Florida HEALTH Department of Health

JOEL LEWIS RUSH

License Number: OS5228

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	01/01/1986
License Expiration Date	03/31/2028

General Information

Primary Practice Address

JOEL LEWIS RUSH
BROWARD HEALTH MEDICAL CENTER
1600 SOUTH ANDREWS AVE
FT LAUDERDALE, FL 33316

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT. LAUDERDALE	FLORIDA

Email Address

Please contact at: **jlrush@nova.edu**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	OSTEOPATHIC
COLORADO	PHYSICIAN
UTAH	OSTEOPATHIC PHYSICIAN

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
SOUTHEASTERN COLLEGE OF OSTEOP	DO	8/1/1981 - 6/1/1985	06/01/1985

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
CUYAHOGA FALLS GENERAL HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		CUYAHOGA	OHIO	07/01/1986	06/30/1990
CUYAHOGA FALLS GENERSL HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		CUYAHOGA	OHIO	07/01/1985	06/30/1986
CASE WESTERN RESERVE HOSPITAL	RESIDENCY	ORS - MUSCULOSKELETAL ONCOLOGY		CLEVELAND	OHIO	07/01/1988	10/30/1988
CINCINNATI CHILDREN'S HOSPITAL	RESIDENCY	ORS - PEDIATRIC ORTHOPAEDICS		CINCINNATI	OHIO	04/01/1989	06/01/1989
NEW ENGLAND BAPTIST HOSPITAL	RESIDENCY	ORS - HAND SURGERY		BOSTON	MASSACHUSETTS	08/01/1989	10/01/1989
ST VINCENT'S CHARITY HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC TRAUMA		CLEVELAND	OHIO	01/01/1990	03/01/1990

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
CLINICAL PROFESSOR	NOVA SOUTHEASTERN	FT LAUDERDALE	FLORIDA
CLINICAL INSTRUCTOR,PHYSICIAN'S ASSISTANT PROGRAM	NOVA SOUTHEASTERN	DAVIE	FLORIDA
LECTURER 2ND YEAR MEDICAL STUDENTS	NOVA SOUTHEASTERN	DAVIE	FLORIDA
PROGRAM DIRECTOR - ORTHOPEDIC RESIDENCY	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	FLORIDA

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 OSTEOPATHIC BOARD OF ORTHOPEDIC	ORS - ORTHOPAEDIC SURGERY	

Financial Responsibility

Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

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.

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.

View Bankruptcy Documents

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:
PAST PRESIDENT AMERICAN OSTEOPATHIC ACADEMY ORTHOPEDICS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
SIGMA PHI	NATIONAL OSTEOPATHIC HONOR SOCIETY

Publications

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

Title	Publication	Date
FRACTURE DISLOCATION OF THE TALUS WITH IPSILATARAL HIPDIS	THE ORTHOPOD	01/01/1999

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
AMERICAN ACADEMY OF OSTEOPATHY
AMERICAN OSTEOPATHIC ASSOCIATION
AMERICAN OSTEOPATHIC ASSOCIATION OF SPORTS MEDICINE
BROWARD COUNTY ORTHOPAEDIC SOCIETY
FAC. APPT./ADJUNCT FACULTY/BARRY UNIVERSITY/MIAMI, FLORIDA
FLORIDA MEDICAL ASSOCIATION
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
SOUTHERN MEDICAL ASSOCIATION