

# Musculoskeletal Biomechanics

BIOEN 520 | ME 527

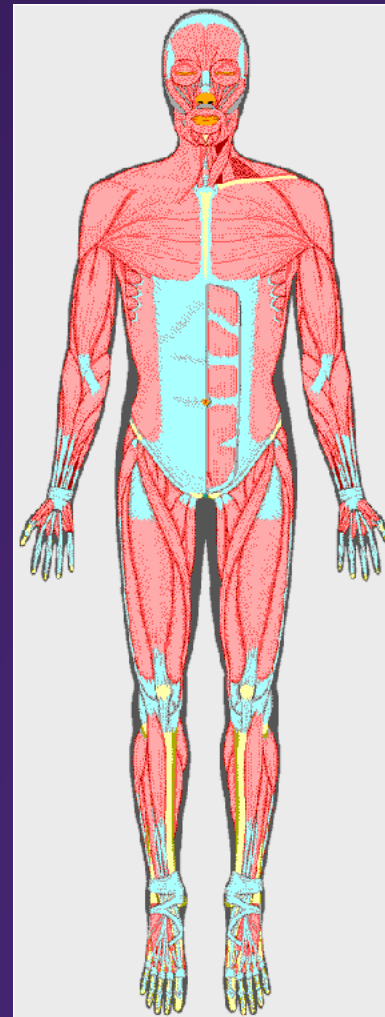
## Session 12A

Biomechanics of  
Joint Systems

# Review Musculoskeletal Structures...

[Sessions 9-10]

- Bone
- Ligament
- Tendon
- Cartilage (disc, meniscus/labrum)
- Muscle



## Session 12A Discussion Questions...

[Q]: What are the types and function of joints?

[Q]: What are the common features of synovial (diarthrodial) joints?

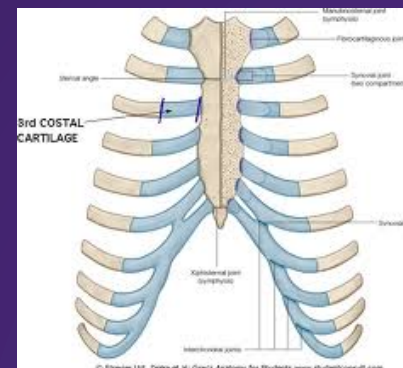
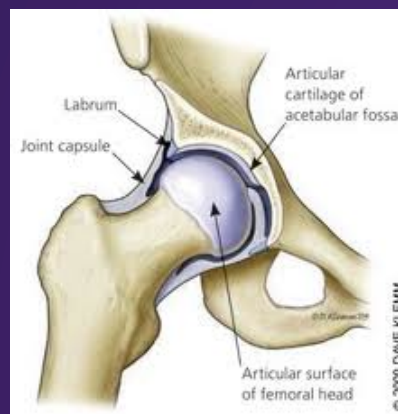
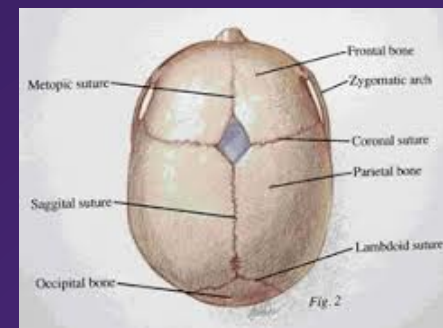
[Q]: What mechanical properties of joints are generally of interest and why?

[Q]: What is the #1 joint disease and how might abnormal mechanics play a role?

# Joint Systems...

[Q]: What are the three main types (classifications) of joints?

