

1 BEFORE THE BOARD OF MEDICAL EXAMINERS  
2 IN THE STATE OF ARIZONA

3 In the Matter of

Board Case No. MD-01-0102

4  
5 **THOMAS BODNAR, M.D.**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW  
AND ORDER**

6 Holder of License No. 7036  
7 For the Practice of Medicine  
8 In the State of Arizona.

(Letter of Reprimand and Probation)

9 This matter was considered by the Arizona Board of Medical Examiners ("Board")  
10 at its public meeting on December 6, 2001. Thomas Bodnar, M.D., ("Respondent")  
11 appeared before the Board without legal counsel for a formal interview pursuant to the  
12 authority vested in the Board by A.R.S. § 32-1451(I). After due consideration of the facts  
13 and law applicable to this matter, the Board voted to issue the following findings of fact,  
14 conclusions of law and order.

15 **FINDINGS OF FACT**

- 16 1. The Board is the duly constituted authority for the regulation and control of  
17 the practice of allopathic medicine in the State of Arizona.
- 18 2. Respondent is the holder of License No. 7036 for the practice of medicine  
19 in the State of Arizona.
- 20 3. The Board initiated case number MD-01-0102 after being informed of a  
21 malpractice settlement involving Respondent's care of a 15 year-old male patient  
22 ("Patient").
- 23 4. On October 19, 1996, Patient presented to the emergency room at  
24 Thunderbird Samaritan Medical Center with injuries to his left arm that were sustained  
25 while using a trampoline.

1           5.     The on-duty emergency room physician noted a fracture to the ulna and  
2 radius, as well as decreased sensation in the tip of the fifth digit. The physician  
3 requested an orthopedic consult with Respondent, the on-call orthopedic surgeon.

4           6.     Respondent noted a fracture to both bones proximal one-third of the left  
5 forearm and performed a closed reduction with a sugar-tong splint. On October 25,  
6 1996, Patient returned to Respondent for removal of the splint and application of a long-  
7 arm cast. A lateral view x-ray taken after the cast was applied showed a slight angulation  
8 of the ulna and bayonet apposition of the radius.

9           7.     On November 22, 1996, Respondent noted from x-rays that the radius had  
10 shortened somewhat and was overlapped in bayonet apposition with some mild  
11 anteroposterior angulation. Respondent last saw Patient on December 20, 1996. At this  
12 visit, Respondent noted that the radius had slipped off the original reduction and was  
13 healing in bayonet apposition. There was angular deformity of the ulna and considerable  
14 prominence due to extra callus formation. Respondent believed that Patient would be  
15 able to remodel at least 50 percent due to his age.

16           8.     Patient sought a second opinion from another orthopedic surgeon  
17 ("Surgeon") on January 8, 1997. Surgeon found that there was some ulnar nerve  
18 involvement. On February 3, 1997, Surgeon performed an anterior transposition of the  
19 ulnar nerve. Patient did well post-operatively, but he had residual numbness and  
20 incomplete resolution of weakness in the left arm.

21           9.     At the formal interview before the Board, Respondent testified that he was  
22 currently only practicing industrial medicine, including evaluation of back strains and  
23 industrial injuries. Respondent testified that he does not do anything surgically or  
24 orthopedically, other than advising patients. Respondent also indicated that he  
25 occasionally does reductions of finger fractures.

1           10.    Respondent testified that he was aware Patient's fracture had slipped and  
2 gone into bayonet apposition, but since Patient was 4 to 6 weeks "down the road" and  
3 had some callus there already, Respondent was reluctant to break down the callus.  
4 Respondent assumed Patient would have a reasonable chance for some remodeling.  
5 Respondent noted that although Patient was 15 years old, he looked more skeletally  
6 immature.

7           11.    In response to a query from the Board, Respondent noted that he saw the  
8 fracture had slipped prior to the passage of 4 weeks and before he saw any callus.  
9 Respondent also noted that he was reluctant to do super aggressive treatment of a  
10 fracture if a reasonable outcome could be obtained through a closed reduction.

11           12.    Respondent testified that Patient's ulnar nerve symptoms seemed to be  
12 stable and Patient was starting to get some sensation back in his little finger.  
13 Respondent noted that when Surgeon saw Patient, the improvement had reversed  
14 course. Respondent admitted that he did not document the neurological changes.

15           13.    Respondent also admitted that in retrospect he probably would have  
16 performed an open reduction.

17           14.    Respondent stated that although he is not currently performing reductions  
18 of long-bone fractures or practicing operative orthopedics he may decide to do so at any  
19 time.

20    **CONCLUSIONS OF LAW**

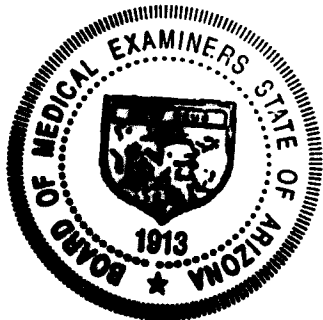
21           1.    The Board of Medical Examiners of the State of Arizona possesses  
22 jurisdiction over the subject matter hereof and over Respondent.

23           2.    The Board has received substantial evidence supporting the Findings of  
24 Fact described above, and said findings constitute unprofessional conduct or other  
25 grounds for the Board to take disciplinary action.



1 DATED this 9<sup>th</sup> day of January, 2002.

2 BOARD OF MEDICAL EXAMINERS  
3 OF THE STATE OF ARIZONA



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9

By Claudia Foutz  
CLAUDIA FOUTZ  
Executive Director

10 ORIGINAL of the foregoing filed this  
9 day of January, 2002 with:

11 The Arizona Board of Medical Examiners  
12 9545 East Doubletree Ranch Road  
13 Scottsdale, Arizona 85258

14 Executed copy of the foregoing  
15 mailed by U.S. Certified Mail this  
9 day of January, 2002, to:

16 Thomas Bodnar, M.D.  
17 2539 North 35th Avenue  
18 Phoenix, Arizona 85009-1348

19 Copy of the foregoing hand-delivered this  
9 day of January, 2002, to:

20 Christine Cassetta  
21 Assistant Attorney General  
22 Sandra Waitt, Management Analyst  
23 Lynda Mottram, Compliance Officer  
24 Lisa Maxie-Mullins, Legal Coordinator (Investigation File)  
25 Arizona Board of Medical Examiners  
9545 East Doubletree Ranch Road  
Scottsdale, Arizona 85258