

## Licensee Information

### Matthew Bradley Shall - MD

**License #:** 2007-00247      **License Status:** Active      **Public Action:** No  
**Issue Date:** 02/21/2007      **Renewal Date:** 10/10/2026

#### Active Supervisees

Name	Type	Status	Approved
Sonnekalb, Sara	Physician Assistant	Active	10/05/2016
Wiggins, Jeffrey Mark	Physician Assistant	Active	09/27/2007

#### North Carolina Hospital Admitting Privileges

Location
Carolinas Rehabilitation

#### Out of State Active/Inactive Licenses

State
Washington

#### Out of Country Active/Inactive Licenses

Country
None Reported

#### Address

Carolinas Rehabilitation  
 Dept of PM&R  
 275 Beatty Dr  
 Belmont, NC 28012  
 704-355-4406

#### Information

**Days patients are seen at this practice:**

**Practice philosophy:**

I specialize in inpatient rehabilitation - stroke, brain injury, spinal cord injury, amputee and general orthopaedic injuries.

**Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):**

**Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):**

**Participates in Medicare:**

Yes

**Accepting new Medicare patients:**

Yes

**Participates in Medicaid:**

Yes

**Accepting new Medicaid patients:**

Yes

**Uses electronic medical records:**

No

**Medical School**

School	Graduation
Medical College of Ohio	2001

**Post Graduate Training**

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

Institution	Specialty	State, Country	Training Program	Last Year
Carolinas Rehabilitation	Other - PM&R residency	NC, US	Residency	2005
Norfolk General Hospital	Other - Internal Medicine (internship)	VA, US	Internship	2002

**Current Board Certification and Year of Certification/Recertification**

Physicians should not list non-ABMS or non-BOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

Primary/Subspecialty	Year
Physical Medicine and Rehabilitation	2016

**Area of Practice**

Area Of Practice	Primary
Physical Medicine and Rehabilitation	Yes

**Current Membership in Medical Professional Organizations**

Membership
American Academy of PM&R

**Honors & Awards**

Honor/Award	Given By	Date
None Reported		

**Public Service**

Name of Clinic	Service Description	Date
None Reported		

**Current Academic Appointments**

Title	Institution	City, State, Country
Assistant professor of PM&R	Carolinas Medical Center	Charlotte, NC, US

**Publications**

Title
None Reported

## Section 1: Adverse Actions

### North Carolina Medical Board Public Actions

Date	Description	Link
None Reported		

### Other Regulatory Board or Agency Public Actions

Date	Name of Board/Agency	Action Taken	Link
None Reported			

### Health Care Institution Suspensions and Revocations

Date	Health Care Institution	Action Taken
None Reported		

## Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

### North Carolina Medical Board Reentry Agreement

Date	Description	Link
None Reported		

### North Carolina Special Purpose Licensing Agreement

Date	Description	Link
None Reported		

### Malpractice Information

Incident Date	Payment Date	Area of Practice	City, State, Country	Response
None Reported				

### Misdemeanor/DUI/DWI Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			

### Felony Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			

Information loaded from this database is current as of 5/11/2026 1:04:16 AM