

EXPERIENCE OF CZECH ELITE TRAMPOLINISTS AND THEIR COACHES WITH LOST MOVE SYNDROME

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Abstract

This exploratory qualitative study explored the experience of Czech elite trampolinists and their coaches with Lost Move Syndrome (LMS). Six in-depth semi-structured interviews were conducted with three trampolinists (aged from 13 to 20 years) and their coaches (aged from 45 to 46 years with coaching experience ranging from 20 to 28 years). Statements were analysed using interpretative phenomenological analysis. The results contributed to the mapping of this essential but not well-described phenomenon in the literature, showing, in particular, the significant variability in the perceived causes of LMS. Physical manifestations of LMS in individual trampolinists were quite different. Fear and misunderstanding of LMS were common psychological issues in all trampolinists. At the same time, there were significant differences between the experience of LMS by trampolinists and their coaches. The most crucial factor for understanding LMS appears to be personal experience with LMS. The results may be helpful for coaches in practice or sports psychologists to understand trampolinist's experience of LMS further.

Keywords: *Lost Move Syndrome, Lost Skill Syndrome, trampoline jumping, interpretative phenomenological analysis*

INTRODUCTION

Lost Move Syndrome (LMS) remains a perplexing phenomenon, not only for trampolinists and their coaches but also for researchers (Heinen, Ghesneh, & Fink, 2016). It is a psychological condition in which an athlete is suddenly unable to perform a movement that was previously automatic (Day, Thatcher, Greenlees, & Woods, 2006). This experience has affected elite athletes, such as double Olympic trampoline medalist Bryony Page and gymnast Simone Biles. LMS can occur in various sports, including javelin throwing (Collins, Morris, & Trower, 1999), as flikkikammo in artistic gymnastics and cheerleading (Maaranen, Van Raalte, &

Brewer, 2020), dartsitis in darts (Przyborowski, 2023), target panic in archery (Prior & Coates, 2020; Rooke, 2023), and yips in golf (Adler et al., 2003; Clarke, Sheffield, & Akehurst, 2015; Klämpfl, Lobinger, & Raab, 2013). The term Lost Move Syndrome is commonly used in relation to trampoline, gymnastics, and diving (Bennett, Hays, Lindsay, Olusoga, & Maynard, 2015). The literature also references an equivalent term, Lost Skill Syndrome (LSS). Additionally, this condition is sometimes called Temporary Skill Confusion, emphasizing its temporary nature, suggesting it is a solvable problem

rather than a permanent loss of skill (Heinen et al., 2016).

There are only a few studies investigating trampolinists' experiences with Lost Move Syndrome (LMS). Previous research has explored the emotional, cognitive, and physical components associated with trampolinists' experiences of LMS (Bennett, 2015). Some investigations have linked LMS to the yips, a psychoneuromuscular dysfunction that occurs during the execution of strokes in golf putting (Smith et al., 2003). This research has focused on the association between personality traits—such as perfectionism, rumination, and reinvestment—and the occurrence of LMS or yips in athletes (Bennett et al., 2016).

There is also no consensus among researchers regarding the classification of LMS. In the study by Silva (1994, as cited in Day et al., 2006), LMS was classified as a sports performance phobia, manifesting as a fear of specific movements. Bennett, Bickley, Vernon, Olusoga, and Maynard (2017) suggested that, due to the emotional experiences and coping mechanisms athletes use to manage LMS, it shares similarities with trauma-related disorders. Bennett and Maynard (2017) further proposed that LMS may be a form of anxiety disorder.

To the best of our knowledge, this is likely the first study on this topic conducted in Czechia. The research aimed to explore the personal experiences of elite trampolinists and their coaches with Lost Move Syndrome (LMS). Specifically, we focused on the components that accompany

the onset and progression of LMS, as well as the protective and harmful factors that influence the recovery process. The final objective was to identify the strategies used by trampolinists and their coaches to mitigate the effects of LMS.

