



1           5.     Patient's wrist was x-rayed. The x-ray showed a comminuted fracture  
2 involving the metaphyseal region of the right distal radius as well as an ulnar styloid  
3 fracture that was slightly displaced. The fracture did not appear to be intraarticular.

4           6.     Respondent was asked to assess Patient. Respondent performed a  
5 manipulation of the right Colles fracture and applied a short arm cast. Respondent did  
6 not order immediate post-reduction x-rays.

7           7.     Respondent followed Patient through several visits. Additional x-rays were  
8 taken and Patient underwent physical therapy.

9           8.     X-rays taken on February 20, 1995 showed the wrist in plaster. The AP  
10 view showed a radial offset of the distal fragment and the lateral view showed dorsal  
11 angulation of approximately 15 degrees.

12          9.     X-rays taken on February 27, 1995 in an AP view showed the distal radial  
13 fragment barely hooked on to the proximal radius.

14          10.    X-rays taken on April 17, 1995 showed persistent dorsal tilt and the distal  
15 radial fragment "tilting" radially.

16          11.    On April 18, 1995, Patient presented to Respondent with a positive ulnar  
17 variance that was significantly inflammatory to the whole use of Patient's wrist and hand.  
18 Respondent instructed Patient to discontinue therapy and, because her wrist was only  
19 about fifty percent healed, to use a splint.

20          12.    X-rays taken on May 4, 1995 show the fracture to be healed, but there was  
21 some further loss of radial length and the dorsal angulation persisted.

22          13.    On May 31, 1995, Patient consulted with another orthopedic surgeon  
23 ("Surgeon"). Surgeon examined Patient and the x-rays. Surgeon found decreased  
24 sensation in Patient's middle and ring fingers. The decreased sensation was worsening.  
25 Surgeon recommended surgery to correct Patient's problem.

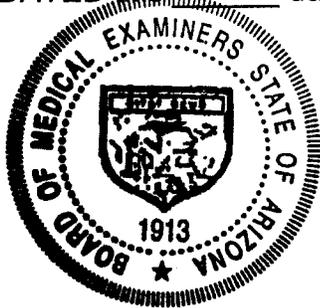


1 **RIGHT TO PETITION FOR REVIEW**

2 Respondent is hereby notified that he has the right to petition for a rehearing.  
3 Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing must be filed  
4 with the Board's Executive Director within thirty (30) days after service of this Order and  
5 pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons for granting a  
6 rehearing. Service of this order is effective five (5) days after date of mailing. If a motion  
7 for rehearing is not filed, the Board's Order becomes effective thirty-five (35) days after it  
8 is mailed to Respondent.

9 Respondent is further notified that the filing of a motion for rehearing is required to  
10 preserve any rights of appeal to the Superior Court.

11 DATED this 7<sup>th</sup> day of November, 2001.



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BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF ARIZONA

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By Claudia Foutz  
CLAUDIA FOUTZ  
Executive Director

26 ORIGINAL of the foregoing filed this  
27 7 day of November, 2001 with:

28 The Arizona Board of Medical Examiners  
29 9545 East Doubletree Ranch Road  
30 Scottsdale, Arizona 85258

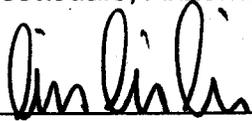
31 Executed copy of the foregoing  
32 mailed by U.S. Certified Mail this  
33 7 day of November, 2001, to:

34 Roy Gettel, M.D.  
35 1980 West Hospital Drive  
Suite 202  
Tucson, Arizona 85704

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Copy of the foregoing hand-delivered this  
1<sup>th</sup> day of November, 2001, to:

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



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