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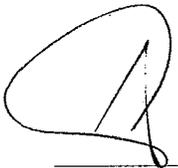
STATE OF TENNESSEE
DEPARTMENT OF HEALTH

IN THE MATTER OF:)	BEFORE THE TENNESSEE
)	BOARD OF MEDICAL EXAMINERS
SARA BOMAR, M.D.)	
PETITIONER)	
)	
BRENTWOOD, TN)	DOCKET NO.: 17.18-134508A
)	
PETITION FOR DECLARATORY)	
ORDER)	

NOTICE OF HEARING

Comes now the Department of Health, Division of Health Related Boards, by and through counsel and gives notice that a Petition for Declaratory Order filed on behalf of Sara Bomar, M.D. (and attached hereto as Exhibit A) was granted by the Board on November 10, 2015 and referred for a contested case hearing, which shall be heard on January 27, 2016 at 10:00 a.m. or as soon thereafter as the Board may take this matter up. This case shall determine whether Dr. Bomar ("Petitioner") qualifies for the removal of the administrative practice restriction from her Tennessee medical license.

PREPARED BY:



Andrea Huddleston, BPR # 016155
Office of General Counsel
Chief Deputy General Counsel
665 Mainstream Drive
Nashville, Tennessee 37243
(615) 741-1611

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DATE

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon Sara Bomar, M.D. by and through her attorneys, by delivering the same in the United States certified mail number 7015 1520 0003 3865 2961 and United States mail with sufficient postage thereon to reach its destination.

Gideon, Cooper & Essary
315 Deaderick Street
Suite 1100
Nashville, TN 37238

This 2nd day of December, 2015.



Andrea Huddleston
Chief Deputy General Counsel

GIDEON, COOPER & ESSARY

A PROFESSIONAL LIMITED LIABILITY COMPANY

315 DEADERICK STREET, SUITE 1100

NASHVILLE, TENNESSEE 37238

(615) 254-0400

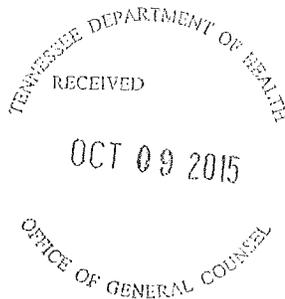
FAX (615) 254-0459

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¹LICENSED IN TN & FL
²LICENSED IN TN, AL & TX
³LICENSED IN TN & GA
⁴LICENSED IN TN & KY
⁵LICENSED IN TN & WI

C. J. GIDEON, JR.¹
DIXIE W. COOPER²
BRYAN ESSARY³
CHRIS J. TARDIO⁴
CHRISTOPHER A. VRETTOS
ALAN S. BEAN
JAMES C. SPERRING
JOSHUA R. ADKINS
KIM J. KINSLER⁵
RANDA VON KANEL GIBSON
J. BLAKE CARTER¹
MATT H. CLINE
MATTHEW J. NATHANSON

October 8, 2015



Andrea Huddleston
Deputy General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive
Nashville, Tennessee 37243

PETITION FOR DECLARATORY ORDER

1. NAME OF PETITIONER

Sara Bomar, M.D., Lic. No. 40563, by and through her attorneys, Chris J. Tardio and James C. Sperring.

2. ADDRESS OF PETITIONER

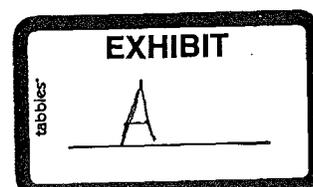
6307 Ramsgate Court
Brentwood, TN 37027

3. AGENCY ORDER ON WHICH DECLARATORY ORDER IS SOUGHT

April 11, 2006 Order granting medical license "restricted to administrative practice only" (attached as **Exhibit 1**).

