The squeeze test of MCP joints: a scarcity of scientific data, especially from primary care

We thank Vega-Moralis et al for their interest in the EULAR definition of arthralgia suspicious for progression to rheumatoid arthritis (RA). The definition is composed of seven parameters and the authors are particularly interested in the parameter ‘presence of a positive squeeze test of metacarpal joints’. They suggest that the squeeze test can be used in primary care to promote referral to secondary care, and they have developed an automated test.

First of all, we want to underline that the EULAR definition of arthralgia suspicious for progression to RA is developed for use in secondary care. If the definition is also valuable for use in primary care needs to be determined. In addition, although the squeeze test is commonly used in daily practice, it is striking that there is not much scientific data on this test. A recent study performed in secondary care showed that the squeeze test of the MCP joints had a specificity >80%, but a low sensitivity. To our knowledge, the performance of this test has never been studied in primary care. Although intuitively the squeeze test is believed valuable in decisions on referral, presently this is not supported by scientific data. There is also no evidence than an automated squeeze test performs better than manual squeezing of MCP joints. Although clinical evaluation is the basis of medicine, from many simple tests the test characteristics are insufficiently known. The squeeze test is an example that requires further studies, especially when the test is used in primary care.

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