

**TOM MINAS****License Number: ME134465**

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

TOM MINAS  
901 45TH STREET  
KIMMEL BUILDING  
WEST PALM BEACH, FL 33407

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
ST. MARY'S HOSPITAL	WEST PALM BEACH	FLORIDA

### Email Address

Please contact at: [tminas@paleyinstitute.org](mailto:tminas@paleyinstitute.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	ORTHOPEDIC SURGEON
COLORADO	ORTHOPEDIC SURGEON
	ORTHOPEDIC SURGEON

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF TORONTO		8/1/1978 - 6/1/1982	06/10/1982

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
HARVARD SCHOOL OF PUBLIC HEALTH	BOSTON	MASSACHUSETTS	06/01/1989	06/30/1991	

## Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PROFESSOR EMERITUS	HARVARD MEDICAL SCHOOL	BOSTON	MASSACHUSETTS

## Specialty Certification

### Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

### Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### **Final disciplinary action taken by a specialty board within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### **Final disciplinary action taken by a licensing agency within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### **Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:**

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

### **Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.**

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### **Liability Claims Exceeding \$100,000.00 Within last 10 years.**

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

### **Committees/Memberships**

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
SEVERE BONE MARROW EDEMA AMONG PATIENTS WHO UNDERWENT PRIOR MARROW STIMULATION TECHNIQUE IS A SIGNIFICANT PREDICTOR OF GRAFT FAILURE AFTER AUTOLOGOUS CHONDROCYTE IMPLANTATION	AMERICAN JOURNAL OF SPORTS MEDICINE	07/01/2019
OPEN MENISCAL ALLOGRAFT TRANSPLANTATION WITH TRANSOSSEOUS SUTURE FIXATION OF THE MENISCAL BODY SIGNIFICANTLY DECREASES MENISCAL EXTRUSION RATE COMPARED WITH ARTHROSCOPIC TECHNIQUE	ARTHROSCOPY	06/01/2019
AUTOLOGOUS CHONDROCYTE IMPLANTATION $\ddot{\wedge}$ SEGMENTAL-SANDWICH $\ddot{\wedge}$ TECHNIQUE FOR DEEP OSTEOCHONDRAL DEFECTS IN THE KNEE: CLINICAL OUTCOMES AND CORRELATION WITH MAGNETIC RESONANCE IMAGING FINDINGS	ORTHOPAEDIC JOURNAL OF SPORTS MEDICINE	05/28/2019
EFFECTS OF HYDROSTATIC PRESSURE OF DEVIATORIC STRESS ON HUMAN ARTICULAR CHONDROCYTES FOR DESIGNING NEO-CARTILAGE CONSTRUCT	J TISSUE ENG REGEN MED	04/01/2019

Title	Publication	Date
AUTOLOGOUS CHONDROCYTE IMPLANTATION FOR BIPOLAR CHONDRAL LESIONS IN THE PATELLOFEMORAL COMPARTMENT: CLINICAL OUTCOMES AT A MEAN 9 YEARS; FOLLOW-UP	AM J OF SPORTS MED	03/01/2019
A HIGH LEVEL OF SATISFACTION AFTER BICCOMPARTMENTAL INDIVIDUALIZED KNEE ARTHROPLASTY WITH PATIENT-SPECIFIC IMPLANTS AND INSTRUMENTS	KNEE SURGERY, SPORTS TRAMATOLOGY, ARTHROSCOPY	01/01/2019
SAFETY, FEASIBILITY AND RADIOGRAPHIC OUTCOMES OF THE ANTERIOR MENISCAL TAKEDOWN TECHNIQUE TO APPROACH CHONDRAL DEFECTS ON THE TIBIA AND POSTERIOR FEMORAL CONDYLE: A MATCHED CONTROL STUDY	CARTILAGE	10/31/2018
AUTOLOGOUS CHONDROCYTE IMPLANTATION FOR BIPOLAR CHONDRAL LESIONS IN THE TIBIO-FEMORAL COMPARTMENT	AM J SPORTS MED	05/01/2018
OPTIMIZATION OF EXTRACELLULAR MATRIX SYNTHESIS AND ACCUMULATION BY HUMAN ARTICULAR CHONDROCYTES IN 3-DIMENSIONAL CONSTRUCT WITH REPETITIVE HYDROSTATIC PRESSURE	CARTILAGE	01/01/2017
A 20-YEAR FOLLOW-UP AFTER FIRST-GENERATION AUTOLOGOUS CHONDROCYTE IMPLANTATION	THE AMERICAN JOURNAL OF SPORTS MEDICINE, VOL. XX, NO. X	07/26/2017

### Professional Web Page

[www.cartilagerepaircenter.org](http://www.cartilagerepaircenter.org)

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.