METHODS

Given the research aims, questions, and the number of elite athletes with LMS experience, a qualitative research design was chosen. This was carried out through six in-depth, semi-structured interviews, which were analyzed using interpretative phenomenological analysis. Participants were recruited via purposive sampling. The inclusion criteria for trampolinists in the study were based on at least one of Tenn's (1995, as cited in Day et al., 2006) diagnostic criteria for LMS: a) an inability to take off for at least one somersault when previously able, b) an inability to perform a somersault with a specific degree of twist when previously able, c) switching to a different move midway through when previously able to perform the desired move, or d) an inability to land a particular move when previously able. It was necessary that at least one of these criteria had been met within the last two years and was not the result of a previous injury. The researcher assessed this fulfilment based on observations during training/competitions, reports from the trampolinist's coach, and self-reports from the trampolinist. Thus, six participants were included in the study, as shown in Table 1:

Table 1:

Information about participants

Trampolinist	Gender	Age	Length of sports training (in years)	Coach	Gender	Age	Length of coaching experience (in years)
Participant 1	M	20	10	Coach 1	F	45	22
Participant 2	F	20	11	Coach 2	M	46	> 20
Participant 3	F	13	9	Coach 3	F	46	28

All trampolinists had experience in international competitions, and pseudonyms were used to protect their identities. The interviews ranged in length from 35 to 95 minutes. The analysis followed the procedure outlined by Smith and Fieldsend (2021). The process began with the researcher's personal reflection on the topic, followed by a pilot interview, which was later included in the data analysis. Each interview was transcribed verbatim, and descriptive notes were added to the text, with in vivo coding applied multiple times. After completing the first interview, the remaining interviews followed the same process.

To ensure validity and trustworthiness, another psychologist and the thesis supervisor had access to the interviews and field notes to maintain objectivity.

RESULTS

Data analysis was conducted separately for the trampolinists and their coaches. In the final stage, differences in the perception of LMS experiences between the trampolinists and their respective coaches were discussed. Several main themes emerged from the analysis: causes, manifestations, factors influencing the course of LMS, consequences, recovery strategies, and sources of information (the latter applicable only to coaches). Table 2 presents the themes that emerged from the interviews.

Trampolinists:

There was considerable variability in the perceived causes of LMS in trampolinists. A common element among all participants was that they were experiencing a subjectively challenging period at the time LMS developed. Participant 1 attributed the causes to the sporting environment, citing overtraining, technical errors in skill execution, and changes in body center of gravity due to physical activity. In contrast, Participant 2 identified causes outside the sporting environment, including a long break from training due to COVID-19

restrictions, low self-esteem, and significant life changes. Participant 3 mentioned a diagnosis of crossed eye and hand laterality by a psychologist, along with mental overload from learning numerous new skills.

The manifestations of LMS were categorized into physical and psychological. The physical symptoms varied across participants. Participant 1 unintentionally performed three and three-quarter front flips instead of a triple front flip, and the LMS spread from one skill to others. Participant 2 experienced muscle stiffening, which prevented her from initiating or executing the affected skill properly, particularly forward somersaults with twisting rotation. She also reported tremors and chest tightness before attempting the affected skills. For Participant 3, the primary physical manifestation was unintentional backflips.

The psychological manifestations were predominantly linked to negative emotions. Participant 1 was the only one to report a positive emotion, describing joy at encountering a new challenge. Common psychological reactions across all trampolinists included fear and confusion: *"Mostly, I did not understand it... I thought it was unfair. I was like, why, why me, why. Like what I am, what I did..."* (Participant 2). The fear stemmed from a loss of control over their bodies, the risk of injury, and concerns that they might never overcome LMS, potentially leading to the end of their athletic careers. For Participant 3, the fear extended to the sport itself, as she felt anxious just at the mention of the training hall. Additional psychological manifestations included fatigue, anxiety, guilt toward the coach, feelings of having a foreign body, issues with backward rotation, and a sense of disconnection between the brain and body: *"...like I had a foreign body, and my brain was not cooperating with my body. I didn't even know why it was happening. My body felt like a stranger to me"* (Participant 3).

