Instructional Manual

MEDICUS®

DUAL HINGE DRIVER

"Drive Like a Pro"

Mark O'Meara

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THE PROPER GRIP



1. The proper grip begins by placing the club in the fingers of the left hand. In order to be in the fingers, the club must run straight across the base of the palm where the fingers are attached.

2. The thumb is placed slightly on the right side of the shaft with the gap between the thumb and index finger closed. When the address position is taken and the club is soled, you should be able to see the first two knuckles of the left hand.

3. In the right hand, the club should also be held in the fingers. There should be a gap between the index finger, commonly referred to as the "trigger finger", and the rest of the fingers of the right hand.

4. The thumb should be slightly on the left side of the shaft with the gap between the index finger and the thumb closed.

5. Palms are facing each other and turned slightly to the right so that the Vs formed between the thumb and index fingers of both hands are pointed at a point between your right shoulder and your spine.

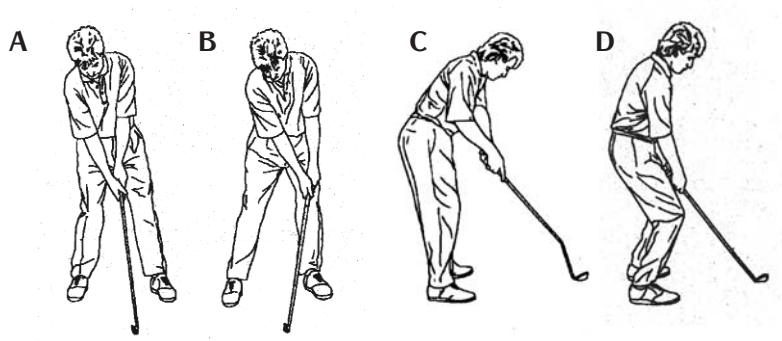


6. There are three types of grips: overlap, interlock, and the ten finger. The most commonly used grip is the Vardon overlap grip in which the little finger of the right hand overlaps the index finger of the left hand. A small gap is formed between the index finger and the middle finger of the right hand. Most of the grip pressure comes from the last three fingers of the left hand and the middle two fingers of the right hand. There is also a pressure point where the right index finger contacts the club.

POSTURE, STANCE & ALIGNMENT

For the correct width of stance the insides of the heels should match the insides of the shoulders. Knees over feet, the right foot turned out 5 degrees and the left foot turned left 10 to 15 degrees. Weight distributed equally, knees flexed approximately 20 degrees, bending from the stomach area, keeping the hips level and allowing the arms to hang straight down in a relaxed position. The ball should be placed in a line extending from 2 inches inside the left heel or a line extending from your left armpit. Feet, knees, hips, forearms and shoulders are aligned parallel to the target line.

COMMON FAULTS

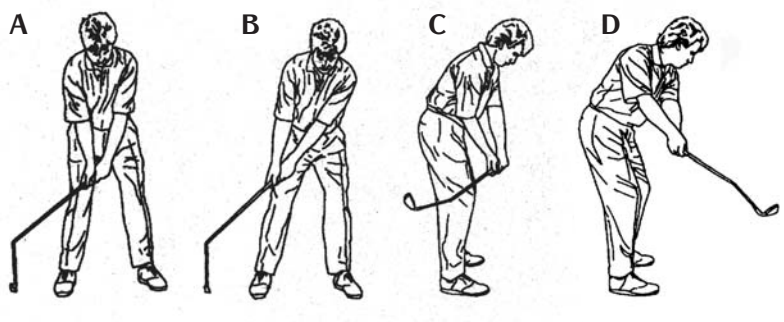


A. Too much weight on the right side.
B. Hands positioned too far ahead of the ball.
C. Lack of knee bend, hunched over ball, too much bend from the waist.
D. Too much knee bend, no bending at the hips.

BREAKPOINT 1: TAKEAWAY

The takeaway is simply rotating your upper body slowly to the right, allowing hands, arms and shoulders to move away together. This is best accomplished by relaxing the arms and hands and allowing the bigger muscles of the body to begin the movement. As the one-piece takeaway continues, the hands begin to hinge vertically.

