

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

**In the Matter of the Second
Amended Accusation
Against:**

Peter Redko, D.P.M

**Doctor of Podiatric Medicine
Certificate No. 4517**

Case No. 500-2016-000338

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Podiatric Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 28, 2026.

IT IS SO ORDERED July 29, 2026.

PODIATRIC MEDICAL BOARD



**Daniel Lee, D.P.M, PhD
Board President**

1 ROB BONTA
Attorney General of California
2 MACHAELA M. MINGARDI
Supervising Deputy Attorney General
3 THOMAS OSTLY
Deputy Attorney General
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7 *Attorneys for Complainant*

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

11 In the Matter of the Second Amended
12 Accusation Against:

13 **PETER REDKO, D.P.M.**
14 **North Bay Foot and Ankle Center**
1400 Professional Drive #102
Petaluma, CA 94954

15 **Doctor of Podiatric Medicine License**
16 **No. 4517**

17 Respondent.

Case No. 500-2016-000338

OAH No. 2025110954

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 In the interest of a prompt and speedy settlement of this matter, consistent with the public
20 interest and the responsibility of the Podiatric Medical Board, of the Department of Consumer
21 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
22 which will be submitted to the Board for approval and adoption as the final disposition of the
23 Second Amended Accusation.

24 **PARTIES**

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

2. Respondent Peter Redko, D.P.M. (Respondent) is represented in this proceeding by attorney Adam Glen Slote, whose address is: 50 California Street, 34th Floor, San Francisco, CA 94111.

3. On or about September 22, 2003, the Board issued Doctor of Podiatric Medicine License No. 4517 to Respondent. The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 500-2016-000338, and will expire on July 31, 2027, unless renewed.

JURISDICTION

Accusation No. 500-2016-000338 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on April 12, 2017.

Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended Accusation was filed and properly served on June 28, 2022. The Second Amended Accusation was timely filed and properly served on February 6, 2025, and is currently pending against Respondent.

4. A copy of Second Amended Accusation No. 500-2016-000338 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Second Amended Accusation No. 500-2016-000338. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Second Amended 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.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Second Amended Accusation No. 500-2016-000338, if proven at a hearing, constitute cause for imposing discipline upon his Doctor of Podiatric Medicine License.

9. For the purpose of resolving the Second Amended 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 Second Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 803.1, serves to protect the public interest.

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

CONTINGENCY

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of

1 probation, or if an accusation and/or petition to revoke probation is filed against him before the
2 Board, all of the charges and allegations contained in Second Amended Accusation No. 500-
3 2016-000338 shall be deemed true, correct and fully admitted by respondent for purposes of any
4 such proceeding or any other licensing proceeding involving Respondent in the State of
5 California.

6 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
7 be an integrated writing representing the complete, final and exclusive embodiment of the
8 agreement of the parties in this above-entitled matter.

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

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

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Doctor of Podiatric Medicine License No. 4517 issued to
17 Respondent Peter Redko, D.P.M., is revoked. However, the revocation is stayed and Respondent
18 is placed on probation for five (5) years on the following terms and conditions:

19 1. **ALCOHOL - ABSTAIN FROM USE** Respondent shall abstain completely from the
20 use of products or beverages containing alcohol if recommended by the Board designated
21 psychological evaluator or medical examiner.

22 2. **BIOLOGICAL FLUID TESTING** Respondent shall immediately submit to
23 biological fluid testing, at respondent's expense, upon the request of the Board or its designee. A
24 certified copy of any laboratory test results may be received in evidence in any proceedings
25 between the Board and the respondent. Failure to submit to, or failure to complete the required
26 biological fluid testing, is a violation of probation. This term of probation is contingent upon
27 recommendation by the Board designated psychological evaluator or medical examiner.

28 3. **REHABILITATION PROGRAM - ALCOHOL OR DRUG** Within 30 days of the

1 recommendation by the Board designated psychological evaluator or medical examiner,
2 respondent shall submit to the Board for its prior approval a rehabilitation monitoring program.
3 When evaluating programs for approval, the following will be taken into consideration: Unless
4 specifically noted in the decision, the minimum length of the program shall be no less than three
5 years. All plans must include face to face monitoring, random biological fluid testing, and an
6 educational program that addresses disease concepts, recovery process and recovery oriented
7 lifestyle changes.

8 Within 30 days of approval of said program, respondent shall enroll and participate until the
9 Board or its designee determines that further monitoring and rehabilitation is no longer necessary.
10 If it is determined by both the rehabilitation program and a Board designated physician that
11 respondent cannot practice podiatric medicine safely, the respondent shall immediately cease
12 practice upon notification. Respondent may not resume practice until it has been determined by
13 both the rehabilitation program and a Board designated physician that respondent can safely
14 practice podiatric medicine and has been notified in writing by the Board's designee. Failure to
15 cooperate or comply with the rehabilitation program requirements and recommendations, quitting
16 the program without permission, or being expelled for cause is a violation of probation. This
17 term of probation is contingent upon recommendation by the Board designated psychological
18 evaluator or medical examiner.

19 4. EDUCATION COURSE Within 60 days of the effective date of this Decision, and
20 on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior
21 approval educational program(s) or course(s) which shall not be less than 40 hours per year, for
22 each year of probation. The educational program(s) or course(s) shall be aimed at correcting any
23 areas of deficient practice or knowledge and shall be Category I certified or Board approved and
24 limited to classroom, conference, or seminar settings. The educational program(s) or course(s)
25 shall be at the respondent's expense and shall be in addition to the Continuing Medical Education
26 (CME) requirements, which must be scientific in nature, for renewal of licensure. Following the
27 completion of each course, the Board or its designee may administer an examination to test
28 respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours

1 of CME of which 40 hours were in satisfaction of this condition.

2 5. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective
3 date of this Decision, Respondent shall enroll in a course in medical record keeping, at
4 respondent's expense, approved in advance by the Board or its designee. Failure to successfully
5 complete the course during the first 6 months of probation is a violation of probation.

6 A medical record keeping course taken after the acts that gave rise to the charges in the
7 Second Amended Accusation, but prior to the effective date of the Decision may, in the sole
8 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
9 course would have been approved by the Board or its designee had the course been taken after the
10 effective date of this Decision.