4. STATEMENT OF FACTS AND DESCRIPTION OF ORDER EFFECT

Dr. Bomar received her medical degree from Meharry Medical College in Nashville, TN in 1998. She then completed an internship in internal medicine at Baptist Hospital (now St. Thomas Midtown Hospital), from 1998 to 1999, before beginning a residency in radiology at Vanderbilt University Medical Center in 1999. Unfortunately, Dr. Bomar was forced to leave her residency program in 2001 due to physical limitations resulting from arachnoiditis, including severe back and leg pain and severe left lower extremity radiculopathy, requiring the use of a walker and reclining wheelchair. From 2002 to 2005, Dr. Bomar underwent pain management treatment with methadone and



Oxycontin under the supervision of John Culclasure, M.D., and also underwent implantation of a spinal cord stimulator. She then transitioned to non-narcotic pain management in 2005, at which point she applied for her Tennessee medical license, which was granted with the above referenced restriction in 2006.

In August 2014, Dr. Bomar underwent a stem cell transplant for treatment of arachnoiditis by Todd Malan, M.D. in Scottsdale, AZ, a physician specializing in stem cell treatment and research. Since the transplant, Dr. Bomar's physical condition has improved drastically, to the point where she is no longer reliant on either a walker or a wheelchair and she no longer requires pain management through either the spinal cord stimulator or narcotic pain medications. Feeling fit to resume her medical training, Dr. Bomar applied for and was accepted into the nuclear medicine residency program at Vanderbilt University Medical Center in the summer of 2015.

A. ENDORSEMENT BY MARTIN SANDLER, M.D.

Martin Sandler, M.D. is a Professor of Radiology in the Vanderbilt Department of Radiology and one of Dr. Bomar's supervising physicians in her residency program.¹ By virtue of having worked alongside Dr. Bomar during both her 1999-2001 residency and her current residency, Dr. Sandler has firsthand knowledge of the progress she has made and her current physical condition.² As detailed in Dr. Sandler's Affidavit (attached as **Exhibit 2**) Dr. Bomar has no physical impairments limiting her ability to participate in the training program at Vanderbilt, has no physical impairments limiting her ability to practice medicine, and is on par with her colleagues.³ Dr. Sandler has fully endorsed Dr. Bomar's petition for an unrestricted license to practice medicine, without reservation or qualification.⁴

B. INDEPENDENT MEDICAL EXAMINATION BY NEUROLOGIST, ALFRED CALLAHAN, M.D.

The absence of any impairment limiting Dr. Bomar's ability to practice medicine is further corroborated by Alfred Callahan, M.D., a neurologist with over 30 years of experience. As reflected by his curriculum vitae (attached as **Exhibit 3**), Dr. Callahan earned his undergraduate degree from the Massachusetts Institute of Technology in Cambridge, Massachusetts in 1971. He earned his medical degree from the Vanderbilt University School of Medicine in Nashville, Tennessee in 1975. He then successfully completed an internship in internal medicine at Vanderbilt University Medical Center from 1975 to 1976 and a residency in internal medicine at Vanderbilt University Medical Center from 1976 to 1977. Between 1977 and 1980, Dr. Callahan completed a residency and fellowship in neurology at Massachusetts General Hospital and Harvard Medical School, respectively. Dr. Callahan has been certified by the American Board of Internal Medicine since 1978 and has been certified in neurosonology by the American

¹ Affidavit of Martin Sandler, M.D. at ¶¶2 and ¶7 (attached as **Exhibit 2**).

² *Id.* at ¶¶5-8.

³ *Id.* at ¶¶9-12.

⁴ *Id.* at ¶12.

Society of Neuroimaging since 1992.

Since 2005, Dr. Callahan has worked for the Stroke & Heart Attack Prevention Center in Nashville, Tennessee. Additionally, since 2005, Dr. Callahan has served as a clinical professor of nursing (medicine) at the Vanderbilt University School of Medicine. Since 2009, he has also served as an associate clinical professor of medicine at Vanderbilt University School of Medicine and an adjunct associate professor of neurology at Meharry Medical College.

As detailed in his report (attached as **Exhibit 4**), Dr. Callahan conducted a thorough, independent examination of Dr. Bomar on September 9, 2015. We will not reiterate Dr. Callahan's findings in detail, as they speak for themselves. However, in brief summary, Dr. Callahan has concluded that Dr. Bomar is physically fit to practice medicine and has endorsed Dr. Bomar's petition for an unrestricted medical license.

