



Annapolis
Foot & Ankle
Center

News and Updates

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Scar Tissue Means Well

About the Doctor

Eric S. Harmelin, DPM



Dr. Harmelin grew up in South Florida. He received his Bachelor of Science degree from the University of Florida. He then went on to earn his Doctor of Podiatric Medicine from the Barry University School of Podiatric Medicine in Miami. He completed a three-year surgical residency at South Miami Hospital/Baptist Health Systems in South Miami, Florida, and began private practice in 2000 in Fort Lauderdale. Dr. Harmelin joined the team at Annapolis Foot and Ankle Center in 2010.

Dr. Harmelin is a licensed podiatric surgeon in Maryland and is board-certified by The American Board of Foot and Ankle Surgery. He is also affiliated with the Maryland Podiatric Medical Association and the American Podiatric Medical Association. He is the chief of Podiatric Surgery at Anne Arundel Medical Center. Dr. Harmelin has a special interest in wound care/limb salvage and reconstructive surgery.

In his spare time, he enjoys playing tennis and spending time with his family.

Scar tissue is a natural part of the body's healing process. When healthy tissue is damaged, tougher, fiber-like tissue grows in its place to shore things up — scar tissue. If the body's immune system produces it in excess, however, that complicates matters.

Excessive scar tissue can restrict movement, irritate neighboring nerves, impede circulation near the injured area, and cause stiffness, continual inflammation, and pain. Everyday activities like walking can become a chore; balance issues may pop up too. Common causes of scar tissue problems in feet and ankles include severe ankle sprains, fractures, surgery, infection, and prolonged immobilization.

In some cases, scar tissue development is spurred by a lengthy lack of joint activity due to injury or surgery. We can't stress it enough: Have significant foot and ankle injuries checked out and treated by a podiatrist, and diligently follow the specific rehab plan for your situation to improve your long-term outcome.

It's important to note that mild stiffness following foot or ankle surgery is common during the early recovery phase. However, if it doesn't improve over time, or worsens, excessive scar tissue may be the culprit. X-rays, an ultrasound, or an MRI will be necessary to rule out other sources of stiffness and pain, such as arthritis, cartilage injuries, loose bodies, or anterior ankle impingement.

The following options may be pursued to treat scar tissue discomfort:

- Physical therapy
- Compression stockings or wraps
- Massage therapy to improve circulation
- Corticosteroid or Botox injections to relax muscles and relieve discomfort and swelling
- Minimally invasive surgery if conservative measures fail

Persistent foot or ankle discomfort is your cue to contact our office. A thorough exam, accurate diagnosis, and effective treatment will improve your quality of life.



The Bogeyman Cometh!

Golf's benefits include exercise, the enjoyment of nature, and the satisfaction of a well-struck shot. However, a golf swing requires repeated weight shifts, proper balance, and good foot function. When they're lacking, your feet, ankles, and score often pay the price. A golf course's uneven terrain can also take its toll: miles of walking (for non-cart players), uphill and downhill slopes, and forays into wooded areas and sand traps.

For golfers, plantar fasciitis, Achilles tendonitis, stress fractures, and ankle sprains lurk in the shadows. Repetition is a big factor in lower-extremity golfing injuries, highlighting the importance of proper golf footwear. Golf shoes should provide ample arch support and good cushioning to absorb shock from walking and swinging. Well-designed cleats can prevent excessive foot rotation on golf swings; however, if they grip too well, that puts undue pressure on joints. Proceed with caution.

Biomechanical deficiencies are contributing factors to injuries too — for example, overpronation (feet rolling in) or excessive supination (rolling out). That's where custom orthotics can be invaluable. If you already use them in "street shoes," transfer them to your golf shoes. In some cases, however, orthotic devices may need to be specially designed for golf shoes. Custom orthotics provide support, improve alignment, alleviate pressure, distribute weight evenly, and reduce the risk of injury.

Stretching and dynamic warm-up exercises for feet and ankles prior to playing are highly beneficial. For those with the means, a professional golf instructor can assess swing mechanics in relation to foot or ankle issues.

If you experience prolonged foot or ankle pain or swelling; a change in your gait or golf swing due to discomfort; or worsening symptoms despite rest, it's time to contact our practice for a thorough evaluation.

Mark Your Calendars

- Aug. 1** Disc Golf Day: Ed Headrick designed the modern-day Frisbee with Wham-O in 1966, then the first "disc pole hole" (chains and basket) in 1975.
- Aug. 7** Purple Heart Day: President Kennedy is the lone president to receive the Purple Heart.
- Aug. 8** NFL Hall of Fame Enshrinement: The radio-receiver helmet was first utilized in 1956, then banned, then reinstituted for good in 1994.
- Aug. 11** Presidential Joke Day: *Teacher: Johnny, are you familiar with Lincoln's Gettysburg Address? Johnny: No, Mrs. Wilson. I thought he lived in Springfield, Illinois.*
- Aug. 15** Tomatoes Galore Day: "Knowledge is knowing a tomato is a fruit; wisdom is knowing you shouldn't put it in a fruit salad." — *Miles Kingston*
- Aug. 20** Radio Day: The first radio sports broadcast was the 1921 World Series.