11 Respondent shall submit a certification of successful completion to the Board or its
12 designee not later than 15 calendar days after successfully completing the course, or not later than
13 15 calendar days after the effective date of the Decision, whichever is later.

14 6. ETHICS COURSE Within 60 days of the effective date of this Decision,
15 Respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the
16 Board or its designee. Failure to successfully complete the course during the first year is a
17 violation of probation.

18 An ethics course taken after the acts that gave rise to the charges in the Second Amended
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
20 or its designee, be accepted towards the fulfillment of this condition if the course would have
21 been approved by the Board or its designee had the course been taken after the effective date of
22 this Decision.

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee not later than 15 calendar days after the effective date of the Decision.

25 7. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date
26 of this Decision, respondent shall enroll in a clinical training or educational program equivalent to
27 the Physician Assessment and Clinical Education Program (PACE) offered at the University of
28 California - San Diego School of Medicine ("Program").

1 The Program shall consist of a Comprehensive Assessment program comprised of a two-
2 day assessment of respondent's physical and mental health; basic clinical and communication
3 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to
4 respondent's specialty or sub-specialty; and at minimum, a 40 hour program of clinical education
5 in the area of practice in which respondent was alleged to be deficient and which takes into
6 account data obtained from the assessment, Decision(s), Accusation(s), and any other information
7 that the Board or its designee deems relevant. Respondent shall pay all expenses associated with
8 the clinical training program.

9 Based on Respondent's performance and test results in the assessment and clinical
10 education, the Program will advise the Board or its designee of its recommendation(s) for the
11 scope and length of any additional educational or clinical training, treatment for any medical
12 condition, treatment for any psychological condition, or anything else affecting respondent's
13 practice of podiatric medicine. Respondent shall comply with Program recommendations.

14 At the completion of any additional educational or clinical training, Respondent shall
15 submit to and pass an examination. The Program's determination whether or not Respondent
16 passed the examination or successfully completed the Program shall be binding.

17 Respondent shall complete the Program not later than six months after Respondent's initial
18 enrollment unless the Board or its designee agrees in writing to a later time for completion.

19 Failure to participate in and complete successfully all phases of the clinical training
20 program outlined above is a violation of probation.

21 If Respondent fails to complete the clinical training program within the designated time
22 period; respondent shall cease the practice of medicine within 72 hours after being notified by the
23 Board or its designee that respondent failed to complete the clinical training program.

24 Failure to participate in and complete successfully the professional enhancement program
25 outlined above is a violation of probation.

26 8. PSYCHIATRIC EVALUATION Within 30 days of the effective date of this
27 Decision, and on whatever periodic basis thereafter may be required by the Board or its designee,
28 respondent shall undergo a psychiatric evaluation (and psychological testing, if deemed

1 necessary) by a Board appointed Board certified psychiatrist, who shall consider any information
2 provided by the Board or designee and any other information the psychiatrist deems relevant, and
3 shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations
4 conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment
5 of the requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological
6 testing.

7 Respondent shall comply with all restrictions or conditions recommended by the evaluating
8 psychiatrist within 15 calendar days after being notified by the Board or its designee. Failure to
9 undergo and complete a psychiatric evaluation and psychological testing, or comply with the
10 required additional conditions or restrictions, is a violation of probation.

11 9. MEDICAL EVALUATION AND TREATMENT Within 30 calendar days of the
12 effective date of this Decision, and on a periodic basis thereafter as may be required by the Board
13 or its designee, Respondent shall undergo a medical evaluation by a Board appointed physician
14 who shall consider any information provided by the Board or designee and any other information
15 the evaluating physician deems relevant and shall furnish a medical report to the Board or its
16 designee.

17 If Respondent is required by the Board or its designee to undergo medical treatment,
18 respondent shall, within 30 days of the requirement notice, submit to the Board or its designee for
19 its prior approval the name and qualifications of a treating physician of respondent's choice.
20 Upon approval of the treating physician, Respondent shall, within 15 calendar days, undertake
21 and continue such treatment until further notice from the Board or its designee.

22 The treating physician shall consider any information provided by the Board or its designee
23 or any other information the treating physician may deem pertinent prior to commencement of
24 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or
25 its designee indicating whether or not the respondent is capable of practicing medicine safely.
26 Respondent shall provide the Board or its designee with any and all medical records pertaining to
27 treatment that the Board or its designee deems necessary.

28 If prior to the completion of probation respondent is found to be physically incapable of

1 resuming the practice of podiatric medicine without restrictions, the Board shall retain continuing
2 jurisdiction over respondent's license and the period of probation shall be extended until the
3 Board determines that respondent is physically capable of resuming the practice of podiatric
4 medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and
5 treatment.

6 Failure to undergo and continue medical treatment or comply with the required additional
7 conditions or restrictions is a violation of probation.

8 10. MONITORING - PRACTICE Within 30 days of the effective date of this Decision,
9 the entire practice shall be monitored, including, but not limited to the following: medical records,
10 charting, pre and postoperative evaluations, all surgical procedures and billing records.

11 The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor
12 of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the
13 monitor.

14 The monitor shall provide quarterly reports to the Board or its designee which include an
15 evaluation of Respondent's performance, indicating whether respondent's practices are within the
16 standards of practice of podiatric medicine or billing, or both, and whether respondent is
17 practicing podiatric medicine safely.

18 The Board or its designee shall determine the frequency and practice areas to be monitored.
19 Such monitoring shall be required during the entire period of probation. The Board or its
20 designee may at its sole discretion also require prior approval by the monitor of any medical or
21 surgical procedures engaged in by the Respondent. The Respondent shall pay all costs of such
22 monitoring and shall otherwise comply with all requirements of his contract with the monitor.
23 The Podiatry Monitoring Contract will be provided by the PMBC. If the monitor terminates the
24 contract, or is no longer available, the Board or its designee shall appoint a new monitor
25 immediately. Respondent shall not practice at any time during the probation until the respondent
26 provides a copy of the contract with the current monitor to the probation investigator and such
27 contract is approved by the Board.