C. ENDORSEMENT BY DR. BOMAR'S PRIMARY CARE PHYSICIAN

Finally, as detailed in the attached letter (attached as **Exhibit 5**), Dr. Bomar's primary care physician, Glenda Knox-Carter, M.D., has verified that she believes Dr. Bomar is physically fit and able to engage in the clinical practice of medicine.

As demonstrated by each of the above referenced materials, Dr. Bomar is physically fit to practice medicine and has no physical limitations warranting an ongoing restriction of her medical license.

5. DESCRIPTION OF REQUESTED RULING

As demonstrated by the attached documentation, there is no reason to continue the previously imposed restriction on Dr. Bomar's medical license. Accordingly, Dr. Bomar respectfully requests that the Board of Medical Examiners enter a Declaratory Order, lifting the restriction and granting her a full, unrestricted license to practice medicine in Tennessee.

Respectfully Submitted,

GIDEON, COOPER & ESSARY, PLC

Chris J. Tardio, #23924
James C. Sperring, #27553
Suite 1100
315 Deaderick Street
Nashville, TN 37238
(615) 254-0400

Attorneys for Sara Bomar, M.D.

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF GENERAL COUNSEL
26th Floor of the William R. Snodgrass Tennessee Tower
312 8th Avenue North
Nashville, Tennessee 37243
(615) 741-1611 / Facsimile: (615) 532-7749

PHIL BREDESEN
GOVERNOR

KENNETH S. ROBINSON, M.D.
COMMISSIONER

CERTIFIED MAIL

Boards of Medical Examiners

Sara Louise Bomar, M.D.
6307 Ramsgate Court
Brentwood, Tennessee 37207

April 11, 2006

Dear Dr. Bomar:

As you are aware, the Board made a final decision on your licensure application. That decision was based upon documentation compiled in the application process and your response to questions posed by the Board that indicated that you suffer from a physical infirmity that prevents you from practicing clinical medicine. Those facts constitute grounds for the action taken on your licensure application pursuant to T.C.A. 63-6-214. Consequently, the Board took the following action:

You will be granted a license in Tennessee restricted to administrative practice only. You may not engage in clinical practice, in any clinical treatment or have any clinical contact with patients. Should you desire to have this restriction lifted at some point in the future you must first petition and appear before the Board to do so.

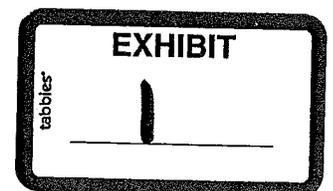
If you agree with the action of the Board you must sign and date this document in the spaces provided below and return it to me in such a manner that it is received at the office address listed below on or before the thirtieth (30th) day after you received this notice. Upon receipt of this signed document your license will be issued.

This letter has the full force and effect as an Order issued by the Board for purposes of Tennessee Code Annotated, Section 63-6-214.

I, the undersigned, accept the restrictions and/or conditions listed above that were placed on my license by the Board and agree to abide by them.

Sara Louise Bomar, M.D.

Date



Dr. Bomar
April 11, 2006
Page 2

If you do not accept the restrictions and/or conditions listed above and you wish to contest the Board's decision you are entitled to a contested case hearing pursuant to the Tennessee Administrative Procedures Act (T.C.A. §§ 4-5-101 et seq. through 4-5-301 et seq.). If you wish to pursue this matter, a written request for a hearing to contest this action must be addressed to and received by the office listed below on or before the thirtieth (30th) day after you received this notice. That office will process your request for a hearing. All contact concerning the denial should be addressed to that office and not to the Board.

If you wish to have legal representation you may be eligible for free or low cost counsel from a legal services organization in your area.

Yours truly,

Robert J. Kraemer, Jr.
Deputy General Counsel
Office of General Counsel
Department of Health
26th Floor, W.R. Snodgrass Building
312 8th Avenue North
Nashville, TN 37247-0120

cc: Rosemarie Otto- Executive Director
Lea Phelps – Disciplinary Coordinator

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

IN THE MATTER OF:)	BEFORE THE
SARA LOUISE BOMAR)	TENNESSEE BOARD
)	OF MEDICAL EXAMINERS
LICENSE NO. 40563)	

AFFIDAVIT OF MARTIN SANDLER, MD

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

1. I am Martin Sandler, MD. I am competent to testify to the matters described herein. They are based on my personal knowledge and experience.