COMMON FAULTS

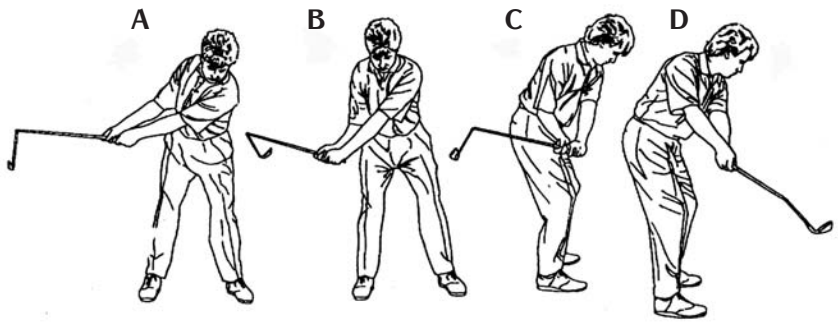


A. Taking away the club too fast with hinging/cocking of the wrist.
B. Too fast with arms only.
C. Lack of a one-piece takeaway; opening the clubface with the wrist to the inside.
D. Lack of a one-piece takeaway; swinging with the hands pushing the clubface away from the body.

BREAKPOINT 2: TOE-UP POSITION

The upper body continues to rotate turning slightly away from the target while keeping the right elbow close to the right hip. As the hands travel around the body and continue to cock/set, the club will become parallel to the target line and parallel to the ground with the toe pointing towards the sky.

COMMON FAULTS

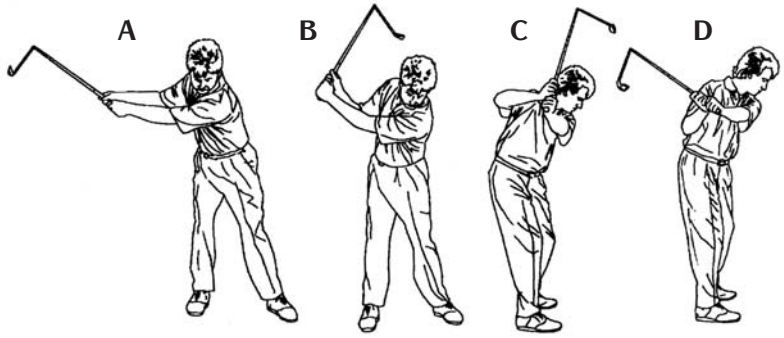


A. Weight transferred to the left instead of the right (reverse pivot).
B. Over-rotation of hands, causing the clubface to travel too far inside.
C. Continuation of B above.
D. Right elbow pushed away from the right hip and the club lifted outside the target line.

BREAKPOINT 3: SETTING OF HANDS

Shoulders continue to rotate around the spine while keeping the right knee flexed. The weight continues to transfer to the inside of the right heel. From the front view, the hands become fully hinged/cocked positioning the club perpendicular to the ground with the left arm extended and parallel. From the rear view, the club shaft should be pointed to the target line and the right arm should not be visible.

COMMON FAULTS

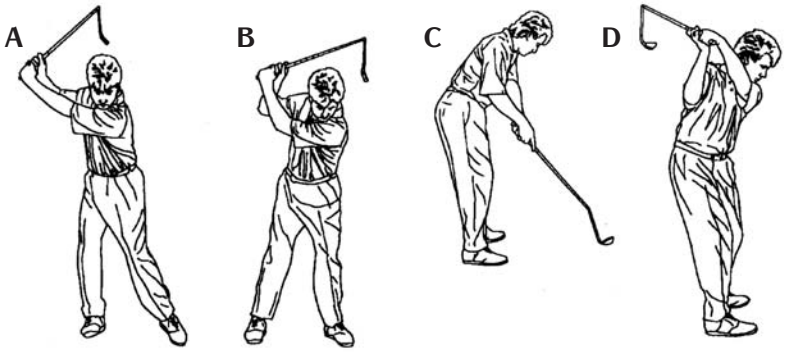


A. Over extension of the arms and no hinging/cocking of the wrists.
B. Weight has not transferred to the right side (reverse pivot).
C. Shaft is too upright; right elbow is raised away from the body.
D. Shaft is too flat, right elbow tucked too close to the body.

