



## PATRICK WAKEFIELD JOYNER

License Number: ME113882

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/2007  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

PATRICK WAKEFIELD JOYNER  
1250 PINE RIDGE ROAD  
STE 202  
NAPLES, FL 34108

### 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
NAVAL MEDICAL CENTER PORTSMOUTH	PORTSMOUTH	VIRGINIA
LANDMARK HOSPITAL	NAPLES	FLORIDA
PHYSICIANS DAY SURGERY CENTER, INC.	NAPLES	FLORIDA
NORTH COLLIER HOSPITAL	NAPLES	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
PHYSICIANS REGIONAL HEALTHCARE SYSTEM	NAPLES	FLORIDA

### Email Address

Please contact at: [cleach@nasamri.com](mailto:cleach@nasamri.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
VIRGINIA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR

### 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
PENN STATE UNIVERSITY COLLEGE OF MEDICINE	MD	8/1/2003 - 5/1/2007	05/01/2007

## 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
UNIVERSITY OF NORTH CAROLINA @ PEMBROKE	PEMBROKE	NORTH CAROLINA	06/01/1999	05/01/2000	BS BIOLOGY
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/2001	05/01/2003	MASTERS OF SCIENCE

## 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
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		DURHAM	NORTH CAROLINA	07/01/2007	01/01/0001
ANDREWS INSTITUTE FOR ORTHOPAEDICS AND SPORTS MEDICINE	FELLOWSHIP	ORS - ORTHOPAEDIC SPORTS MEDICINE	FOOT ANKLE AND ELBOW	GULF BREEZE	UNITED STATES	08/01/2012	07/31/2013

# 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
ASSISTANT PROFESSOR IN SURGERY	USUHS UNIFORMED SERV UNIV OF HLTH SCI F EDWARD	PORTSMOUTH	VIRGINIA

# 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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MARYLAND BOARD OF PHYSICIANS	10/05/2020	CONSENT ORDER	NO

#### 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/30/2021	LEE		05/16/2023	\$475,000.00	\$250,000.00

## 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
FUNCTIONAL OUTCOME AFTER PERCUTANEOUS TENDON-ACHILLES LENGTHENING.	FOOT ANKLE SURG	03/01/2011
STRESS FRACTURES OF THE FOOT AND ANKLE IN ATHLETES.	SPORTS HEALTH	11/01/2014
MAGNETIC RESONANCE IMAGING-BASED CLASSIFICATION FOR ULNAR COLLATERAL LIGAMENT INJURIES OF THE ELBOW.	JSES	10/01/2016
HOW MUCH VALGUS INSTABILITY CAN BE EXPECTED WITH ULNAR COLLATERAL LIGAMENT (UCL) INJURIES? A REVIEW OF 273 BASEBALL PLAYERS WITH UCL INJURIES.	JSES	10/01/2014

### Professional Web Page

[www.nasamri.com](http://www.nasamri.com)

### 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
AANA - ASSOCIATE MEMBER
AOSSM
FAAOS