Oh, My Papaya!

Ripe, soft, sweet papayas are a treat any time of year. They are chock-full of vitamins; packed with magnesium, potassium, copper, and fiber; and storehouses of antioxidants. But there's more....

Papaya trees grow anywhere from 10–30 feet tall. But, botanically speaking, they're not trees. Because they lack a woody bark, they're classified as herbs! This herb consists of a single unbranched trunk that's topped off with a canopy of large, palmately lobed leaves. And the papaya itself is a berry, not a fruit. The average weight of commercially grown papayas is 1–5 pounds. Normally, an herb dropping a berry on your head sounds like no cause for alarm. However, a five-pound berry plummeting from a 20-foot herb is a different story.

Papaya is versatile too. It has a high pectin content, making it desirable for jams, jellies, and preserves. A ripe papaya's black seeds taste like black pepper and are used as such in some countries. The enzyme papain in papaya is utilized to manufacture chewing gum and as a beer clarifier and meat tenderizer. In addition, the trunk of the "tree" is a common component of ropes. People with a latex allergy are more likely to be allergic to papayas, too, as papayas share a similarly structured protein that the immune system can misidentify.

As of 2025, India is far and away the world's top producer of papayas, at over 5.34 million metric tons per year. A metric ton ("long ton") is 2,204 pounds; a U.S. ton ("short ton"), 2,000 pounds. The Dominican Republic, Mexico, Brazil, and Indonesia follow in India's wake.

Hawaii is the lone U.S. commercial producer, and its volcanic soil gives their papayas a distinct and highly sought-after flavor.



Back-to-School Mediterranean Lunch Bowls

These Mediterranean bowls make the perfect meal prep lunch for growing teens (and adults)!

Ingredients

- Farro (an extra-nutritious whole grain; pearled farro cooks faster; rice or quinoa works too)
- Chicken breasts (or chicken thighs or chicken leftovers)
- Lemon-oregano marinade (infuses chicken with tons of flavor)
- Cherry tomatoes (or any chopped tomato)
- Cucumber
- Olives (Kalamata or your favorite variety)
- Red onion
- Tzatziki sauce (store-bought or check out the easy homemade recipe below)
- Feta cheese to sprinkle over the bowl

Directions

1. Marinate the chicken. In a zip bag, combine the chicken breasts with olive oil, lemon zest, lemon juice, garlic, oregano, salt, and pepper. Place the bag in the fridge and marinate it for at least 20 minutes, ideally 4 hours or overnight.
2. Cook the farro. Cook farro similarly to rice: in a pot with water or stock. Simmer for 30 minutes until tender.
3. Cook the chicken. Now, cook the chicken in a hot skillet for about 7 minutes per side. It's cooked when the internal temperature reaches 165°F.
4. Slice the chicken. Transfer the chicken to a plate and wait 5 minutes before slicing.
5. Make the tzatziki sauce. If you're making tzatziki sauce at home, start by grating the cucumber. Squeeze any excess moisture before combining it with grated garlic, yogurt, salt, lemon juice, and dill. Stir to combine and refrigerate until ready to pack.
6. Pack it for lunch. Make a base of farro in each lunch container. Then you add chicken, tomatoes, cucumber, olives, red onion, and feta cheese. Pack the tzatziki sauce in small leak-proof containers. Refrigerate for up to 3 days.

Recipe courtesy of www.momables.com.



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Children, Pigeons, and Ducks

Intoeing and outtoeing are conditions experienced by young children that parents sometimes find unnerving. Intoeing ("pigeon-toed") is when a child's feet are angled inward, toward each other, instead of being pointed straight ahead when standing or moving. Outtoeing ("duck-footed") is the opposite: Feet are angled out, away from each other.

Intoeing occurs more frequently than outtoeing and can affect one foot or both. Many young kids are intoed. The source of the condition typically doesn't originate in the feet. In most cases, shin bones (tibia) or thigh bones (femur) turn inward, forcing all points below to do the same. A baby's positioning when it was in its mother's womb is often the cause, although the condition can run in families too.

If adults develop intoeing or outtoeing, it's usually a result of surgery on the hip, knee, or foot or the development of muscle tightness or weakness.

A condition that can mimic intoeing in children is metatarsus adductus, a foot defect that's noted for the front half of the foot pointing toward the other foot, giving the foot a bean or banana shape. Casts or corrective shoes will likely be called for at 6–9 months of age and have a high success rate.

Here's the good news: Most cases of intoeing and outtoeing resolve on their own by age 4. If a child is not experiencing pain, is able to keep up with the other kids, and is not taking an inordinate number of tumbles, they're typically fine. If the condition sticks around past age 8, contact our practice to schedule a comprehensive evaluation.