Annapolis Foot & Ankle Center

News and Updates

September 2026

Tipping Points for Bunion Surgery

According to the American College of Foot and Ankle Surgeons, bunions are a nemesis for 23% of the adult U.S. population — 36% for those over age 65.

A bunion forms when the first metatarsal bone (long bone, top of foot) shifts outward and the big toe drifts inward, producing a bony bump at the base of the big toe. This misalignment of the big toe joint progresses — hopefully slowly — and over time can become increasingly prominent, inconvenient, and painful. Sometimes bunions are sensitive to pressure from shoes, walking, and even bedsheets and blankets resting on top of one.

Bunions are frequently inherited, but ill-fitting shoes, prolonged standing, and certain foot types accelerate their development. Conservative treatment is the first course of action, but conservative treatment doesn't correct the underlying misalignment. Its purpose is to alleviate pain, slow progression, and improve one's quality of life.

Custom orthotics, padding and splints, footwear modifications, anti-inflammatory medications and injections, and physical therapy can often delay surgery and maybe even help a person avoid it entirely — but surgery is sometimes a necessary last resort.

Here are some bunion surgery tipping points:

- Conservative treatments yield no improvement.
- Chronic pain develops and interferes with quality of life.
- The bunion impacts other toes, foot structure, or changes your gait (e.g., hammertoes, bursitis, corns, increased pressure on other joints).
- Stiffness, decreased movement, and arthritis of the big toe joint develop.
- Finding comfortable footwear becomes a pipedream.

Many bunion surgeries are minimally invasive and offer a quicker return to normal activities compared to traditional ("open") surgery. In some scenarios, open surgery may be necessary.

If your bunion is commanding more of your attention, bring it to our attention. Schedule an appointment with our practice today.

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.

Plantar Warts Are Sole Survivors

Plantar warts are caused by a strain of HPV (human papillomavirus) and crop up on the sole of the foot. The virus frequently invades the skin through tiny, inconspicuous cuts and abrasions.

Teens tend to be more susceptible to plantar warts, but anyone who walks barefoot in warm, moist environments such as locker rooms, communal shower areas, and swimming pool decking — tropical paradises for the virus — is at risk. This is the most common route for the virus to spread.

Plantar warts are typically hard and flat, have well-defined boundaries, rough surfaces, and when left untreated can grow up to one inch in circumference. They are often grayish or brownish in color with pinpoints of black in the center (clotted blood vessels). Single warts can spread into clusters.

Plantar warts sometimes become painful, especially when they're centered on weight-bearing areas of the foot, such as the ball of the foot or heel. When a person compensates for the pain by subtly changing their walking pattern, new discomfort can pop up.

In many cases, plantar warts disappear on their own, although they often return for repeat engagements. Generally, self-treating a plantar wart with over-the-counter products containing acids or other chemicals to destroy it is not advisable — healthy tissue frequently gets caught in the crossfire. Diabetics should never self-treat.

If a plantar wart is causing you grief, give our office a call. Weapons in our treatment arsenal include cryotherapy (freezing the wart with liquid nitrogen); laser therapy, which burns off tiny blood vessels, thus starving the wart; a wart-removal preparation prescribed and supervised by our office; or minor surgery utilizing an electric needle to remove the wart.

Mark Your Calendars

Sept. 7 Labor Day: For many, this day marks the end of summer — and the official kickoff to football season!

Sept. 11 Patriot Day: Six people were killed and over 1,000 injured in the first terrorist attack on the World Trade Center in 1993.

Sept. 11 Rosh Hashanah (begins sundown): There are actually four new years in Judaism: Rosh Hashanah (calendar new year), Nisan (biblical/religious), Elul (animal tithes), and Shevat (trees).

Sept. 13 Grandparents Day: President John Tyler's last grandchild died in May 2025. Tyler was born in 1790.

Sept. 22 First day of autumn: No film with "autumn" in its title has ever won any Oscars; "fall" has won a few.

Sept. 24 Punctuation Day: The symbol # is used for the pound sign, number sign, and X hashtag. It's called an "octothorpe."

An 'A' in Recess Has Merit

School recess is essential — a vast amount of research says so. Sadly, many schools are lengthening classroom time at the expense of recess. The thought is that doing so better prepares children for success in a rapidly changing world. The truth is, eliminating recess is more detrimental than beneficial.