28 Respondent shall provide access to the practice monitor of respondent's patient records and

1 such monitor shall be permitted to make direct contact with any patients treated or cared for by
2 respondent and to discuss any matters related to Respondent's care and treatment of those
3 patients. Respondent shall obtain any necessary patient releases to enable the monitor to review
4 records and to make direct contact with patients. Respondent shall execute a release authorizing
5 the monitor to provide to the Board or its designee any relevant information. If the practice
6 monitor deems it necessary to directly contact any patient, and thus require the disclosure of such
7 patient's identity, respondent shall notify the patient that the patient's identity has been requested
8 pursuant to the Decision. This notification shall be signed and dated by each patient prior to the
9 commencement or continuation of any examination or treatment of each patient by respondent
10 and a copy of such notification shall be maintained in each patient's file. The notifications signed
11 by respondent's patients shall be subject to inspection and copying by the Board or its designee at
12 any time during the period of probation that respondent is required to comply with this condition.
13 The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient
14 information regarding respondent's patients in complete confidence, except as otherwise required
15 by the Board or its designee.

16 Failure to maintain all records, or to make all appropriate records available for immediate
17 inspection and copying on the premises, or to comply with this condition as outlined above, is a
18 violation of probation.

19 In lieu of a monitor, respondent may participate in the professional enhancement program
20 offered by the Physician Assessment and Clinical Education Program at the University of
21 California, San Diego School of Medicine, that includes, at minimum, quarterly chart review,
22 semi-annual practice assessment, and semi-annual review of professional growth and education.
23 Respondent shall participate in the professional enhancement program at respondent's expense
24 during the term of probation.

25 11. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall
26 provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief
27 Executive Officer at every hospital where privileges or membership are extended to Respondent,
28 at any other facility where Respondent engages in the practice of podiatric medicine, including all

1 physician and locum tenens registries or other similar agencies, and to the Chief Executive
2 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.
3 Respondent shall submit proof of compliance to the Division or its designee within 15 calendar
4 days.

5 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6 12. PHYSICIAN ASSISTANTS Prior to receiving assistance from a physician assistant,
7 Respondent must notify the supervising physician of the terms and conditions of his/her
8 probation.

9 13. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all rules
10 governing the practice of podiatric medicine in California and remain in full compliance with any
11 court ordered criminal probation, payments, and other orders.

12 14. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations
13 under penalty of perjury on forms provided by the Board, stating whether there has been
14 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
15 not later than 10 calendar days after the end of the preceding quarter.

16 15. PROBATION COMPLIANCE UNIT Respondent shall comply with the Board's
17 probation unit. Respondent shall, at all times, keep the Board informed of respondent's business
18 and residence addresses. Changes of such addresses shall be immediately communicated in
19 writing to the Board or its designee. Under no circumstances shall a post office box serve as an
20 address of record, except as allowed by Business and Professions Code section 2021(b).

21 Respondent shall not engage in the practice of podiatric medicine in respondent's place of
22 residence. Respondent shall maintain a current and renewed California doctor of podiatric
23 medicine's license.

24 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
25 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30
26 calendar days.

27 16. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent shall be
28 available in person for interviews either at respondent's place of business or at the probation unit

1 office with the Board or its designee, upon request, at various intervals and either with or without
2 notice throughout the term of probation.

3 17. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should
4 leave the State of California to reside or to practice, respondent shall notify the Board or its
5 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is
6 defined as any period of time exceeding 30 calendar days in which respondent is not engaging in
7 any activities defined in section 2472 of the Business and Professions Code.

8 All time spent in an intensive training program outside the State of California which has
9 been approved by the Board or its designee shall be considered as time spent in the practice of
10 medicine within the State. A Board-ordered suspension of practice shall not be considered as a
11 period of non-practice. Periods of temporary or permanent residence or practice outside
12 California will not apply to the reduction of the probationary term. Periods of temporary or
13 permanent residence or practice outside California will relieve respondent of the responsibility to
14 comply with the probationary terms and conditions, with the exception of this condition, and the
15 following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and
16 Cost Recovery.

17 Respondent's license shall be automatically cancelled if respondent's periods of temporary
18 or permanent residence or practice outside California totals two years. However, respondent's
19 license shall not be cancelled as long as respondent is residing and practicing podiatric medicine
20 in another state of the United States and is on active probation with the medical licensing
21 authority of that state, in which case the two year period shall begin on the date probation is
22 completed or terminated in that state.

23 18. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT
24 In the event the respondent resides in the State of California and for any reason respondent stops
25 practicing podiatric medicine in California, respondent shall notify the Board or its designee in
26 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any
27 period of non-practice within California as defined in this condition will not apply to the
28 reduction of the probationary term and does not relieve respondent of the responsibility to comply

1 with the terms and conditions of probation. Non-practice is defined as any period of time
2 exceeding thirty calendar days in which respondent is not engaging in any activities defined in
3 section 2472 of the Business and Professions Code.

4 All time spent in an intensive training program which has been approved by the Board or its
5 designee shall be considered time spent in the practice of medicine. For purposes of this
6 condition, non-practice due to a Board-ordered suspension or in compliance with any other
7 condition of probation shall not be considered a period of non-practice.

8 Respondent's license shall be automatically cancelled if respondent resides in California
9 and for a total of two years, fails to engage in California in any of the activities described in
10 Business and Professions Code section 2472.

11 19. COMPLETION OF PROBATION Respondent shall comply with all financial
12 obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior
13 to the completion of probation. Upon successful completion of probation, respondent's certificate
14 will be fully restored.

15 20. VIOLATION OF PROBATION If Respondent violates probation in any respect, the
16 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and
17 carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is
18 filed against respondent during probation, the Board shall have continuing jurisdiction until the
19 matter is final, the period of probation shall be extended until the matter is final, and no petition
20 for modification of penalty shall be considered while there is an accusation or petition to revoke
21 probation pending against respondent.

22 21. COST RECOVERY Within 90 calendar days from the effective date of the Decision
23 or other period agreed to by the Board or its designee, respondent shall reimburse the Board the
24 amount of \$110,000.00 for its investigative and prosecution costs. The filing of bankruptcy or
25 period of non-practice by respondent shall not relieve the respondent of his obligation to
26 reimburse the Board for its costs.

