Case reports

Acupuncture for treatment of the yips? – a case report

Palle Rosted

Abstract
A 65 year old golfer with the yips was treated with acupuncture at GV20, EX-HN-1 (Si Shen Cong) and TE5. The symptoms disappeared after one treatment and no relapse has occurred in the 24 months’ follow up. Although it cannot be determined whether the effect in this case occurred from neurological stimulation or was the result of expectation, acupuncture may be worth trying in patients with the yips since this condition is otherwise difficult to treat.

Keywords
Acupuncture, the yips, golfer’s cramp.

Case history
A 65 year old man who has played golf for more than 30 years presented for treatment of the ‘yips’. The yips or golfer’s cramp is a motor phenomenon of involuntary movements affecting golfers, making certain strokes, especially putting, all but impossible.\(^1\)

In more general terms, the yips are described as involuntary jerks, tremors, freezing of the hands, muscle contractions and spasms. They frequently cause twisting or repetitive movements or abnormal posture, and predominantly affect the distal part of the upper extremity.

In the patient’s case, the symptoms were most frequent during putting. They started two years previously, for no apparent reason. In particular the patient was in balance emotionally and could not recall having exhausted the muscles in his forearms before developing the condition. He is an accountant and does not undertake any heavy manual work. He has no history of mental illness, or neck, shoulder or elbow problems. During the attacks, he feels that his upper extremities are frozen when he is making a short putt. Initially, he tried to solve the problem by changing to the left hand (he is right handed), without success. He has never tried relaxing medication or had any form of psychotherapy, and was not taking medication at the time of the consultation. On average he was playing golf three times a week and had a handicap of 14.

On examination, the patient was calm without signs indicating nervousness. No abnormality was found in the neck, shoulder or elbow. On palpation of the wrist area, moderate tension was found in the region of TE5, but no other abnormality. Movements of neck, shoulder, elbow and wrist were normal, and no neurological abnormality was found.

Despite the fact that the patient did not show any obvious signs of nervousness, it was decided to approach both the psychological and the muscular component of the yips. Acupuncture treatment was given to GV20, EX-HN-1 (Si Shen Cong; four points 1 cun away from GV20) and TE5. After insertion, the needles were rotated clockwise and anti-clockwise for three to five seconds and left in situ for five minutes without any further stimulation. On the following visit a week later, the patient claimed that his symptoms had disappeared. He had been on the golf course three times, and had not experienced any sign of the yips.

The patient received a similar acupuncture treatment on his second visit, and on his third appointment he claimed to be still without symptoms. As it was suspected that the patient might have a component of anxiety, despite his claim to be calm and relaxed, it was decided to continue the treatment for a few weeks on a fortnightly basis to a total of five treatments. The same treatment was given on each occasion. A follow up by phone call six, twelve and 24 months after termination of the acupuncture
Many attempts have been made in the past to control the problem, such as changing the grip, using a long putter, and treatment with tranquilizers or beta blockers, depending on whether it is the dystonia or the anxiety that is considered to be the dominant component in the patient’s symptoms. However, none of the suggested treatments appears to be effective in all patients and all new treatment approaches must be considered a bonus.

In this patient who had been experiencing the yips for two years without responding to various treatment approaches, the symptoms disappeared after a single acupuncture treatment and did not return within the two year follow up period. Obviously a placebo effect cannot be excluded, and the finding in this case report needs to be verified using a larger number of patients and ideally a control group.

Without a clear understanding of the cause of the yips, acupuncture’s possible mode of action is only speculative. One could argue that patients suffering from the yips might have developed myofascial trigger points in one or more of the muscles controlling the movement of the lower part of the arm. In this patient a slight tenderness was found in the region of TE5 and a needle was inserted in the point. Whether this is the explanation for the patient’s ‘cure’ is unclear. It is a general impression among doctors practising acupuncture that acupuncture can inactivate myofascial trigger points, but proof is still missing.  The only positive finding on examining this patient was some tenderness in the region of TE5, and the success of acupuncture at this point is compatible with the possible role of myofascial trigger points.

There seems to be some agreement that both the neurological disorder of dystonia and performance anxiety play a vital role in the yips, and it was therefore decided to approach the anxiety component as well. The literature regarding the use of acupuncture for stress and anxiety is scanty, however, Rosted and Bundgaard have shown that acupuncture to GV20 and EX-HN-1 (Si Shen Cong) five minutes before dental treatment can reduce dental fear. It is believed that serotonin and noradrenaline are involved in this process.

A case of the yips responding to acupuncture is presented. Whether this is a real effect or just suggestion needs to be established involving more patients under controlled circumstances. However, as no standard treatment for the yips exists, acupuncture might be worth trying.

**Reference list**

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