Table 2:

Higher-order and lower-order themes from the interviews with trampolinists and coaches

Higher-order Themes	Lower-order Themes Trampolinists	Lower-order Themes Coaches
Perceived causes	Overtraining (P1) Technical error in skill (P1) Change in centre of gravity (P1) Many changes in life (P2) Low self-esteem (P2) Long pause (P2) Mental overload (P3) Crossed eye and hand laterality (P3)	Change in body constitution (C1) Personality characteristics (C1, C3) Lack of rest (C1) Environmental influences (C2) Weight Loss (C1) Marijuana (C1) Overthinking (C2) Over-motivation (C2) Overtraining (C3) Pressure of difficulty (C3)
Manifestations	Physical (P1, P2, P3) Psychological (P1, P2, P3)	Physical (C1, C2, C3) Psychological (C1, C2, C3) Psychological in coaches (C2, C3)
Factors influencing LMS	Competitions (P1, P2) Pressure to perform (P1) Fatigue (P2) Stress (P2)	Stress (C1) Pressure (C1) Relationships (C1) Gender (C1) Coacher's own experience (C2, C3) Covid-19 (C2) Self-confidence (C2) Mood (C3)
Consequences	Negative (P1, P2, P3) Positive (P1, P2, P3)	Negative (C2) Positive (C1, C2, C3)
Recovering strategies	Nonfunctional (P1, P2, P3) Functional (P1, P2, P3) Partially non/functional (P2, P3)	Nonfunctional (C1, C2, C3) Functional (C1, C2, C3) Partially non/functional (C1, C3)
Sources of information		Psychologist (C1) Internet (C1) Other coaches (C1, C2, C3)

Note. P1 = Participant 1, P2 = Participant 2, P3 = Participant 3, C1 = Coach 1, C2 = Coach 2, C3 = Coach 3

Participants 1 and 2 identified competitions, performance pressure, fatigue, and stress as factors influencing LMS: "It is possible that the atmosphere [in a competition] is different, and the routine is different, which completely eliminated the manifestations of LMS for me..." (Participant 1).

Negative consequences included decreased training confidence and self-esteem, a negative impact on life, impaired competition performance or complete absence from competitions, and the feeling

that the trampolinist might never fully regain proficiency in the affected skill. As Participant 2 expressed, "... but it just symbolizes some sort of intrinsic value for me. Because when I have LMS, I feel like my self-worth is lower."

Despite these challenges, the LMS experience also highlighted the trampolinists' strengths, such as discipline, and taught them valuable skills, including working with fear and improving communication. Participants 2 and 3

reported increased confidence in their ability to handle future difficulties.

The strategies used to recover from or minimize the manifestations of LMS were categorized into three types: functional, partially functional, and non-functional. These strategies were tailored to address the main symptoms of LMS and were influenced by the coach's personality, the training process, the social environment, and other factors.

Neither Participant 1 nor Participant 2 found that additional training sessions during the training camp were beneficial. Participant 2's non-functional strategies were largely related to her social environment—such as watching other trampolinists in training who exhibited different manifestations of LMS. A prominent theme in Participant 2's interview was a lack of understanding from her social environment, especially from other coaches. She felt that while the coaches intended to help, their methods often exacerbated her issues: *"... I think all the coaches are trying to help me, but they just don't know how. Moreover, when they try to help, it sometimes makes things worse for me."* (Participant 2). Participant 2 also felt very uncomfortable training with another coach if her own coach was absent.