- Fibrous
- Cartilaginous
- Synovial



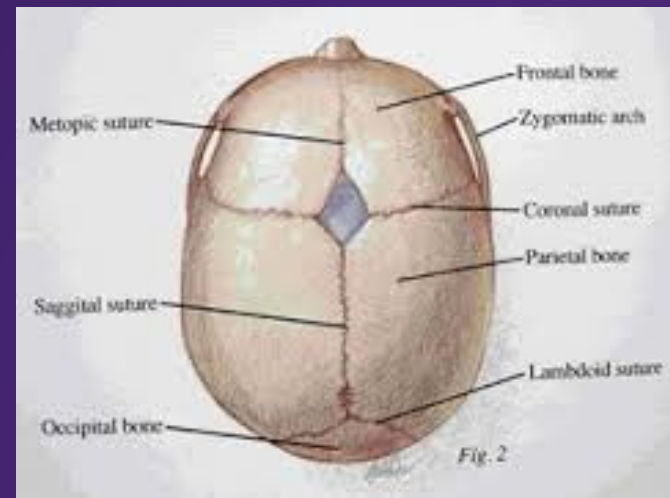


# Joint Systems...

- Fibrous Joint
  - Function? To stabilize; very little movement...

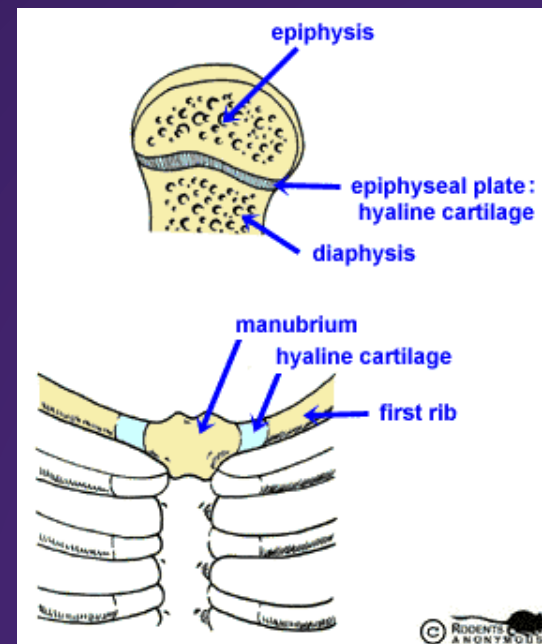
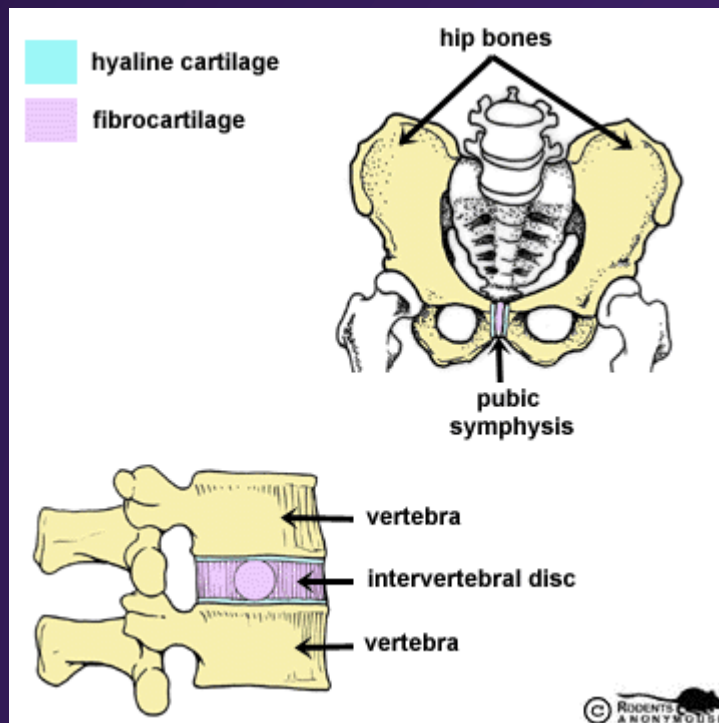