BREAKPOINT 4: AT THE TOP

At the top of the back swing, your shoulders should be rotated 90 degrees to the target line with your hips at 45 degrees. The right knee remains flexed and the left knee points towards the golf ball. From the rear view, the club should be parallel to the target line with both hands under the shaft for support. The clubface is in a semi-skyward position and the right forearm should be perpendicular to the ground.

COMMON FAULTS



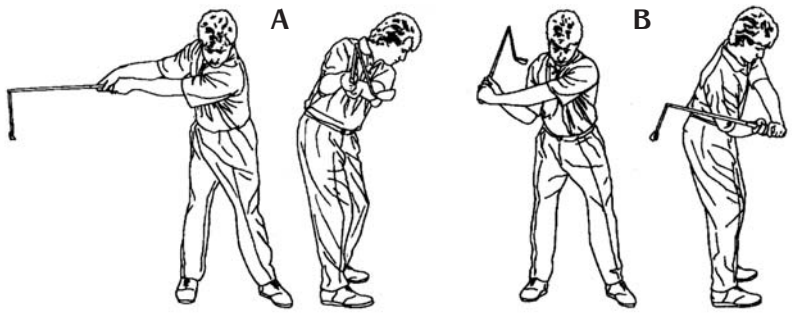
A. Weight has swayed to the outside of the right foot.
B. Weight has remained on the left side.
C. Shaft points right of the target line and the left wrist is cupped, which opens the clubface.
D. Shaft points left of target line and the left wrist is bowed, which closes the clubface.

BREAKPOINT 5: INITIAL MOVE DOWN

This is the key to getting distance when hitting the ball. The Medicus Dual Hinge Driver is unique in that it has a more sensitive angle design so that the least flaw will be detected at this point in the swing. This does not minimize the importance in maintaining proper positioning as seen through the mechanics enforced by the Medicus, but the Medicus Dual Hinge Driver has the enhancements to enforce your ability to get the greatest distance out of your swing.

As the downswing unwinds, the arms and hands should be accelerating at a faster pace than the body. This must take place in order for them to get into a position where they can move together with the body through impact. The right knee momentarily holds its position as the arms accelerate. As the left arm comes back to parallel position with the ground, the right elbow should be very close to the body. Once again, the club shaft is pointing at the target line and the wrists remain fully cocked.

COMMON FAULTS



A. Casting the club outward from the top, early unhinging/uncocking of the wrists.
B. Club shaft is dropped to a very flat position caused by trying to swing from too much inside out.

BREAKPOINT 6: PRE-IMPACT

With the hands in front of the body, the club shaft becomes parallel to the target line with the toe of the club skyward. The wrists continue to remain cocked forming a 90-degree angle with the club shaft and the left forearm.

COMMON FAULTS

A. Weight has swayed too far towards target. Trying to swing too far from the inside (shaft on plane).
B. Wrists have unhinged prematurely, forcing the club shaft outside target line.

BREAKPOINT 7: IMPACT

As the hands, shoulders, hips and body together move into impact, the club is released with the hands ahead of the ball and the clubface square. Hips will be approximately 30-45 degrees open to the target line and the shoulders about 5 degrees open. The left leg should be slightly flexed but in the process of straightening. Because of the weight shift, the right heel will be pulled slightly off the ground. The head remains behind the ball, right arm is extending while the wrists are uncocking.