For Participant 3, taking a month's break from training proved counterproductive, as she felt even more fearful upon returning. She described her experience: *"... so I took like a month off, thinking it might help, and then when I came back, I was scared even to do a simple straight jump. I was like, 'I do even mind just standing in the middle of the trampoline.'" (Participant 3).*

For Participant 1 and Participant 2, unlike Participant 3, taking a break was also significant. Participant 1 took about a month off around the time of the interview to recharge for the new season. Participant 2 had a one-week break during LMS to rest from the trampoline environment.

Each trampolinist adopted specific training routines to address LMS. Participant

1 focused on performing more accessible skills and returning to basics. Both Participant 1 and Participant 2 used a foam pit in their training, which allowed them to practice affected skills without difficulty. Participant 2, due to her fear of injury, implemented strategies to ensure safety. She used throwing mats, placed catchers on either side of the trampoline, and relied on hand-catching assistance directly from the coach. Concentration techniques and visualizing a white wall with no thoughts also helped her.

Participant 3 employed various aids on the trampoline, such as colored wheels (about the size of a table setting) and different spotting blocks. She found visualizations particularly helpful for managing fear. Before each workout, she mentally chased away the "monster" that represented her fear.

Participant 2 worked with psychologists during her experience with LMS. She felt that while the psychologists helped her understand LMS, they were unable to eliminate the symptoms. Participant 3 also benefited from working with psychologists, finding their exercises helpful. However, she felt that sorting things out in her own mind was more effective. Social support was another crucial factor for her. The encouragement from her family was particularly positive, especially during breaks from jumping when her family engaged in other sports activities with her. Conversely, she was negatively influenced by other team members and the competition environment.

Coaches:

The development of LMS was perceived by the coaches as the result of a range of significant internal and external influences. They also noted causes related to past experiences with other trampolinists. Coach 1 mentioned factors such as changes in physical constitution, lack of rest, and marijuana use as potential causes for LMS. She also suggested a possible link between weight loss in adolescent girls and resulting

energy deficits. Coach 2 identified causes that were primarily external to the sporting environment. These included personal life changes for the trampolinist, such as a change of school or parental divorce, and external pressures from the surrounding environment. Over-motivation by both the trampolinist and the coach, as well as pressure related to the difficulty of routines and specific personality traits, were also mentioned as contributing factors.

Coach 1 reported physical manifestations similar to those described by Participant 1. However, the manifestations reported by Coach 2 and Coach 3 differed from those experienced by the trampolinists. Coach 2 observed behaviors such as reduced jumping and stopping before attempting the affected elements. Coach 3 believed she recognized the early signs of LMS before Participant 3 was aware of them. According to Coach 3, Participant 3 struggled to fully bounce into the skills and began to break down into simpler skills. Over time, Participant 3's condition deteriorated to the point where she could not stand on the trampoline without experiencing negative emotions.

In addition to the physical manifestations, the coaches noted several psychological symptoms observed in the trampolinists. These included loss of interest, negative emotions such as anger, sadness, fear, frustration, and helplessness, as well as feelings of misunderstanding, underestimation, and fatigue.

For Coach 1 and Coach 3, psychological manifestations also emerged as a theme. Coach 1 experienced inner restlessness and a fear of injury during training, which she attempted to conceal. Coach 3 felt peer pressure stemming from the expectation to assist Participant 3 effectively. Additionally, Coach 3 experienced regret and occasional guilt regarding the training practices she had implemented: *"I would even say at one point I felt guilt about it. Yeah, to the point where I was like, 'What do they [the trampolinist's parents] think? Am I to blame? We're*

struggling because I chose some bad training practices."

An important factor was the coaches' own experience with LMS. Two coaches shared that this experience led to a deeper understanding of the trampolinists. Coach 2 stated, *"I would say that really, if you haven't experienced it, you can't fully pinpoint or explain the feeling. It's something that someone who hasn't gone through it might not completely understand."* Similarly, Coach 3 remarked, *"Many coaches who haven't experienced it personally struggle to understand how challenging it is. They can't grasp the full extent of the difficulty."*

Both coaches felt that the LMS experience was non-transferable and challenging to explain. They also mentioned factors such as stress, pressure, interpersonal relationships, and the mood with which a trampolinist arrives at training sessions.