Ex: Skull suture



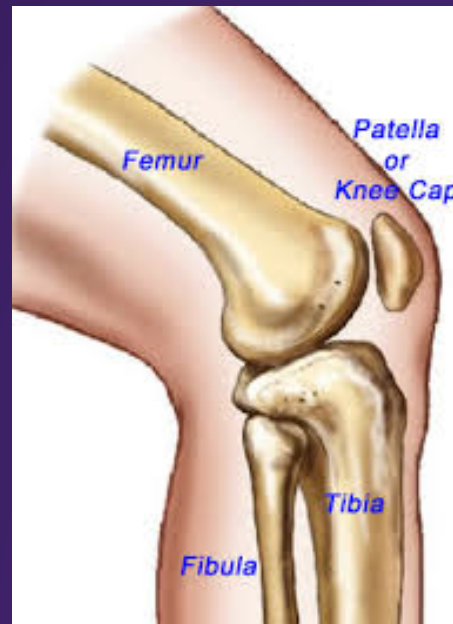
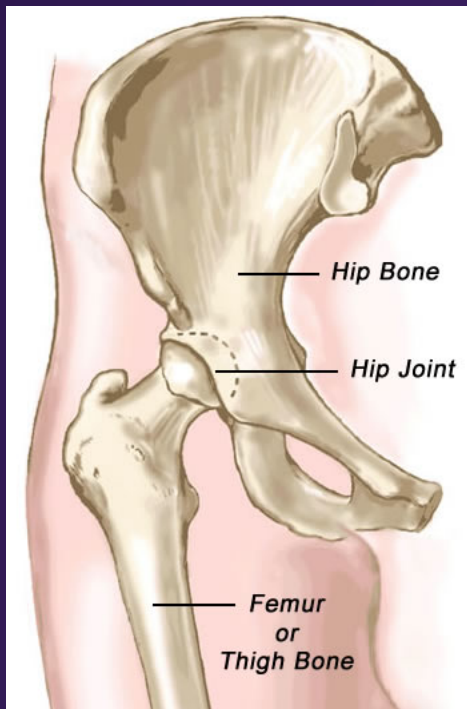
# Joint Systems...

- Cartilaginous Joint
  - Function? **Facilitates small relative movements...**



# Joint Systems...

- Synovial (Diarthrodial) Joint
  - Function? Enables large movements...

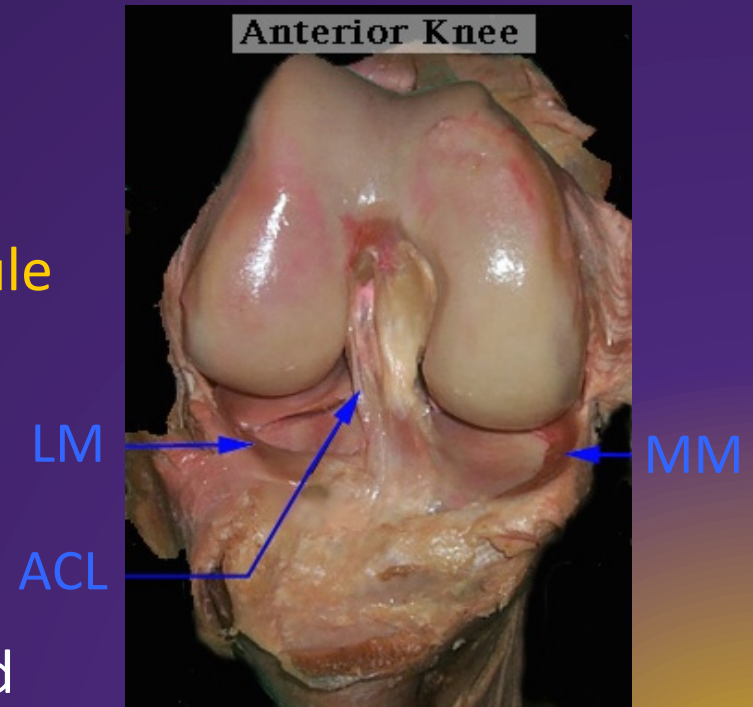


Ex: Hip, knee, elbow, shoulder, etc.

