



MICHAEL JOSEPH BROOM MD

License Number: ME52975

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1981
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

MICHAEL JOSEPH BROOM MD
1405 SOUTH ORANGE AVENUE
SUITE 200 2ND FLOOR
ORLANDO, FL 32806

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
ORLANDO REGIONAL HEALTHCARE SYSTEM	ORLANDO	FLORIDA
LUCERNE MEDICAL CENTER	ORLANDO	FLORIDA
HEALTHSOUTH ORLANDO CENTER FOR OUTPATIENT SURGERY	ORLANDO	FLORIDA

Email Address

Please contact at: info@flspinecare.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
COLUMBIA COLLEGE OF PHYSICIANS	MD	7/1/1977 - 6/1/1981	06/01/1981

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
DARTMOUTH COLLEGE	***	***	01/01/1973	01/01/1977	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
UNIVERSITY OF KANSAS MEDICAL CENTER	FELLOWSHIP	OTHER	SPINE SURGERY	KANSAS CITY	KANSAS	07/01/1987	06/30/1988
HARTFORD HOSPITAL	INTERNSHIP	GS - SURGERY		***	CONNECTICUT	07/01/1981	06/30/1982
HARTFORD HOSPITAL	RESIDENCY	GS - SURGERY		***	CONNECTICUT	07/01/1982	06/30/1983
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		***	CONNECTICUT	07/01/1984	06/30/1987

Academic Appointments

Graduate Medical Education

This practitioner has not 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
ASSISTANT PROFESSOR OF ORTHOPAEDIC SURGERY	UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF MEDICINE	ORLANDO	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 BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

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 an affiliation with the following committees:
DIRECTOR OF BACK REHAB PROGRAM, HEALTHSOUTH SPORTS MED
CO-DIRECTOR OF SPINE SERVICE, ORLANDO REGIONAL MED CENTER
CHAIRMAN, QUALITY ASSURANCE COMMITTEE, ORLANDO REG MED CTR

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PHI BETA KAPPA	

Publications

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

Title	Publication	Date
EMPHYSEMATOUS SEPTIC ARTHRITIS DUE TO KLEBSIELLA	CLIN ORTHOP	01/01/1989
SPINAL FUSION AUGMENTED WITH LUQUE-ROD INSTRUMENTATION FOR	J BONE JOINT SURG	01/01/1989
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
THE PLICA SYNDROME: A NEW PERSPECTIVE	ORTHOP CLIN OF NORTH AMERICA	04/01/1986
FRACTURE OF THE ATLANTAL ARCH CAUSING ATLANTOAXIAL	J BONE JOINT SURG	10/01/1986
USE OF ELECTRICITY IN TREATING UNUNITED FRACTURES	CONNECTICUT MEDICINE	12/01/1986

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS-FELLOW
AMERICAN MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
FLORIDA ORTHOPAEDIC SOCIETY
NORTH AMERICAN SPINE SOCIETY-FELLOW