Participant 2's exclusion from the Czech national team was the only negative consequence mentioned by the coaches. However, the positive consequences of LMS were notable and can be categorized into those affecting the coach-trampolinist relationship and those affecting only the coach.

For the coach-trampolinist relationship, a strong friendship developed between Participant 1 and his coach. Coach 2 experienced improved open communication, while Coach 3 felt a deepening of mutual trust.

The LMS experience was significant for the coaches individually as well. Coach 3 gained insight into the complexity of working with individuals experiencing LMS, understanding that there is no one-size-fits-all approach.

Most strategies used to recover from LMS were classified as functional or non-functional; some could not be clearly categorized. Coaches described both strategies employed by the trampolinists and those used by the coaches themselves during training sessions.

Coach 1 identified listening to what the trampolinist wanted to jump, rather than

following a structured training plan, as a non-functional strategy. Coach 2 noted that it was counterproductive for the trampolinist to attempt the affected skills at every training session, as this could exacerbate frustration from repeated failures. Coach 3 found it dysfunctional to create pressure on Participant 3 and to be overly directive in her training approach. Another dysfunctional strategy involved downplaying the LMS symptoms and neglecting the trampolinist's feelings: *"Just not paying any attention to it, downplaying or simplifying the problem did not work. Saying things like 'It's going to be okay, come on,' without addressing feelings at all, was a poor approach."* (Coach 3)

Coach 1's strategy included communicating with the trampolinist outside of training sessions and ensuring that Participant 1 felt comfortable during training. Coach 3 found group training sessions to be preferable to individual ones, as they provided support from other team members. Other strategies employed were methodical skill progression, approaching the affected skill from a new perspective, explaining instructions differently, and using trampoline aids. Coach 2 observed that Participant 2 motivated herself with small things, such as buying a new leotard. Additionally, Coach 2 recommended that Participant 1 take two breaks from training during the LMS period, both of which were reported to be beneficial. However, the symptoms of LMS did not disappear after either break.

Source of information

All three coaches agreed that discussing LMS with other coaches is a valuable source of information. Coach 2 observed that LMS is frequently discussed at competitions, workshops, and other events. However, it is often concluded that LMS has various causes and manifestations, making it challenging to identify a single recovery method. Coach 3, on the other hand, felt that LMS is an under-discussed topic among coaches, despite its common occurrence. Coach 1 also used the internet and consulted

with a psychologist as additional sources of information.

In general, the perceived causes of LMS are similar across the two trampolinist-coach pairs. However, significant discrepancies emerged between the trampolinists' experiences of LMS and the coaches' perceptions of these manifestations. Coaches tended to focus more on obvious physical symptoms (e.g., low jumps), while athletes described their internal feelings (e.g., muscle stiffness, inability to move, chest tightness). Additionally, trampolinists reported more negative consequences of LMS than their coaches did. This discrepancy could suggest that coaches may be underestimating the severity of LMS's impact on athletes.

DISCUSSION

The results of the interpretative phenomenological analysis highlight the varied causes perceived by both trampolinists and their coaches. While the literature generally classifies LMS as a psychological condition (Day et al., 2006), this research reveals that physical factors—such as changes in the body's center of gravity or overall changes in body constitution due to growth or physical activity—are also identified as causes by trampolinists and coaches. Statements from both groups make it challenging to distinguish whether these factors are causes of LMS or manifestations of it. For instance, it is unclear whether excessive fatigue results from overtraining syndrome and thus contributes to LMS, or if it is a manifestation of LMS itself.

The causes, manifestations, and progression of LMS varied widely among participants. Although all three trampolinists met the diagnostic criteria for LMS, the physical manifestations experienced were quite distinct for each individual.