# Synovial Joints...

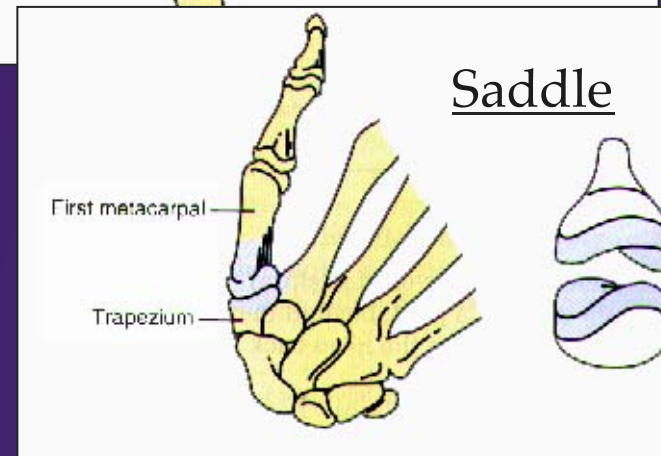
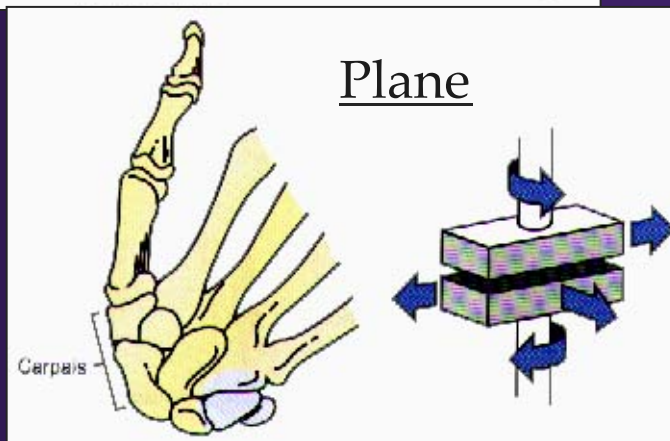
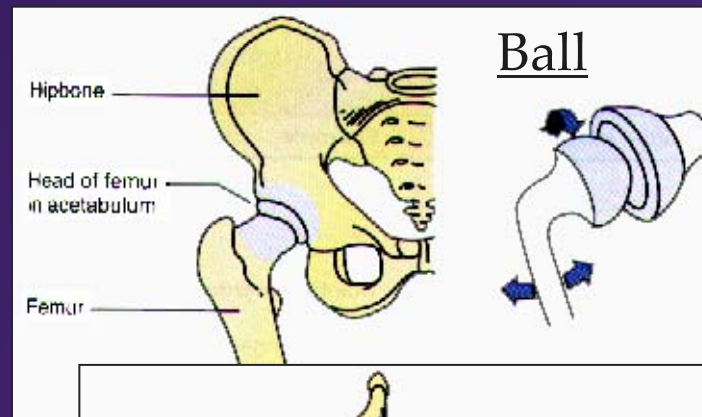
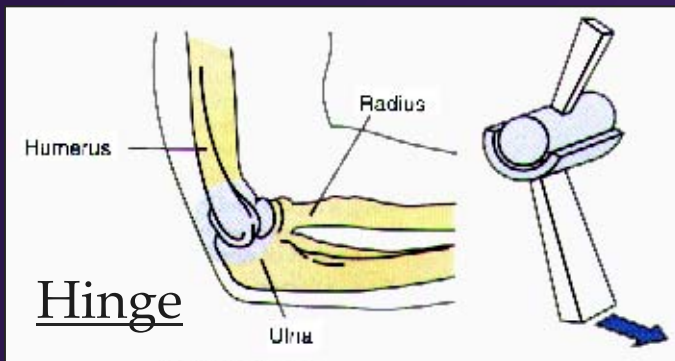
[Q]: What are common structures and features of synovial joints?