27 22. LICENSE SURRENDER Following the effective date of this Decision, if
28 respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy

1 the terms and conditions of probation, respondent may request the voluntary surrender of
2 respondent's license. The Board reserves the right to evaluate the respondent's request and to
3 exercise its discretion whether to grant the request or to take any other action deemed appropriate
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent
5 shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its
6 designee and respondent shall no longer practice podiatric medicine. Respondent will no longer
7 be subject to the terms and conditions of probation and the surrender of respondent's license shall
8 be deemed disciplinary action. If respondent re-applies for a podiatric medical license, the
9 application shall be treated as a petition for reinstatement of a revoked certificate.

10 23. PROBATION MONITORING COSTS Respondent shall pay the costs associated
11 with probation monitoring each and every year of probation as designated by the Board, which
12 may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric
13 Medicine and delivered to the Board or its designee within 60 days of the Annual Probation
14 Invoice date. Failure to pay costs by the due date or as agreed is a violation of probation..

15 24. NOTICE TO EMPLOYEES Respondent shall, upon or before the effective date of
16 this Decision, post or circulate a notice which actually recites the offenses for which respondent
17 has been disciplined and the terms and conditions of probation to all employees involved in
18 his/her practice. Within fifteen (15) days of the effective date of this Decision, respondent shall
19 cause his/her employees to report to the Board in writing, acknowledging the employees have
20 read the Second Amended Accusation and Decision in the case and understand respondent's
21 terms and conditions of probation.

22 25. CHANGES OF EMPLOYMENT Respondent shall notify the Board in writing,
23 through the assigned probation officer, of any and all changes of employment, location, and
24 address within thirty (30) days of such change.

25 26. COMPLIANCE WITH REQUIRED CONTINUING MEDICAL EDUCATION
26 Respondent shall submit satisfactory proof biennially to the Board of compliance with the
27 requirement to complete fifty hours of approved continuing medical education, and meet
28 continuing competence requirements for re-licensure during each two (2) year renewal period.

27. FUTURE ADMISSIONS CLAUSE If Respondent should petition for early termination or modification of probation, or 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 Second Amended Accusation No. 500-2016-000338 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Adam Glen Slote. 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: 05 / 19 / 2026

Peter Redko

PETER REDKO, D.P.M.
Respondent

I have read and fully discussed with Respondent Peter Redko, 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: 05 / 19 / 2026

Adam Slote

ADAM GLEN SLOTE
Attorney for Respondent

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ENDORSEMENT

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

DATED: 5/20/2026

Respectfully submitted,

ROB BONTA
Attorney General of California
MACHAELA M. MINGARDI
Supervising Deputy Attorney General



THOMAS OSTLY
Deputy Attorney General
Attorneys for Complainant

SF2021401668

Exhibit A

Second Amended Accusation No. 500-2016-000338

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Attorney General of California
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13 **PETER REDKO, DPM**

SECOND AMENDED ACCUSATION

14 North Bay Foot and Ankle Center
1400 Professional Drive #102
15 Petaluma, CA 94954

16 Doctor of Podiatric Medicine
License E4517

17 Respondent.

18
19
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about September 22, 2003, the Board issued Doctor of Podiatric Medicine
26 License E4517 to Peter Redko, DPM (Respondent). The Doctor of Podiatric Medicine license
27 was in full force and effect at all times relevant to the allegations brought herein and will expire
28 on July 31, 2025, unless renewed.

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1 law judge who presided at the hearing shall be present during the board's consideration of the case
2 and shall assist and advise the board."

3 7. Section 2234 requires that the Board take action against any licensee charged with
4 unprofessional conduct, which includes, but is not limited to:

5 "(b) Gross negligence.

6 (c) Repeated negligent acts.

7 "...."

8 8. Section 2236 of the Code provides that the conviction of any offense substantially
9 related to the qualifications, functions, or duties of a licensee constitutes unprofessional conduct.

10 9. Section 2239 of the Code provides that the use of dangerous drugs or alcoholic
11 beverages to the extent, or in such a manner, as to be dangerous or injurious to the licensee, or to
12 another person, or to the public constitutes unprofessional conduct.

13 10. Section 2266 of the Code provides that failure to maintain adequate and accurate
14 medical records pertaining to patient care provided by the licensee constitutes unprofessional
15 conduct.

16 **COST RECOVERY**

17 11. Section 2497.5 of the Code states:

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

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

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

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

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

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

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

14 **FIRST CAUSE FOR DISCIPLINE**

15 (Gross Negligence and/or Repeated Negligent Acts)

16 12. Respondent is subject to disciplinary action under section 2234(b) [gross negligence],
17 and/or 2234(c) [repeated negligent acts] of the Code, in that Respondent was grossly negligent
18 and/or repeatedly negligent in his care and treatment of Patient One.¹ The circumstances are as
19 follows:

20 13. Patient One, a 51-year-old female, was first seen in Respondent's Petaluma office² on
21 December 9, 2014. Patient One reported that she hurt her left foot approximately five to six
22 months previously while running and it hurts constantly. A previous physician ordered an MRI
23 and diagnosed the patient with two torn tendons (a split tear of the peroneus brevis at the ankle
24 level and a complete tear of the lateral hemi-tendon at the distal fibular tip, between the ankle and
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26 ¹ The subject patients are referred to herein as Patient One up to and including Patient
27 Four to preserve patient confidentiality. The patients' full names will be produced to Respondent
upon request.

28 ² Respondent is in solo practice and has offices in Petaluma and Sonoma.

1 the fifth metatarsal base.)³ According to Patient One, Respondent reviewed only the MRI report
2 and advised her to undergo surgery. Respondent also informed the patient that she would be able
3 to run again within six months after surgery.

