



## MIRYLSA COLON-MARTINEZ M.D.

License Number: ME124264

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/2009
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MIRYLSA COLON-MARTINEZ M.D.  
1601 CLINT MOORE RD.  
SUITE 125  
BOCA RATON, FL 33487

### 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
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
	FORT LAUDERDALE	FLORIDA
BOCA RATON OUTPATIENT SURGERY & LASER CENTER, A HEALTHS	BOCA RATON	FLORIDA

### Email Address

Please contact at: [mirylsa@icloud.com](mailto:mirylsa@icloud.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	MEDICINE
FLORIDA	MEDICINE

### 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 PUERTO RICO SCHOOL OF MEDICINE	MD	8/1/1998 - 6/1/2002	06/01/2002

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
ALBERT EINSTEIN BETH ISRAEL MEDICAL CENTER	INTERNSHIP	GS - SURGERY		NEW YORK	NEW YORK	08/01/2002	04/30/2003
UNIVERSITY OF PUERTO RICO	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		SAN JUAN	PUERTO RICO	08/01/2003	06/30/2008
BRIGHAM AND WOMEN'S HOSPITAL/HARVARD MEDICAL SCHOOL	FELLOWSHIP	ORS - ORTHOPAEDIC SURGERY	FOOT AND ANKLE SURGERY	BOSTON	MASSACHUSETTS	08/01/2008	07/31/2009

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 SURGERY	NOVA SOUTHEASTERN UNIVERSITY	DAVIE	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:

- AAOS Active Fellow
- AOFAS Active Member
- PBCMS Active Member
- Broward County Medical Society Active Member
- Florida Orthopedic Society Member
- Sociedad Puertorriquena de Ortopedia y Traumatologia Member

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
XCELL MENTOR OF THE YEAR AWARD	NORTHEASTERN UNIVERSITY
ALPHA OMEGA ALPHA	UPR SCHOOL OF MEDICINE
MD MAGNA CUM LAUDE	UPR SCHOOL OF MEDICINE

Community Service/Award/Honor	Organization
AMERICA'S TOP ORTHOPEDISTS	AMERICA'S TOP ORTHOPEDISTS
THE LEADING PHYSICIANS OF THE WORLD	THE LEADING PHYSICIANS OF THE WORLD
HISPANIC WOMAN OF DISTINCTION	HISPANIC WOMEN OF DISTINCTION, LIGHT OF THE WORLD CLINIC

## Publications

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

Title	Publication	Date
TECHNIQUE TIP MOBILIZATION OF THE PROXIMAL SEGMENT IN ACHIL	FOOT AND ANKLE INTERNATIONAL	06/01/2013
OSTEOGENESIS IMPERFECTA AND HYPERPLASTIC CALLUS FORMATION IN	JOURNAL OF PEDIATRIC ORTHOPEDICS PART B	12/01/2002
BETA-1 INTEGRIN EXPRESSION BY HUMAN NASAL CHONDROCYTES IN MI	BIOMEDICAL MATERIALS RESEARCH	12/15/2000
TECHNIQUE TIP: MOBILIZATION OF THE PROXIMAL SEGMENT IN ACHILLES RUPTURE	FOOT AND ANKLE INTERNATIONAL	06/01/2013

## Professional Web Page

Www.orthowellnessmd.com

## 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
AAOS
AOFAS
BCMS
FOS
PBCMS
SPOT ORTHOPEDIC SOCIETY PR