- Ends of bone lined with **articular cartilage**
- Encapsulated in **fibrous capsule**
- Capsule lined with **synovium**
  - Secretes synovial fluid
  - Provides nutrients/removes waste
- Stabilized with **ligaments** (and tendons)



# Synovial Joints...

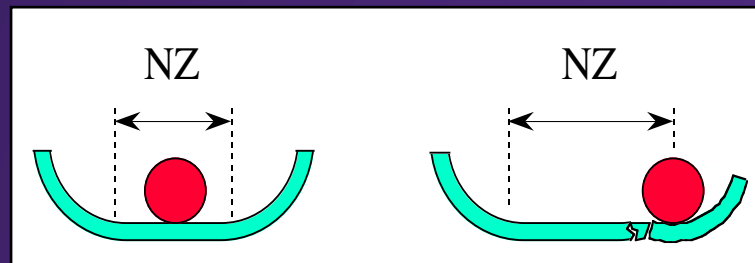
[Q]: What are some common mechanical (functional) analogs for synovial joints?



# Synovial Joints...

[Q]: What mechanical properties of joints are typically of interest?

- Joint **forces** and **moments**... (physiologic and non-physiologic)
- Joint **range of motion** and **stiffness**...
- Joint **kinematic corridors**... (normal vs. pathologic)
- Joint **stability**...





# Synovial Joints...

[Q]: Why are joint mechanics (forces) important?

- **Joint forces are large...** (can be several times body weight even during minor activities)
- Understanding of joint forces needed for:
  - **Total joint replacement**
  - **Injury prevention**
  - **Rehabilitation programs**
  - **Tissue Engineering**
- **Abnormal joint forces** may play a role in degenerative joint disease...



# Synovial Joints...

[Q]: What's the #1 joint disease?

## Osteoarthritis (OA)



- Arthritis is a condition marked by joint **stiffness**, **inflammation**, and **pain**... [Disrupted collagen network / reduced PG content]
- Affects >27M in US @ cost >\$186B...\*
- Comes in two “flavors”: Osteo and Rheumatoid...

\* Kotlarz et al. (2009)

# Synovial Joints...

[Q]: How might abnormal mechanics play a role in OA?

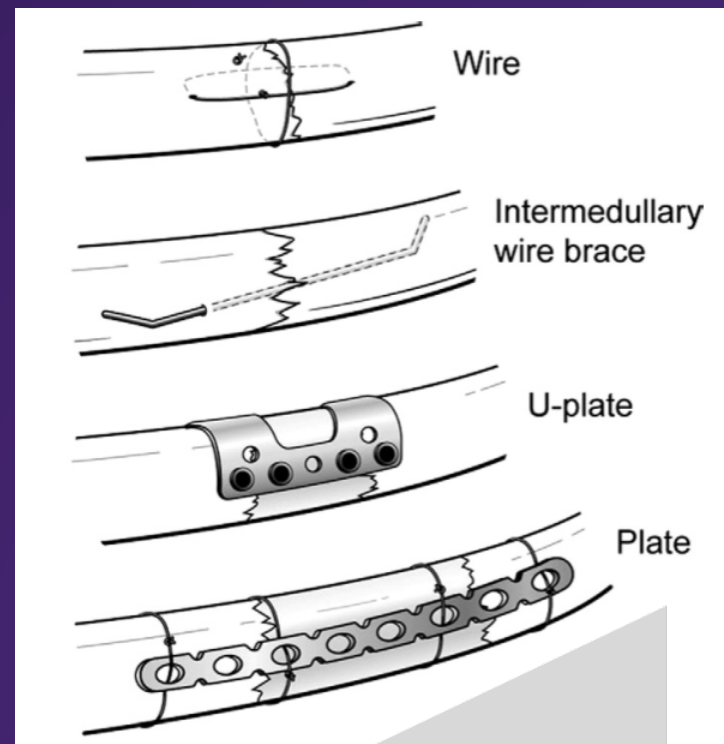
- **Trauma** and **body weight** are among the leading risk factors...
- **Valgus** (knock-kneed) deformity causes a **5-fold increase in risk** for OA progression in lateral compartment...
- **Varus** (bow-legged) deformity causes a **4-fold increase in risk** for OA progression in medial compartment...



# Example #1: Functional Loads of the Ribs and Sternum (Costal Cartilage)

Characterize the thoracic environment to improve the design of rib fixation devices...