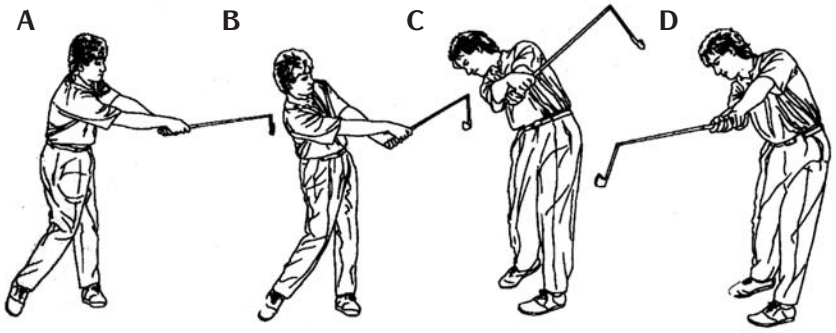
COMMON FAULTS

A. Upper body has fallen away from target, no weight shift to the left and no body turn (reverse pivot).
B. Head is in front of the ball. Upper body slides through toward target.

BREAKPOINT 8: POST-IMPACT

Weight has shifted over to the left side with the hips rotated 80-90 degrees open to the target line. Club shaft is parallel to the target line and parallel to the ground with the toe skyward again. Head remains down and behind the ball with both arms fully extended. Left leg should be straight at this point to allow the hips to continue turning.

COMMON FAULTS



A. Both arms are fully extended (right arm is too far away from the body). Head has moved from the impact position.
B. Over rotation of the hands, club shaft is pointing left of the target line. Left arm is fully extended.
C. Continuation of B above.
D. No rotation of the hands, club shaft is facing well right of the target.

BREAKPOINT 9: THE FINISH

Weight is 90 percent on the left side with the left leg straight. Hips should be rotated to the left so that the belt buckle is pointing to and slightly left of the target. Right knee aims at the target and finishes even with the left. From the knees up there should be no gap between the legs. Arms are relaxed with the club shaft behind the back of the head and both wrists recocked under the shaft. Upper body has maintained its original bend or tilt.

COMMON FAULTS

A. Weight is on the right side, no transfer, rotation stops.
B. Right shoulder dipped well beneath left; back is not in an upright position. Right knee is not even with the left knee.

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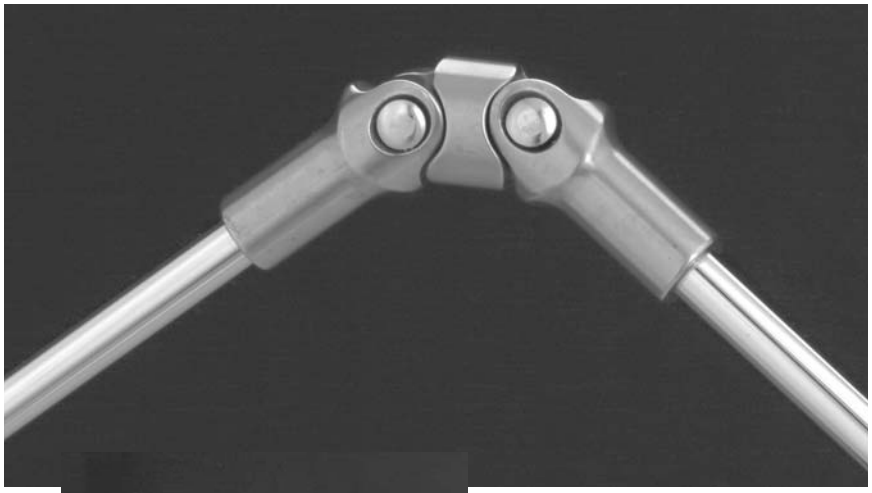

To set the standard hinge tension, you must check the club's response. Hold the club parallel to the ground directly in front of you, using one hand. Align the hinge mechanism so it can break downward allowing the head to fall freely. The hinge at either position should not break or bend in this position, but remain rigid. The hinge at both positions should react (by breaking) with a short and quick upward movement of your wrist. If the hinge fails to break, the tension is set too tight and should be adjusted at either hinge adjustment point.

To make the hinge more responsive or more fluid, turn the setscrew with the included wrench counter-clockwise. To make the hinge less responsive or less fluid, turn the setscrew clockwise to increase the tension.

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