



MATTHEW BROOKS WERD

License Number: PO2458

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|---|---------------------|
| Profession | Podiatric Physician |
| License Status | CLEAR/Active |
| Year Began Practicing | 07/01/1993 |
| License Expiration Date | 03/31/2026 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |

General Information

Primary Practice Address

MATTHEW BROOKS WERD
2939 S FLORIDA AVE
LAKELAND, FL 33803

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 |
|---------------------------------------|----------|---------|
| THE TAMPA GENERAL HOSPITAL | TAMPA | FLORIDA |
| ST. JOSEPH'S HOSPITAL | TAMPA | FLORIDA |
| LAKELAND REGIONAL MEDICAL CENTER | LAKELAND | FLORIDA |
| HIGHLANDS REGIONAL MEDICAL CENTER | SEBRING | FLORIDA |
| LAKELAND SURGICAL & DIAGNOSTIC CENTER | LAKELAND | FLORIDA |

Email Address

Please contact at: info@floridafootandankle.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|----------|------------|
| ILLINOIS | PODIATRIC |

Education and Training

Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|--------------------------------|--------------|---------------------|-----------------|
| DR WILLIAM SCHOLL COLLEGE OF P | DPM | 8/1/1989 - 5/1/1993 | 05/01/1993 |

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

| School/University | City | State/Country | Dates Attended From | Dates Attended To | Degree Title |
|--------------------|-------------|---------------|---------------------|-------------------|--------------|
| HARVARD UNIVERSITY | CAMBRIDGE | MASSACHUSETTS | 06/01/1987 | 08/01/1987 | PRE-MED |
| INDIANA UNIVERSITY | BLOOMINGTON | INDIANA | 08/01/1985 | 06/01/1989 | BS BIOLOGY |
| INDIANA UNIVERSITY | BLOOMINGTON | INDIANA | 08/01/1985 | 06/01/1989 | BS CHEMISTRY |

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| Program Name | Program Type | Specialty Area | Other Specialty Area | City | State or Country | Dates Attended From | Dates Attended To |
|------------------------------|--------------|--------------------------------------|--|-------|------------------|---------------------|-------------------|
| HEALTH SOUTH LARKIN HOSPITAL | INTERNSHIP | PIR - PODIATRIC INTERNSHIP/RESIDENCY | SPORTS MEDICINE/FOOT AND ANKLE SURGERY | MIAMI | FLORIDA | 07/01/1993 | 06/30/1994 |
| HEALTH SOUTH LARKIN HOSPITAL | RESIDENCY | PIR - PODIATRIC INTERNSHIP/RESIDENCY | SPORTS MEDICINE/FOOT AND ANKLE SURGERY | MIAMI | FLORIDA | 07/01/1994 | 06/30/1995 |
| AO INSTITUTE | FELLOWSHIP | OTHER | TRAUMA AND RECONSTRUCTIVE SURGERY | DAVOS | SWITZERLAND | 03/01/1995 | 05/01/1995 |

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| Specialty Board | Certification | Date Certified |
|-------------------------------------|-----------------------------------|----------------|
| AMERICAN BOARD OF PODIATRIC SURGERY | PODIATRY | |
| AMERICAN BOARD OF PODIATRIC SURGERY | ORS - FOOT AND ANKLE ORTHOPAEDICS | 08/01/1997 |

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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 an affiliation with the following committees:

NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS,PANEL MEMBER
CHIEF OF PODIATRIC SURGERY LAKELAND REGIONAL MEDICAL CENTER
DIRECTOR AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

| Community Service/Award/Honor | Organization |
|-------------------------------|-----------------------|
| RACE DIRECTOR MAYFAIRE 5K | LAKELAND RUNNERS CLUB |

| Community Service/Award/Honor | Organization |
|--|--|
| MEDICAL STAFF AND TEAM PHYSICIAN | TAMPA BAY MUTINY, PROFESSIONAL SOCCER TEAM |
| MEDICAL STAFF VOLUNTEER GASPARILLA AND SUNSHINE STATE GAME | TAMPA GENERAL HOSPITAL |
| SPORTS MEDICINE LECTURER | LAKELAND RUNNERS CLUB |
| GRADUATE LEADERSHIP LAKELAND XX | LAKELAND CHAMBER OF COMMERCE |

Publications

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

| Title | Publication | Date |
|---|---|------------|
| ARTHROSCOPIC LATERAL ANKLE STABILIZATION | CLINICS IN PODIATRIC MEDICINE AND SURGERY | 07/01/1994 |
| METAL IMPLANTS USED IN FOOT AND ANKLE SURGERY | CLINICS IN PODIATRIC MEDICINE AND SURGERY | 07/01/1995 |
| STABILIZATION OF DISTAL FIRST METATARSAL OSTEOTOMY WITH AB | THE LOWER EXTREMITY | 01/01/1994 |
| FOOT CARE PREVENTION AND TREATMENT | BOOK WRITTEN ON FOOT CARE | 01/01/2004 |

Professional Web Page

This practitioner has not provided any professional web page information.

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 provided the following national, state, local, county, and professional affiliations:

| Affiliation |
|--|
| ALPHA OMEGA ALUMNI ASSOCIATION |
| AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE |
| AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS |
| AMERICAN PODIATRIC MEDICAL ASSOCIATION |
| CERT SPEC/RECONSTRUCTIVE REAR FOOT AND ANKLE SURGERY |