- Rib fractures...
  - Most common chest injury
  - Complicated fracture patterns
- Forces...
  - Very little is known about physiologic loads



# Ex #1: Functional CC Loads

**Objective:** Determine the loads between the ribs and sternum (costal cartilage).

- **3-Step process...**

- Measure physiologic strains across CC



***In vivo* test using optical tracking**

- Estimate loads based on published elastic moduli



**Literature review**

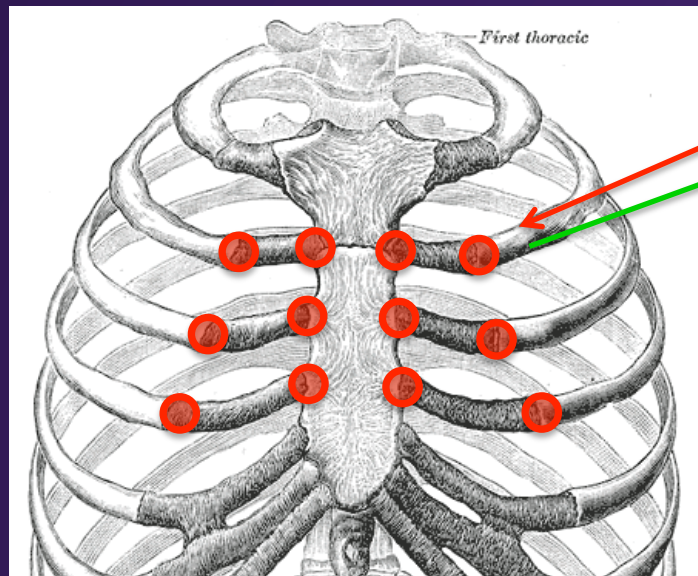
- Verify modulus by testing human samples