Whether recess takes place outdoors or indoors, it is "recharge" time for the brain — a break from the concentrated academic challenges of the classroom. Kids come back to class with renewed focus and are more productive even after a short period of unstructured play, which should sit well with teachers too.

The brain also stores new information in delicate "traces" that need strengthening. Physical activity helps pull all the pieces together and store them in a more accessible fashion.

Children frolicking on the playground enhances social development. It's one of the few times they interact with their peers under less rigorous conditions, free of pesky teachers. They build valuable negotiation, problem-solving, sharing, and cooperation skills, as well as coping skills such as self-control and perseverance.

And they don't need teachers or playground aides organizing recess activities. Observing from a distance is recommended, to spot bullying or dangerous actions; otherwise, kids should handle all details of play.

Recess also provides exercise for kids and comprises a nice chunk of the CDC-recommended 60 minutes of physical activity per day. It might even contribute to reducing the time kids spend on sedentary ventures like TV, video games, and social media. Outdoor play also ramps up vitamin D intake, which improves mood and brain development.

School recess offers students cognitive, social, emotional, and physical benefits. It shouldn't be cast aside — it should be regarded as a worthy part of the curriculum.

Skillet Vegetable and Egg Scramble

Servings: 4; prep time: 30 min.; total time: 30 min.

Nearly any vegetable will work for this easy and delicious skillet recipe, so choose your favorites or use what you have on hand.

Ingredients

- 2 tablespoons olive oil
- 12 ounces baby potatoes, thinly sliced
- 4 cups thinly sliced vegetables, such as mushrooms, bell peppers, and/or zucchini (14 oz.)
- 3 scallions, thinly sliced, green and white parts separated
- 1 teaspoon minced fresh herbs, such as rosemary or thyme
- 6 large eggs (or 4 large eggs plus 4 egg whites), lightly beaten
- 2 cups packed leafy greens, such as baby spinach or baby kale (2 oz.)
- 1/2 teaspoon salt

Directions

1. Heat 2 tablespoons oil in a large cast-iron or nonstick skillet over medium heat. Add potatoes; cover and cook, stirring several times, until they begin to soften, about 8 minutes.
2. Add 4 cups sliced vegetables and scallion whites; cook uncovered, stirring occasionally, until the vegetables are tender and lightly browned, 8 to 10 minutes. Stir in 1 teaspoon of herbs. Move the vegetable mixture to the perimeter of the pan.
3. Reduce heat to medium-low. Add 6 eggs and scallion greens to the center of the pan. Cook, stirring, until the eggs are softly scrambled, about 2 minutes.
4. Stir 2 cups leafy greens into the eggs. Remove from heat and stir to combine well. Stir in 1/2 teaspoon salt.

Recipe courtesy of www.eatingwell.com.

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Back-to-School Foot and Ankle Discomfort

A lot of kids experience foot and ankle pain within the first few weeks of a new school year. Between walks to the bus stop, recess, gym class, and after-school sports, some children's feet and ankles are jolted by the surge of activity following a leisurely summer, paving the way for muscle fatigue and pain.

A youngster accustomed to wearing sandals or going barefoot all summer might not adapt well, initially, to wearing regular shoes again too. Young children's feet can also sprout up two shoe sizes in one year — teens' feet, one shoe size. Last school year's shoes might not fit well anymore, and new shoes might need some time to achieve maximum comfort. Shoes that are too tight, too loose, or lack proper arch support open the door to blisters, ingrown toenails, and overall foot soreness. Improperly fitted shoes might also change a child's gait, leading to pressure shifts and potential strains or injuries to feet, ankles, and upward.

Heavy backpacks can change a child's gait, too, causing a shift in posture that initiates compensation issues in the back which work their way down to the feet. That can lead to plantar fasciitis, arch pain, and general fatigue. Make sure your child's backpack isn't overloaded. Both shoulder straps should be used to distribute weight evenly.

Playground activity and sports involve quick stops and starts, jumping, pivoting, cutting, and repetitive stress. If kids' conditioning lagged over the summer, ankle sprains and Achilles tendonitis may be the consequences.

Foot or ankle discomfort lingering beyond the first few weeks of the new school year should prompt podiatric attention. Contact our practice for skilled, effective, and compassionate care.