2. I am presently Professor of Radiology in the Vanderbilt Department of Radiology. One of my roles as Professor of Radiology and attending physician in the radiology department is to take an active role as an attending physician training nuclear medicine and radiology residents at Vanderbilt.

3. I have been at Vanderbilt since 1983 in various academic medical positions. In my time at Vanderbilt, I have published over 80 peer reviewed articles and written or edited dozens of book chapters and more than a half-dozen textbooks. I have served on numerous committees and in numerous leadership roles in the hospital, the medical school, and my department. Specifically, I was formerly the Chairman of the Radiology Department, formerly the Director of the Division of Nuclear Medicine, and formerly the Associate Vice Chancellor for Hospital Affairs. Additionally, I have served in various leadership roles in my field, including as Editor of the *Journal of Nuclear Medicine* and President of the Society of Nuclear Medicine.



4. At Vanderbilt, I have helped train more than a hundred physicians to enter various aspects of practice in my field. Based on my years of practice in the fields of radiology and nuclear medicine, I am familiar with the physical demands of the practice and the required physical capabilities of physicians in the field. Also, based on my experience at Vanderbilt, I am familiar with the physical requirements to complete the nuclear medicine residency program at Vanderbilt.

5. I personally observed Dr. Bomar in 2006 when her physical condition required that she resign from the residency program. She was unable to continue in the training program because of severe, debilitating back pain that I understood was related to arachnoiditis. I witnessed this first-hand as an attending physician in the department.

6. Following her resignation from the training program at Vanderbilt, I understand that she underwent stem cell therapy.

7. In summer 2015, she returned to Vanderbilt to interview with my department to resume her training as a first-year resident in the nuclear medicine residency program. Since she returned, I have interacted with her on a regular basis as a supervising, attending physician, sometimes on as much as a daily basis.

8. Her physical transformation from the time she resigned from the training program to her return in July 2015 is remarkable. In 2006, she reached the point of being unable to continue in the residency because of her physical condition. She is now able to participate without any physical limitations.

9. Dr. Bomar is able to participate in her training just as I would expect a first-year nuclear medicine resident to do. She has not requested, has not been given, and has not needed any accommodations for any physical limitations since beginning in July 2015. I have observed no physical limitations in her ability to participate in the training program and work toward becoming a full-fledged, practicing physician. She is on par with her colleagues in the training program and has no physical limitations that impede her ability to practice medicine.

10. Specifically, she is able to participate in lectures and other study programs, walk and move about the department and hospital, and effectively interact with attending physicians and hospital staff members, while working under the supervision of attending physicians.

11. Based on my experience as a practicing physician and as an attending physician with an active role in the residency program, I believe that Dr. Bomar is physically capable of continuing in and completing the nuclear medicine residency program. I also believe that she is physically capable of practicing as a physician in the field of radiology or nuclear medicine, should she complete the requisite training and wish to do so.

12. Put simply, I see no physical impairment that should limit her ability to practice medicine. Based on my experience and interactions with her, I have no reservation in saying the above. I fully support her petition for an unrestricted license to practice medicine in Tennessee.

FURTHER AFFIANT SAITH NOT

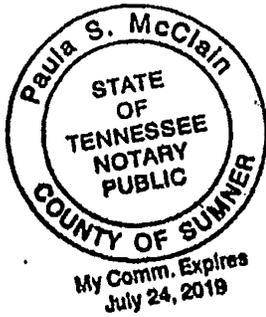
Martin Sandler
MARTIN SANDLER, MD

Sworn to and subscribed before me this 3 day of September, 2015.

