

1 Respondent then sought a consultation from a vascular surgeon who performed an
2 assessment of the left leg, including additional testing. The vascular surgeon noted the
3 patient had pink toes and a strong audible posterior tibial pulse, and advised Respondent
4 that the foot was not in peril, and that the patient had a chronic condition that could be
5 addressed in an outpatient setting after discharge.

6 6. On December 2, 2009, CF had signs and symptoms consistent with acute
7 arterial injury and classic compartment syndrome. On December 4, 2009, CF was
8 discharged. Approximately one week after surgery, CF's leg was amputated above the
9 knee when it was discovered the leg had died.

10 7. Respondent failed to diagnose popliteal artery laceration and compartment
11 syndrome with the catastrophic outcome of an above the knee amputation. All the signs
12 and symptoms in the medical record indicated an inadvertent surgical laceration of the
13 popliteal artery. Respondent missed opportunities to diagnose the injury and
14 Respondent's operative report noted an unusual amount of bleeding which should have
15 prompted Respondent to suspect popliteal artery laceration. Although he did order testing
16 and sought a consultation with a vascular surgeon, Respondent should have ordered an
17 arteriogram, emergently as an ultrasound is not the definitive test for the diagnosis of
18 arterial laceration.

19 8. Respondent failed to document in the medical record the pertinent positives
20 and negatives mandatory when assessing the vascularity of a limb. This includes pulses,
21 sensation, motor function, and presence or absence of pain with passive stretch and calf
22 pressure or tightness.

23 9. The standard of care requires a physician to emergently diagnose the patient
24 based on a high level of suspicion, and emergently repair or bypass the laceration with
25 accompanying fasciotomy of involved compartments.

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CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

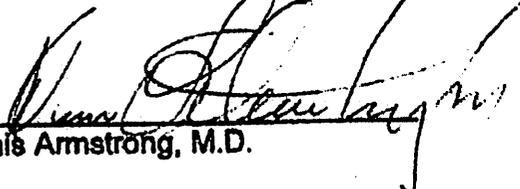
6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

1 7. This Order is a public record that will be publicly disseminated as a formal
2 disciplinary action of the Board and will be reported to the National Practitioner's Data
3 Bank and on the Board's web site as a disciplinary action.

4 8. If any part of the Order is later declared void or otherwise unenforceable, the
5 remainder of the Order in its entirety shall remain in force and effect.

6 9. If the Board does not adopt this Order, Respondent will not assert as a
7 defense that the Board's consideration of the Order constitutes bias, prejudice,
8 prejudgment or other similar defense.

9 10. Any violation of this Order constitutes unprofessional conduct and may result
10 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("violating a formal order, probation,
11 consent agreement or stipulation issued or entered into by the board or its executive
12 director under this chapter") and 32-1451.

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14 
15 Dennis Armstrong, M.D.

DATED: 11/21/14

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17 EXECUTED COPY of the foregoing mailed
18 this 3rd day of December, 2014 to:

19 Robin Burgess
20 Sanders & Parks, P.C.
21 3030 N. 3rd St., Ste. 1300
22 Phoenix AZ 85012
23 ATTORNEY for Respondent

24 EXECUTED COPY of the foregoing mailed
25 this 3rd day of December, 2014 to:

ORIGINAL of the foregoing filed
this 3rd day of December, 2014 with:

1 Arizona Medical Board
2 9545 E. Doubletree Ranch Road
3 Scottsdale, AZ 85258

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4 Mary Bobey
Arizona Medical Board Staff

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