4 14. Respondent noted on the progress note⁴ that the patient was allergic to aspirin and
5 sensitive to sulfa and ceftin medications. He also noted that she was on methadone for restless
6 leg syndrome and another medication for migraines. Respondent did not conduct or document
7 any further information about the patient's methadone use or substance abuse history.
8 Respondent did not review the MRI itself, but only the report, and did not review any medical
9 records from other physicians, including the prior physician to determine what other conservative
10 treatment methods had been tried. Additionally, Respondent's physical examination is cursory
11 and does not document the patient's range of motion or that he considered the possibility of
12 anterior cavus.⁵

13 15. According to the "Plan" noted on the progress record, Respondent wrote that he
14 discussed the diagnosis with the patient along with the "conservative and surgical treatment
15 options. I discuss with the patien[t] in detail the surgical procedure itself, the indications, the
16 risks, the possible complications, and alternative treatment options. I gave no guarantees
17 regarding [sic] the outcome." Respondent did not document what the non-surgical treatment
18 methods, the conservative treatment options, or what the alternative treatment options were that
19 he offered Patient One. Respondent further wrote "the risks of the procedure including but not
20 limited to sepsis, hemorrhage, pain, and failure to achieve the stated goals of the procedure were

21 ³ "There are two peroneal tendons that run along the back of the fibula. The first is called
22 the peroneus brevis. The term "brevis" implies short. It is called this because it has a shorter
23 muscle and starts lower in the leg. It then runs down around the back of the bone called the fibula
24 on the outside of the leg and inserts (i.e. connects) to the fifth metatarsal. This is in the side of the
25 foot. The peroneus longus takes its name because it has a longer course. It starts higher on the
26 leg and runs all the way underneath the foot to insert or connect on the first metatarsal on the
27 other side. Both tendons, however, share the major job of everting or turning the ankle to the
28 outside. The tendons are held in a groove behind the back of the fibula and have a roof made of
ligamentous-type tissue over the top of them called a 'retinaculum.'"
<http://www.aofas.org/footcaremd/conditions/ailments-of-the-ankle/Pages/Peroneal-Tendonitis.aspx>

⁴ Respondent uses an electronic medical record in the SOAP format to document his
appointments. He also uses another form that appears to contain medical coding and billing
information.

⁵ Cavus means a high arched foot.

1 all fully discussed, understood, and accepted by the patient and I consider the patient fully
2 consented.” Respondent did not order any pre-surgical lab work or testing, nor did he have the
3 patient sign an informed consent form in his office during that appointment.

4 16. On December 16, 2014, Respondent performed out-patient surgery on Patient One at
5 Petaluma Valley Hospital. Before the surgery, Patient One completed a general two-page consent
6 form that filled in the blanks with the type of surgery (“left peroneal tendon repair”) and the name
7 of the surgeon (“Redko”). There was no explanation on the hospital consent detailing the
8 specifics about the surgery or the risks and benefits of the specific surgery being performed by
9 Respondent, including the risk of sural nerve⁶ entrapment or alternative treatment options.

10 17. According to Respondent’s Operative Report, he excised the tears, debrided the
11 surgical site, and repaired the tendons. Respondent also utilized staples as part of the repair.
12 Respondent wrote that the patient tolerated the procedure well and subsequently discharged her
13 home following a brief period in the recovery room. The post-operative instructions ordered
14 Patient One to keep the dressings dry, to remain non-weight bearing on the left foot for the next
15 two weeks, to ice and elevate the left foot, and to take pain medication as needed. The patient
16 was placed in a below the knee Cam boot.⁷

17 18. Patient One suffered from significant pain the night of the surgery. She felt like the
18 staples were pushing against the wound while she was using the Cam boot. Respondent advised
19 the patient to remove the boot and take the pain medication he prescribed.

20 19. On or about December 23, 2014, the patient returned to Respondent’s office for her
21 first post-surgical follow-up appointment. The patient reported that she was still in a lot of pain,
22 there was still a large amount of swelling and discoloration, and her foot was hot to the touch.
23 Respondent informed the patient that this was normal, but he did not document the patient’s
24 complaints. The patient requested the staples be removed but Respondent said his office would
25 be closed for the holidays and he would remove them in January. Respondent did not use his
26 SOAP note progress note to document this visit with Patient One. Rather he made a handwritten

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28 ⁶ The sural nerve is a sensory nerve running up the back of the calf.

⁷ A CAM walker/boot is also referred to as a walking boot.

1 note on the coding and billing form that is almost impossible to read. During Respondent's
2 interview with investigators for the Board he read his note as: "Surgical site well coapted, mild
3 edema, staples intact, dressing changed, non-weight bearing in air cast, follow up 2 weeks, Rx for
4 Xartemis #20, i po q. 12 ° [1 pill by mouth every 12 hours]."⁸

5 20. On January 5, 2015, Patient One contacted Respondent's office for an earlier
6 appointment than previously scheduled because she was in so much pain from the surgical
7 staples. Respondent's office was able to schedule an appointment for that day. According to
8 Respondent's SOAP progress note for the visit, the patient was healing well but still had edema to
9 the left foot. During this visit Respondent removed the staples from the left foot, kept her in the
10 CAM boot, and advised her to use it at all times when ambulating. Physical therapy was
11 performed and Respondent also referred the patient for additional physical therapy sessions
12 (twice per week for six weeks).

13 21. Patient One went to 11 physical therapy sessions, two of which were documented in
14 Respondent's records. Patient One was able to walk again with less pain and regain more
15 mobility; however, she reported that the physical therapist continued to comment on the swelling
16 and heat from her left foot, along with "pitting."

17 22. On or about February 17, 2015, Patient One returned to Respondent's office for
18 another follow-up appointment. According to Patient One, Respondent told her for the first time
19 during this appointment that her recovery could take up to a year and the swelling, heat, and pain
20 were normal. Respondent documented on the SOAP progress note that Patient ONE was doing
21 well, wearing sandals, not using pain medications, and continuing with physical therapy. During
22 the physical examination portion of the progress note, Respondent reported that the surgical site
23 looked good, there was "thickening with tenderness over the left peroneal tendons," mild edema
24 in the ankle, and that the Patient's gait revealed abnormal pronation.⁹ He determined that along

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26 ⁸ Xartemis XR is the trade name also known as Percocet, containing both oxycodone and
27 acetaminophen. Oxycodone is an opioid pain reliever. It is a Schedule II controlled substance as
28 defined by Health and Safety Code section 11055(b)(1)(M).

⁹ Pronation happens when the foot rolls in and the arch of the foot flattens.