Paula McClain

NOTARY PUBLIC

My Commission Expires On: July 1 24 1 2019



State of Tennessee County of Davidson
The foregoing instrument was acknowledged before
me this 3 day of September, 2015.
by Paula McClain

Paula S. McClain, Notary Public
My Commission Expires 7/24/2019

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PUBLICATIONS

CURRICULUM VITAE

Name: Alfred Samuel Callahan, III
Place of birth: Columbus, Georgia
Date of birth: 13 December 1948
Citizenship: US
Marital status: Married to Helen McLaurin Beatty
Children: Ted, Mark
Residence: 3428 Woodmont Blvd, Nashville, TN 37215
Business address: Stroke & Heart Attack Prevention Center
2000 Glen Echo Rd, Suite 122
Nashville, TN 37215
615 297 5300
e-mail: stealthasc@earthlink.net
Licensure: Tennessee, Massachusetts, Alabama, Kentucky
Education:
1971 S.B. Massachusetts Institute of Technology
1975 M.D. Vanderbilt University School of Medicine
Postgraduate training:
1975-1976 Intern, Internal medicine, Vanderbilt University Hospital
1976-1977 Resident, Internal medicine, Vanderbilt University Hospital
1977-1980 Resident, Neurology, Massachusetts General Hospital
Fellow, Neurology, Harvard Medical School
Specialty board certification:
1976 National board of medical examiners
1978 American board of internal medicine
1992 Neurosonology-cerebrovascular disease and physics,
American Society of Neuroimaging
Academic positions:
1980-1981 Assistant professor(tenure track), Dept of neurology
University of South Alabama



CV
A.S.Callahan, III

Director, Clinical neurophysiology laboratory
Mobile General Hospital
Mobile, AL

1980's Clinical assistant professor, Dept of neurology
Vanderbilt University

01 FEB 05-present Clinical Professor of Nursing(Medicine), School of Nursing
Vanderbilt University

Mar 2009-present Associate Clinical Professor(adjunct faculty), Vanderbilt
University School of Medicine

Oct 2009-present Adjunct Associate Professor, Neurology, Meharry Medical
College

Memberships:

Alpha Omega Alpha, 1974

Honors:

1971-1975 Justin Potter Merit Scholar
Vanderbilt University School of Medicine

Civic roles:

1992-1995 Dean's advisory committee, Harvard School of Dental Med

1999- present board member, Nashville affiliate American Heart Assoc

2001-2002 President-elect, Nashville affiliate American Heart Assoc

2002-2003 President, Nashville affiliate American Heart Assoc

2001-present member, acute events committee American Heart Assoc
southeastern affiliate

1999-present chairman, Operation Stroke: Nashville

Clubs:

1973-present Harbor Island Yacht Club

1988-present Wianno Yacht Club

1990-present New York Yacht Club

CV
A.S. Callahan III

Research duties:

1999-present writing subcommittee PROACT II

PROACT II was a phase 3 clinical trial of intra-arterial thrombolysis with r-proUK. My program at Centennial Medical Center was the 3rd largest enrolling center. This study provided proof of principle of catheter directed thrombolysis with a 6 hour window in patients with middle cerebral artery occlusions.

1999-present Steering committee, SPARCL

SPARCL is a world wide trial of atorvastatin (Lipitor) for secondary stroke prevention. More than 4700 patients participate in this placebo controlled trial. This study came from my proposal to Parke-Davis (now Pfizer).

2002 Public awareness subcommittee, NINDS (National Institute of Neurologic Disease and Stroke).

NINDS convened a national consensus conference to review the papers written by the subcommittees. The consensus paper was published in book form during 2003.

2001-present Muhlenberg Vascular Project(PI and originator)

Vascular healthcare delivery in a rural Kentucky County (Muhlenberg) population 32 000. To date the rate of stroke has declined 47% in this county due to the impact of the project. A paper detailing methods and short term results was published in 2004.

2005-Present Integrated vacular medicine program(MACDOC)

Developed risk engines to generate imputed vascular risk and a multidisciplinary model for risk attenuation delivered by physician extenders in fixed, mobile and community settings. Treated populations include urban, rural and medically underserved with successful treatment to targets in 70% of those evaluated and cared for.

