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## MEDICAL MULLIGANS™

*Views and insights on Golf & Medicine*

*[As seen in regional & national  
golf publications coast to coast]*

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### NERVOUS HABITS

ONE OF THE MOST common problems golfers encounter is generally referred to as the “yips.” Primarily and classically a problem with short putting, in extreme cases it can also affect all aspects of your game. It is described as either an involuntary shaking or otherwise lack of muscular coordination while attempting to perform a smooth stroke. This malady may well be responsible for more missed putts and more ruined golf careers than any other in golf!

Affecting golfers of all abilities, the yips have plagued even world-class golfers on the PGA Tour throughout time, and have been combated in various ways. Many have utilized sports psychologists while others have attempted a variety of new and bizarre putting grips or strokes. Perhaps the earliest known high-profile sufferers of this unfortunate condition were Ben Hogan and Sam Snead. Hogan eventually had so much difficulty putting, he suggested putts only count as a half-stroke. And Snead was eventually forced to employ a “side-saddle” stroke, which would be against the rules by today’s standards.

In more recent times, two-time green jacket recipient Bernhard Langer had more than one battle with the yips during the 1980’s. He employed a new putting grip each time they managed to creep back into his stroke, which eventually stabilized thanks to the introduction of the “long wand,” or “broom” as it has been called. He hasn’t had significant problems putting since. Other PGA Tour players who have suffered with the yips even more recently are Chris DiMarco and Mark O’Meara, among many others, each resorting to a most unusual grip as a result – enter the “claw.”

Many theories have been put forth, by a variety of medical, psychological, and golf instruction experts as to the exact cause for the yips. In the final analysis, it seems to likely stem from a combination of factors, some of which may be emotional, but are probably primarily physical, and probably a bit different for each golfer who is unfortunate enough to develop them.

Tim Simpson was previously quite successful on the PGA Tour, particularly in 1989-90, winning three times and achieving top-ten status on the money list both years. He was on top of his golf game, and the world. Then, almost as quickly as success had come, it began to fade. Simpson began having severe putting woes, mostly on short putts, specifically involving the left hand. He described a feeling of “not being able to draw the putter back” when he was attempting a short putt.

As time went on, he was seemingly making no progress. Many different diagnoses were considered by different doctors, including the possibility of long-term neurological side effects from Lyme disease, which he had been stricken with in 1991. Eventually, it was assumed to be a severe case of the yips, and he proceeded to solicit help and advice from a variety of health professionals, as well as other people and sources.

Simpson continued to have problems with his putting, and nothing he attempted seemed to be working. He eventually lost all confidence in his game, and soon began to question whether he would ever be able to play again with *any* enjoyment, let alone at the highest level.

Not one to give up, he sought more medical advice and it was not until last year that he was finally diagnosed with a syndrome called *benign essential tremor*, also known as *familial tremor*. Though there seemed to be nothing “benign” about it, it was true that several other members of his family had also been diagnosed with the same condition.

Benign essential tremor, medically defined as a “movement disorder,” has an uncertain cause, but seems to be inherited in about half the cases – thus the name “familial.” Commonly thought of as a disease of the elderly, it can actually begin at *any age*. This rapid, fine tremor usually involves one or both hands, the head, or both, while generally sparing the legs. It is made worse by emotional stress, but also with sustained postures and/or intentional movement. Now, that sounds remarkably like all the factors involved in putting!

Importantly, this condition is not associated with any other abnormalities, unlike other movement disorders such as *Parkinson’s disease*. The tremor usually becomes more noticeable with time, but generally leads to little or no actual physical disability, so treatment is often not needed. But occasionally, it can cause significant interference with certain motor skills, leading to impairment of handwriting ability – or putting.

For unknown reasons, the consumption of alcohol can bring about dramatic, albeit short-lived relief from the tremor. There are obviously far better long-term treatments, when needed, for benign essential tremor. These mostly involve oral medications, but for unresponsive cases, other procedures can be attempted, including high-frequency stimulation of certain parts of the brain. Simpson eventually underwent this procedure.

Now, with an accurate diagnosis of his condition and appropriate treatment, at the age of 49, Simpson is enjoying somewhat of a resurgence of his career, having some measure of success on the Nationwide Tour. But most of all, and by his own account, he’s happy simply to be enjoying the game again, and to once have it be part of his life.

If you’re experiencing uncontrolled shaking of your hands, arms, or head, it’s important to see your doctor so you can be diagnosed early and accurately. While it could be simply a case of the yips, it could also be something more – like benign essential tremor.

And if it *is* the yips, don’t fret. Try different putting grips and/or putters, or adding more weight to your putter to smooth out your stroke. And on those dastardly three-footers, just make it uncomplicated. Simply stand over the putt, visualize the ball going in the hole, reminding yourself of all the times you’ve made similar putts, and then let it go – listening to, rather than watching the ball go into the cup. I know, much easier said than done.