1 with continued edema the patient also had peroneal tendinitis.¹⁰ Under the "Plan" section of the
2 note, Respondent documented that he suggested the patient obtain custom molded orthotics and
3 he taped the patient's left foot and ankle using the low-Dye strapping technique.¹¹

4 23. Patient One's last appointment with Respondent occurred on March 13, 2015. Patient
5 One reported to Respondent that she completed the prescribed course of physical therapy.
6 According to the SOAP progress note, Respondent only documented dispensing the custom
7 orthotics. Respondent requested follow up with the patient in two months.

8 24. On or about April 19, 2015, the patient sent an email to Respondent requesting
9 another MRI, but Respondent replied that it was not necessary and healing could take up to one
10 year after surgery.

11 25. On or about May 16, 2015, Patient One had another appointment with Respondent,
12 but it was cancelled by Respondent's staff. Patient One decided to find another physician and
13 obtain a second opinion.

14 26. On or about May 23, 2015, another physician ordered a new MRI, which showed that
15 Patient One had a longitudinal tear to the peroneus brevis tendon and peroneus longus tendon.
16 This second physician recommended a second surgery to repair the tendon.

17 27. Continued email and telephone contact between Respondent and Patient One
18 occurred. Respondent continued to repeat the need for time for the injury to heal and that he did
19 not recommend a second surgery. He suggested that Patient One undergo more physical therapy
20 and continue wearing a brace. Respondent did not document or maintain any copies of his patient
21 communications.

22 28. Patient One underwent two additional revision/repair surgeries to the area that
23 Respondent operated on in December 2014 by two different physicians. The operative report
24 from the second surgery (first repair surgery) conducted on June 17, 2015, indicated that there
25 was significant scar tissue adhesions and loss of tissue planes to the surgical area. Additionally,

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27 ¹⁰ Peroneal tendinitis is enlargement and thickening with swelling to the peroneal tendon.
This injury is common in runners such as Patient One.

28 ¹¹ Low-Dye strapping is a commonly used technique in patients with injuries or pain
associated with pronation.

1 there were large nylon sutures intertwined within the peroneus brevis tendon indicating that they
2 were not properly anchored and interweaved. The third and final surgery required removing a
3 tendon from Patient One's hamstring to replace the tendon in the ankle and to reconstruct the
4 peroneal brevis tendon. Patient One was later diagnosed with chronic regional pain syndrome of
5 her left foot and ankle.

6 29. Respondent is subject to discipline under section 2234, and/or 2234(b) [gross
7 negligence], and/or 2234(c) [repeated negligent acts] of the Code by reason of the following acts
8 or omissions:

9 a. Respondent failed to provide proper pre-surgical evaluation and management in that
10 he did not review prior medical records to determine what other treatment methods had occurred
11 previously, he did not evaluate the patient's use of methadone, he did not conduct a complete and
12 thorough physical examination of the patient's ankle, he failed to obtain pre-surgical x-rays, and
13 he failed to obtain pre-operative lab-work.

14 b. Respondent failed to use the proper surgical technique in the repair of Patient's One's
15 peroneal brevis tendon tear.

16 c. Respondent failed to properly manage Patient One's post-surgical issues, which
17 should have included ordering imaging studies to reassess and reassure the patient on the
18 effectiveness of the surgery. Additionally, Respondent ordered conservative care post-surgically
19 when those treatment methods were more appropriate prior to the surgery.

20 **SECOND CAUSE FOR DISCIPLINE**

21 (Inadequate Medical Record Keeping)

22 30. Respondent is subject to disciplinary action under section 2266 of the Code, in that
23 Respondent failed to keep adequate and accurate medical records related to the care and treatment
24 of Patient One as alleged in paragraphs 12 through 29, which are herein incorporated by
25 reference, as if fully set forth below.

26 a. Respondent failed to document a thorough evaluation of Patient One's peroneal
27 tendon tears, including documenting an adequate history, substance abuse history (including
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1 evaluation of Patient One's use of methadone), and documenting the patient's ankle range of
2 motion and status of the patient's anterior cavus.

3 b. Respondent failed to document the previous and conservative treatment methods
4 utilized by prior physicians to Patient One's peroneal tendon tears.

5 c. Respondent did not document what the non-surgical treatment methods, the
6 conservative treatment options, or what the alternative treatment options were that he offered the
7 patient.

8 **THIRD CAUSE FOR DISCIPLINE**

9 (Excessive and Injurious Use of Alcohol)

10 31. Respondent has subjected his license to disciplinary action for unprofessional conduct
11 under section 2239 of the Code, in that Respondent used alcoholic beverages to the extent or in
12 such a manner as to be dangerous or injurious to himself, or to another person, or to the public.
13 The circumstances are as follows:

14 32. On June 16, 2019, Respondent was arrested by Sonoma County law enforcement
15 officers after he crashed his car into another, causing injuries to the other driver. Blood alcohol
16 testing established that Respondent's blood alcohol percentage some hours after the accident was
17 .20%.

18 33. A criminal complaint entitled *People v. Peter Redko*, Case No. SCR-729239, was
19 filed in Sonoma County Superior Court on July 10, 2019, charging Respondent with driving
20 under the influence and causing injury (Vehicle Code section 23152(a) and with the criminal
21 enhancement of driving while having a blood alcohol concentration of .20% (Vehicle Code
22 section 23538(b)(2). Respondent pleaded not guilty to the misdemeanor charges.

23 34. After a multiday trial, on May 7, 2021, Respondent was found guilty by jury verdict
24 on both the charged misdemeanor counts. He was sentenced on May 13, 2021, to three years of
25 court probation, 20 days' incarceration, and conditions including installation of a driver interlock
26 device.

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3 **FOURTH CAUSE FOR DISCIPLINE**

4 (Conviction of Substantially Related Offense)

5 35. The allegations of paragraphs 32-34 above are incorporated by reference as if set out
6 in full. Respondent has subjected his license to disciplinary action for unprofessional conduct
7 under section 2236 of the Code, in that Respondent was convicted of an offense substantially
8 related to the qualifications, functions, or duties of a licensee; to wit: causing injury to another
9 while driving under the influence of alcohol.
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11 **FIFTH CAUSE FOR DISCIPLINE**

12 (Gross Negligence and/or Repeated Negligent Acts)

13 36. Respondent is subject to disciplinary action under section 2234(b) and/or 2234(c) of
14 the Code, in that his care and treatment of Patient Two included a departure from the standard of
15 care constituting gross negligence and/or a departure that, in conjunction with the other negligent
16 acts alleged herein, constituted repeated negligent acts. The circumstances are as follows:

17 37. Seventy-two-year-old Patient Two first saw Respondent on January 14, 2020, upon
18 referral by her primary care physician. Patient Two had been recently treated with corticosteroid
19 injections by consulting orthopedists for her severe right ankle pain. At this first visit,
20 Respondent gave Patient Two another corticosteroid injection, and discussed with her the
21 possibility of surgery. After no improvement in the condition, Patient Two agreed to undergo a
22 total ankle joint implant by Respondent.