CV
A.S. Callahan III

2010 - Present Carotid artery endothelial permeability and risk of atherosclerotic cardiovascular disease in a primary prevention population, IRB # 091270

This project studies patients with genetically low LDL cholesterol (<100) who have +carotid intima media thickness and elevated lipid flux rates across the carotid endothelium with MRI/MRA. Paramagnetic contrast is used to measure vascular permeability in this population that is unable to resist a small or minor lipid gradient. An additional population with elevated LDL cholesterol (>160) serves as the "galvanized" control group. Insights may permit identification of new targets for modifying early atherogenesis, rapid screening of putative modifying agents and new medications.

CV

A.S. Callahan III

Publications:

1. Hollender MH and Callahan AS. DeClerambault's syndrome. Arch of Gen Psych Dec 1975.
2. Callahan AS, Netsky MG and Stone W. Dialysis and subdural hematoma. Dialysis and transplantation 1980;9:240.
3. Taylor MD, Palmer GC and Callahan AS. Alterations of catecholamine-sensitive adenylate cyclase in gerbil cortex after bilateral ischemia. Exp Neurol 1982;76:495-507.
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6. Taylor MD, Palmer GC and Callahan AS. Protective actions by methyprednisolone, allopurinol and indomethacin against stroke induced damage to adenylate cyclase in gerbil cerebral cortex. Stroke 1984;15:329-335.
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8. Christie-Pope GC, Chromster RB, Callahan AS. Adenylate cyclase and histopath changes in gerbil brain following unilateral ischemia and recirculation. Stroke 1985; 16(4):710-17.
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10. Christie-Pope GC, Palmer GC, Callahan AS and Palmer SJ. Modification of ischemia induced damage in adenylate cyclase and Na⁺, K⁺ ATPase in gerbil cortex by calcium channel blockers (flunarizine and verapamil). Stroke

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CV
A.S. Callahan III

15. Callahan AS and Berger BL. Balloon angioplasty of intracranial arteries for stroke prevention. *J Neuroimag* 1997 October; 7(4):232-5.
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A.S. Callahan III

28. Larry B Goldstein MD, Pierre Amarenco MD, Michael Szarek MS, Alfred Callahan III MD, Michael Hennerici MD PhD, Henrik Sillesen MD DMSc, Justin Zivin MD PhD, K Michael A Welch MB ChB on behalf of the SPARCL investigators. Hemorrhagic Stroke in the Stroke Prevention by Aggressive Reduction in Cholesterol Levels Study. *Neurology*2008;70(24pt2):2364-2370
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35. Risk of stroke and cardiovascular events or transient ischemic attack in patients with type 2 diabetes or metabolic syndrome. A Callahan, P Amarenco, L Goldstein, H Sillesen, M Messig, Gregory Samsa, I Altaffulah, L Ledbetter, M MacLeod, R Scott, M Hennerici, J Zivin, KMA Welch. *Arch Neurol* on line 13 JUN 2011.
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CV

A.S. Callahan III

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Abstracts:

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Patents:

#4412547 Neurological monitoring device
#4424816 Neurological monitoring device test circuitry
#_____ EEG electrodes

Research projects (independent):

2002-present MVP-Muhlenberg Vascular Project- vascular care in rural KY

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2002-2004	Tristar pilot stroke project-acute stroke care in community hosp
2005-present	Integrated vacular medicine in clinic/community settings.

09.SEP.15

IME

Dr. SARA BOMAR

Dr. Bomar is referred by attorney for an independent medical exam to be submitted to the TN Board of Medical Examiners.

No materials were provided prior to examination on 09 SEP 2015.

Dr. Bomar reports developing right radicular low back pain while wearing lead as a radiology resident during the interventional rotation. She reports this "broke me down". But she continued working. On 08 Jun 2000 (her daughter's birthday) she underwent surgical treatment by Dr. Rex Arendal. While the pre-op symptoms were right sided, postoperatively she had left lower extremity pain. Bladder control was not affected then, nor now.

A spinal cord stimulator was placed without benefit. The stimulator batteries are currently dead and the leads frayed. She attended a work hardening program and was given narcotics from 2002 through 2005.

