scan of the foot, which showed that the most proximal three screws in the plate went directly between the fourth and fifth metatarsals instead of into the fifth metatarsal.

59. J.E. noted that there was an error in Patient C's first surgery and the plate and screws needed to be removed before Patient C had any relief. J.E. indicated that Patient C may still have pain because of the posttraumatic stress, but Patient C's only chance of feeling better was to start with removal of the plate and screws since they were placed in the wrong position.

60. On or about July 27, 2021, Patient C presented to J.E. for the hardware removal procedure. J.E. removed all of the screws and the plate, and the wound was irrigated and closed. Patient C tolerated the procedure well and placed into a fracture shoe.

61. Patient C continued to seek treatment from J.E.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

62. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that Respondent was grossly negligent in his care and treatment of Patients A, B, and C. The circumstances are as follows:

63. Complainant hereby re-alleges the facts set forth in paragraphs 24 through 61, above, as though fully set forth.

64. The standard of care when documenting the care and treatment of a patient requires a practitioner to maintain a comprehensive record that can be easily interpreted by another medical practitioner, if necessary. Medical records and notes should contain a summary of all findings, complaints, medical history, descriptive examination findings, interpretation of available testing, and changes in condition(s), among other things. Further, the standard of care requires that clear indications for treatment be documented, as well as treatment alternatives.

65. The standard of care also requires comprehensive communication between a practitioner and a patient. The practitioner should conduct any appropriate examinations and

conservative treatments prior to surgical intervention, and provide the necessary preoperative and postoperative care.

66. The standard of care requires a practitioner to provide competent medical and surgical care so that patient care is not compromised. This includes appropriate surgical intervention and postoperative care.

Patient A

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

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

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

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

Patient B

71. Respondent indicated that he performed an arthroplasty on Patient B's second toe and he scraped the articular cartilage of the toe's proximal phalanx so that there would be some fusion of the joint. However, in actuality, Respondent performed an arthrodesis of the toe joint.[14]

[14] Arthrodesis of the toe joint is an operation intended to fuse two or more bones of a toe joint together to eliminate joint movement and alleviate associated symptoms.

72. Patient B demonstrated local signs of infection following the bone scan. Nonetheless, Respondent administered cortisone injections even though cortisone injections are contraindicated in infection.

73. Ultimately, Respondent's care and treatment of Patient B was inappropriate. Respondent's care and treatment resulted in chronic pain and exacerbated Patient B's foot conditions, necessitating another surgery.

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

Patient C

75. Respondent performed an open reduction and internal fixation procedure on Patient C to address the fracture of his fifth metatarsal. The fracture was appropriately reduced as a result. However, the proximal screws were inserted improperly and impinged upon the fourth/fifth cuboid-metatarsal joint, causing Patient C continued pain. Consequently, Patient C had to undergo an additional surgery for removal of the hardware.

76. During an interview with the Board on or about July 25, 2025, Respondent confirmed that he knew the two proximal screws were "maybe a millimeter or two long." Respondent should have known that his placement of the fixation screws were not in a manner beneficial to Patient C. In fact, Respondent could have used the cerclage technique[15] for partial reduction to prevent the necessity of proximal screws.

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

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

78. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent was repeatedly negligent in his care and treatment of Patients A, B, and C. The circumstances are as follows:

[15] A cerclage technique in an open reduction and internal fixation procedure that uses wire or strong suture wrapped around a bone to provide compression and hold fragments together.

79. The facts and allegations of the First Cause for Discipline in paragraphs 62 through 77, above, are incorporated herein by reference as if fully set forth.

80. Each act of gross negligence set forth in the First Cause for Discipline in paragraphs 62 through 77, above, is also a negligent act.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

81. By reasons of the facts and allegations set forth in the First Cause for Discipline, in paragraphs 62 through 77, above, Respondent is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate medical records of Patients A, B, and C.

PRAYER

WHEREFORE, 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 Podiatrist License Number DPM 4648, issued to Respondent Brandon James Hawkins, D.P.M.;

2. Ordering Respondent Brandon James Hawkins, 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 and if placed on probation, the costs of probation monitoring; and,

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

DATED: JAN 23 2026

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

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