23 38. After pre-surgical work-up cleared her for surgery, Respondent performed the total
24 ankle joint implant on February 2, 2020, at a local hospital. Patient Two was discharged as non-
25 ambulatory to her home the following day. Respondent saw Patient Two for the first post-
26 operative visit one week later; he told her the surgery site "looks good."

27 39. On February 18, at the second post-operative office visit, Respondent removed the
28 bandage and splint from the surgical site. Respondent again told Patient Two the surgical site

1 “looks good.” At the following week’s office visit, Respondent removed all but three of the
2 staples in Patient Two’s right ankle. Respondent informed Patient Two that she would begin
3 physical therapy in two weeks. Respondent assured Patient Two that the incision site “looks
4 good.”

5 39. On March 3, four weeks post-surgery, Respondent removed the remaining staples and
6 sutures from Patient Two’s anterior right ankle. Respondent’s chart entries for that visit note a
7 wound dehiscence.¹² As planned, Patient Two was referred for physical therapy. At the first
8 physical therapy appointment on March 9, 2020, the physical therapist unwrapped her dressing
9 and expressed concern that the surgical incision did not appear to be healing well.

10 40. Patient Two saw Respondent for the next scheduled office visit the following day.
11 After being informed of the physical therapist’s concern about the surgical wound’s appearance,
12 Respondent assured her that it “looks good” and told her to return in two weeks.

13 41. At her second physical therapy appointment on March 16, 2020, the therapist again
14 unwrapped and examined her right ankle, noting significant drainage from what appeared to be an
15 infected incision presenting necrotic tissue. The therapist declined to treat Patient Two at this
16 visit, and called Respondent’s office with her observations and concerns.

17 42. At the scheduled office visit on March 17, 2020, Patient Two’s surgical incision was
18 blackened necrotic tissue with redness and swelling. Respondent noted the wound measured 90
19 mm x 58 mm. Respondent applied a topical antiseptic, bandaged the site, and gave Patient Two a
20 prescription for Amoxicillin, an antibiotic. When Patient Two’s companion at this visit suggested
21 the infection could be treated by a wound specialist at a local hospital, Respondent assured them
22 he could better manage the wound care.

23 43. Patient Two returned to Respondent’s office on March 20, 2020, telling him she was
24 suffering increasing pain and could barely walk. Respondent swabbed the wound for a laboratory
25 culture sample, debrided the area, and applied an Epifix amniotic graft. Respondent notes that he
26 contacted an infectious disease specialist on this same date, who reportedly recommended he

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28 ¹² Dehiscence is a partial or total separation of previously approximated wound edges, due
to a failure of proper wound healing.

1 switch the prescribed oral Amoxicillin to Augmentin, which Respondent did. In his interview
2 with Board investigators on June 15, 2021, Respondent stated that he had discussed possible IV
3 antibiotics with the infectious disease specialist but the decision was made to continue with oral
4 antibiotics. There is nothing in Respondent's chart entries referring to that discussion of IV
5 antibiotics. At the March 27, 2020, office visit, Respondent noted that the ankle swelling was
6 decreased and told Patient Two the oral antibiotic was working.

7 44. At the next office visit on April 1, 2020, Respondent's chart notes state the wound
8 was then 90% granulated and measured 89 mm x 34 mm. Respondent again debrided the site and
9 applied the Epifix. Respondent informed Patient Two that he needed to see her in the office three
10 times a week for wound care. There is nothing in Respondent's chart notes at this visit reflecting
11 consideration of a deep space infection or the need for a deep culture around the ankle prosthesis
12 and possible bone biopsy.

13 45. Respondent saw Patient Two approximately three times per week through early May,
14 2020. During this period Patient Two had begun to walk more comfortably, reportedly up to a
15 mile, but began experience increased pain in her right ankle. Respondent continued to dress the
16 wound and assure Patient Two that the surgical incision was healing. At the June 5, 2020, office
17 visit, Patient Two reported feeling ill for the preceding few days. Respondent lanced and drained
18 what he termed a "blood blister" at the wound site and continued his regimen of wound care and
19 oral antibiotics.

20 46. At the office visit on June 19, 2020, Respondent treated the wound, took another
21 culture sample, and prescribed pain medication to address Patient Two's complaint of increasing
22 pain in her ankle. After leaving Respondent's office, Patient Two contacted her primary care
23 physician, who referred her to an infectious disease specialist. That specialist ordered x-rays of
24 her ankle and told her that there could be an infection deeper in the wound around the ankle
25 implant. The specialist referred Patient Two to a local plastic surgeon for additional consultation.
26 Patient Two continued to see Respondent for wound care as well.

27 47. Patient Two saw the plastic surgeon on July 13, 2020, who referred her to the
28 orthopedic department at UCSF, where she was seen on July 24, 2020. Diagnostic laboratory

1 tests and imaging confirmed initial physician concerns that the infection was affecting the
2 prosthesis and surrounding bone. Patient Two underwent surgery to remove the ankle implant on
3 August 5, 2020, and remained in the hospital until August 13, 2020.

4 48. Respondent has subjected his license to disciplinary action for unprofessional conduct
5 by his failure to provide appropriate post-operative care to Patient Two by recognizing and
6 appropriately responding to the clinical indications of a significant infection. This departure from
7 the standard of care constituted gross negligence in violation of section 2234(b) of the Code
8 and/or, in conjunction with the other departures alleged herein, repeated negligent acts in
9 violation of section 2234(c) of the Code.