She was a 3rd year radiology resident at VUH at the time of operation and afterwards had to stop post graduate training. She used a wheelchair for mobility and was felt to have a chronic regional pain syndrome by the pain group at VU. Blocks provided no lasting benefit. She drove with the use of hand controls without incident. She was unable to be up for any period of time despite the use of the wheelchair.

In 2008 she underwent myelography at the request of Dr. Pete Conrad and a diagnosis of arachnoiditis was given. She thinks that omnipaque was the intrathecal agent. There has been no additional imaging since 2008.

On 28 AUG 2014 she underwent autologous adipose stem cell infusion in Scottsdale, AZ with a local injection also into the plantar surface of the left foot. Her father had located this service/treatment. By JAN 2015, she was able to walk independently. In JUL 2015 she resumed post graduate training in nuclear medicine at VUH. This job includes night call requiring staying in hospital. She parks in a highrise garage by Children's Hospital and walks to her service location. She still has a handicap sticker/tag. Today she drove solo to my office without the need for hand controls.

Currently she uses ibuprofen for pain on a once daily basis. Bladder control remains normal. There has been some return of discomfort to the right lower extremity.

She has never smoked and is allergic to codeine.

Current meds include HRT, progesterone, spironolactone, Ib.



Dr. Bomar has been married twice and her sole biologic daughter is a freshman at UT in Knoxville, TN. There are 3 grown step children and she has been married for 22 years.

Today BP 126 with a regular pulse(left arm) and the palms were cool to the point of being cold and sweaty. She was able to arise without the use of hands and stand on toes and heels. She arose quickly and walked normally. Standing balance was normal. The right leg was slightly larger than the left though I could not demonstrate any edema. There was a reduced though present right AJ and 2+ KJ and L-AJ. There was no clonus and vibratory sense was normal in both legs. The feet were cool but not as cold as the hands. There was no atrophy to either leg.

There was no drift and finger to nose testing was normal. Eye movements were full and there was no nystagmus. Pupils were 4 mm OU reacting D+C. Fundus exam showed flat discs, focus at 0 and no papilledema.

She gave her history in an even and complete fashion. There was normal eye contact and no hint of any affective disturbance.

The original issue was most likely a right S1 radiculopathy from L5-S1 disc. I am not certain what occasioned the subsequent left lower extremity pain. The radiographic diagnosis of arachnoiditis cannot be confirmed by today's clinical exam and would require review of imaging. Since treatment with stem cells, there has been steady improvement in the previously debilitating pain syndrome. While I don't understand the mechanism of improvement, I am gratified by the findings on today's examination. That she has returned to post graduate training is delightful.

While I did not focus on a formal assessment of cognitive functioning, I found no reason that she should not continue with post graduate training in her desired specialty. And, based upon today's examination I have no concerns about her fitness as a resident in nuclear medicine or eventual practice.

I do not have prior records of treatments, imaging and EMG studies, but even lacking those I think she is capable of functioning as a post graduate physician since she has done so for 2 months.

I hope that the Board will carefully consider my report in its deliberations and expect an affirmative opinion afterwards. I would be happy to answer any additional questions.

DR SARA BOMAR IME

09 SEP 15

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Sincerely,

A.S. Callahan III, MD
(TN 9933)

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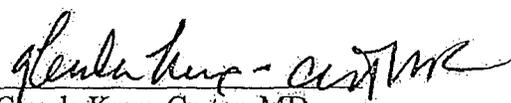
August 14, 2015

Board of Medical Examiners
Tennessee Department of Health
Bureau of Health Licensure & Regulation
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Petitioner's Name: Sara L. Bomar, MD
Petitioner's Address: 6307 Ramsgate Court
Brentwood, TN 37027

I, Glenda Knox-Carter, am the personal physician for Sara L Bomar. It is my understanding that she is petitioning the Board of Medical Examiners to have the restrictions limiting her license to practice medicine that were imposed due to a physical infirmity.

I have personally examined Dr. Bomar and she has improved dramatically and is now physically able to engage in a clinical practice.


Glenda Knox-Carter, MD

