

Licensee Information

Benjamin Burke Rothrauff - MD

License #: 2025-01787 **License Status:** Active **Public Action:** No
Issue Date: 06/10/2025 **Renewal Date:** 09/26/2026

Active Supervisees

Name	Type	Status	Approved
Aleccia, Kristen Ann	Physician Assistant	Active	01/28/2026
Epstein, Melissa Anna	Physician Assistant	Active	08/18/2025
Norvell, Reagan Frances	Physician Assistant	Active	04/20/2026

North Carolina Hospital Admitting Privileges

Location

Atrium Health Mercy

Out of State Active/Inactive Licenses

State

Colorado

Pennsylvania

Out of Country Active/Inactive Licenses

Country

None Reported

Address

Atrium Health Musculoskeletal Institute Sports Medicine
 3030 Randolph Rd
 Ste 105
 Charlotte, NC 28211
[704-863-4878](tel:704-863-4878)

Information

Days patients are seen at this practice:

Practice philosophy:

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

Participates in Medicare:

Accepting new Medicare patients:

Participates in Medicaid:

Accepting new Medicaid patients:

provide clinical services (e.g. Hindi, Spanish):

Uses electronic medical records:

Medical School

School	Graduation
University of Pittsburgh School of Medicine [Pittsburgh, PA]	2017

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
Steadman Philippon Research Institute	Orthopedic Sports Medicine	CO, US	Fellowship	2025
University of Pittsburgh Medical Center	Orthopedic Surgery	PA, US	Residency	2024
University of Pittsburgh Medical Center	Orthopedic Surgery	PA, US	Internship	2020

Current Board Certification and Year of Certification/Recertification

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

Primary/Subspecialty	Year
None Reported	

Area of Practice

Area Of Practice	Primary
Orthopedic Sports Medicine	Yes

Current Membership in Medical Professional Organizations

Membership
None Reported

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
None Reported		

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			

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