11 **SIXTH CAUSE FOR DISCIPLINE**

12 (Gross Negligence and/or Repeated Negligent Acts)

13 49. Respondent is subject to disciplinary action under section 2234(b) and/or 2234(c) of
14 the Code, in that his care and treatment of Patient Three included a departure from the standard of
15 care constituting gross negligence and/or a departure that, in conjunction with the other negligent
16 acts alleged herein, constituted repeated negligent acts. The circumstances are as follows:

17 50. Fifty-one-year-old Patient Three was seen by Respondent on July 20, 2018.

18 51. A July 27, 2018, hospital progress note documents Patient Three had a toe infection
19 since May 2018. Patient Three was complaining of increasing erythema and pain and the
20 appearance of dry gangrene was documented. The progress note also states that Patient Three
21 had a skin graft performed by Respondent that failed.

22 52. A subsequent MRI showed osteomyelitis on Patient Three's right fifth toe. The
23 progress note reflects multiple attempts from other care providers to contact Respondent without
24 success. Multiple attempts to receive results of the bone biopsy and culture also failed.

25 53. The operative report on July 28, 2018, authored by a different surgeon than
26 Respondent documented that a partial amputation was performed, diagnosed right diabetic foot
27 infection, and osteomyelitis of the right fifth toe. Findings of that surgeon also included purulent
28 drainage at the base of the toe with erythema and edema and a full thickness ulceration to bone.

54. The operative report on August 4, 2018, authored by a different surgeon than Respondent references excisional debridement and wound vacuum assisted closure applied. The operative report on August 14, 2018, authored by a different surgeon than Respondent references excisional debridement right foot wound and revision of partial fifth ray amputation.

55. There is evidence that peripheral arterial disease was present based on Respondent statements made in a recorded interview with the Board. There is no evidence that the wound was free of infection based on the patient's history, medical records, and subsequent treatment records. The record references multiple unsuccessful attempts by other care providers to contact Respondent without response.

56. The standard of care in doctor communication is to respond to calls from a hospital or physician within a reasonable amount of time. The standard of care in the application of skin grafting substitutes is to ensure a clean viable or granular wound bed without evidence of peripheral arterial disease or infection prior to application of the graft.

57. Respondent's failure to respond after multiple attempts and application of a skin graft without ensuring there was adequate circulation to the area for healing, and without ensuring that the wound was free of infection, was a departure from the standard of care.

58. These departures from the standard of care constitute gross negligence in violation of section 2234(b) of the Code and/or, in conjunction with the other departures alleged herein, repeated negligent acts in violation of section 2234(c) of the Code.

SEVENTH CAUSE FOR DISCIPLINE

(Gross Negligence and/or Repeated Negligent Acts)

59. Respondent is subject to disciplinary action under section 2234(b) and/or 2234(c) of the Code, in that his care and treatment of Patient Four included a departure from the stand of care constituting gross negligence and/or a departure that, in conjunction with the other negligent acts alleged herein, constituted repeated negligent acts. The circumstances are as follows:

60. Fifty-one-year-old Patient Four saw Respondent on June 22, 2018.

1 61. During a hospital stay from June 22, 2018, through August 7, 2018, Patient Four was
2 treated for osteomyelitis.¹³ On June 25, 2018, Respondent performed left foot incision and
3 drainage, left second ray amputation, left third toe amputation, and left foot ulcer debridements.

4 62. The June 25, 2018, operative report documented included incision and drainage, left
5 second ray, amputation, left third toe amputation, left foot, skin rearrangement with primary
6 closure, and left foot ulcer debridement. The operative report reflects that there was purulence
7 present during the procedure in multiple planes.

8 63. June 22, 2018, podiatry consultation notes reflect patient was seen in the ICU with a
9 nurse relating a one-month history of plantar foot ulcer and one week history of a left third toe
10 ulcer treated in a different clinic was also documented.

11 64. The Hospitalist progress note from June 26, 2018, references Respondent performed
12 surgery on June 25, 2018, including incision and drainage, partial second ray, amputation, and left
13 third toe amputation with ulcer debridement.

14 65. Podiatry progress notes from June 26, 2018, document awaiting the bone biopsy and
15 culture report, postop day one incision and drainage, and second ray and third toe amputation.
16 The notes also document that dressings were clean and dry and capillary filling time were within
17 normal limits.

18 66. The standard of care in the treatment of deep abscess is to perform a prompt incision
19 and drainage, cultures, debridement of necrotic tissue, pulse lavage and to leave the wound open
20 with packing to assess the abscess site and allow for proper healing.

21 67. The June 25, 2018, operative report reflects the surgery was not performed for three
22 days after admission and following extensive incision and drainage of multiple planes, the
23 wounds were primary closed.

24 68. The failure to promptly treat the abscess and the performance of primary closure
25 following deep incision and drainage of multiple planes represent a departure from the standard
26 of care.

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28 ¹³ Osteomyelitis is a bone infection that can be caused by bacteria, fungi, or other germs.
It can affect any bone in the body, but it's most common in the long bones of the arms and legs.

69. This departure from the standard of care constituted gross negligence in violation of section 2234(b) of the Code and/or, in conjunction with the other departures alleged herein, repeated negligent acts in violation of section 2234(c) of the Code.

DISCIPLINE CONSIDERATIONS

70. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about September 14, 2011, in a prior disciplinary action entitled In the Matter of the Accusation Against Peter M. Redko, DPM, before the Board of Podiatric Medicine, in Case Number 1B-2009-200359, Respondent's license was revoked, revocation stayed and he was placed on probation for 35 months based on allegations of unprofessional conduct (gross negligence, repeated negligent acts) and inadequate medical records in the care and treatment of two patients. One patient was a fifteen-year-old girl whose left great toe had to be partially amputated when it developed gangrene after Respondent performed a bunionectomy and hallux osteotomy on the toe. The second patient was a 65-year-old male who developed deep vein thrombosis after Respondent performed right foot surgery.

71. Respondent's probation in Case Number 1B-2009-200359 terminated on November 27, 2013, following his Petition for Early Termination of Probation.

PRAYER

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

1. Revoking or suspending Doctor of Podiatric Medicine License E4517, issued to Peter Redko, DPM.;

2. Ordering Peter Redko, DPM to pay the Board of Podiatric Medicine 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 annual costs of probation monitoring; and

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

DATED: FEB 06 2025


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