Consistent with Bennett et al.'s (2015) research, fear was identified as the most common psychological manifestation of LMS among trampolinists in our study. The literature does not reach a consensus on

whether this fear is specifically related to the risk of injury. In our study, Participant 2 explicitly described a fear of injury, while Participant 1 perceived danger from situations that could potentially lead to injury. This aligns with Day et al.'s (2006) research, which highlighted pressure from upcoming competitions as a significant source of stress.

The results suggest that personal experience with LMS is a crucial factor in understanding the condition. Both trampolinists and coaches who have experienced LMS firsthand believe in the non-transferability of this experience. Coaches with personal LMS experience might interpret their mentee's situation through the lens of their own experience. However, the manifestations of LMS can vary significantly, meaning that even with similar experiences, the perception of LMS may differ between coaches and trampolinists. Nonetheless, having personal experience with LMS contributes to a deeper understanding of trampolinists' challenges with the condition.

The analysis results suggest a potential issue with the involvement of psychologists in trampoline jumping. Cooperation with Participant 2 was significantly impacted by the psychologist's unfamiliarity with the trampoline environment. This highlights the previously noted need for psychologists to understand the specific context and demands of a sport to effectively collaborate with athletes (Williams, Butt, & Kavanagh, 2023).

There were disagreements among participants regarding communication about LMS. Coach 2 felt that the topic of LMS was sufficiently addressed. In contrast, Coaches 1 and 3 consistently believed that it did not receive enough attention. According to our participants, some coaches deny the existence of LMS. It was also noted in the interviews that excessive communication about LMS might lead to overthinking, potentially exacerbating the condition. This aligns with Bennett et al.'s (2016) findings that trampolinists with higher rumination

scores have a higher prevalence of LMS. The suggestion that overthinking might contribute to LMS indicates that some coaches are implicitly aware of the increased likelihood of LMS in athletes who ruminate more. However, this knowledge seems to be based on experience rather than formal understanding.

The mechanism of LMS development is not well described in the literature, nor is it widely understood in the sports environment. This is evident from the lack of emphasis placed on the initial manifestations of LMS by the trampolinists interviewed in this study. Overall, there appears to be a scarcity of scientific literature on LMS, leading coaches to rely on peer experiences and the insights of other coaches to form their understanding of the condition.

A limitation of this study is the small number of participants, which means the findings cannot be considered theoretically saturated. Including additional trampolinists and coaches would likely yield more comprehensive results. Another limitation is the significant age difference among participants, particularly among trampolinists. Different developmental stages (e.g., psychomotor, physical, and psychological development) and the varying influence of parents or peer groups may affect the emergence and development of LMS.

Additionally, the study's focus on subjective experiences may introduce biases, either conscious or unconscious, in participants' responses. Based on the researcher's observations, LMS manifestations also occur during competitions, although at least one participant did not acknowledge this in their interview. The time elapsed between the interview and the LMS experience might also affect the accuracy of the participants' recollections, though it could also allow for a more reflective perspective on the intense emotional experience of LMS. Lastly, the researcher's limited experience with semi-structured interviews and the chosen method of data analysis are also notable limitations.

CONCLUSION

Our results reveal significant variability in both the manifestations and perceived causes of Lost Move Syndrome (LMS) among trampolinists. The experience of LMS is notably challenging for trampolinists, primarily due to its severe psychological impact. There are distinct differences in how trampolinists and their coaches perceive LMS, with personal experience being a crucial factor in understanding the condition. Misunderstandings or perceived misunderstandings from the social environment emerged as a central theme in the interviews.

These findings provide a foundation for future research on LMS. Exploring mental blocks across various sports could offer valuable insights and potentially improve our approach to LMS and other related psychological challenges. The insights gained from this exploratory study may also assist coaches and sports psychologists in better understanding and addressing the experiences of trampolinists dealing with LMS.

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