***In vitro* CC test**

# Ex #1: Functional CC Loads





**Method:** Use optical tracking to measure strains





# Ex #1: Functional CC Loads

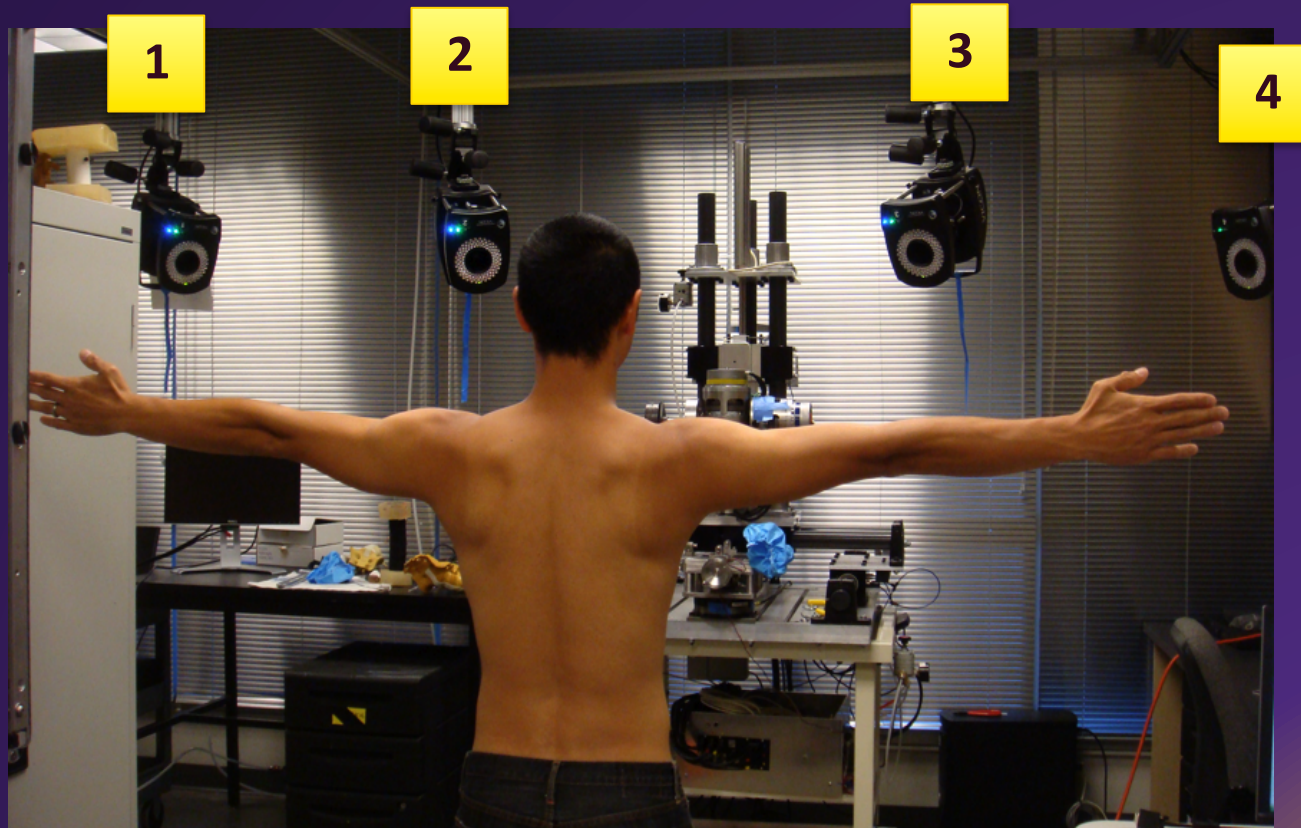


Subject 002	Subject 003	Subject 004	Subject 005
<i>BMI: 21.31</i>	<i>BMI: 20.60</i>	<i>BMI: 22.5</i>	<i>BMI: 23.57</i>
			

Subject 006	Subject 007	Subject 008
<i>BMI: 22.24</i>	<i>BMI: 24.95</i>	<i>BMI: 21.62</i>
		



# Ex #1: Functional CC Loads



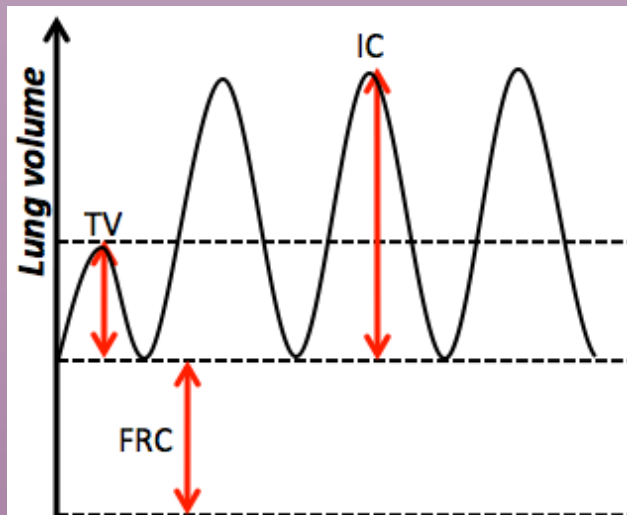
## Chest kinematics

- VICON MX13 system
- Resolution = 0.05 mm/pixel
- Data collected at 60 Hz

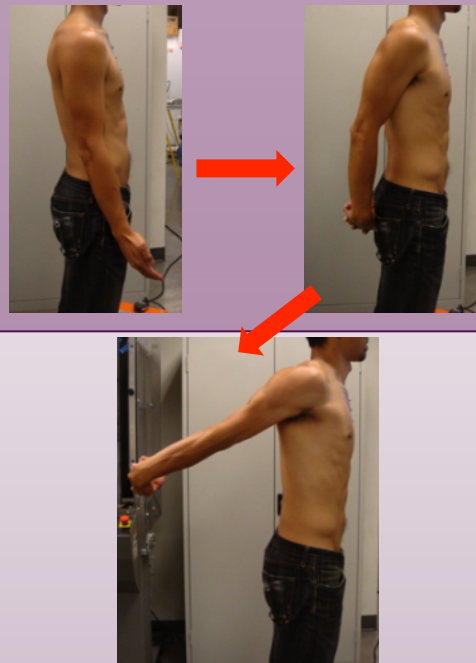
# Ex #1: Functional CC Loads

Methods: Respiratory and stretching exercises

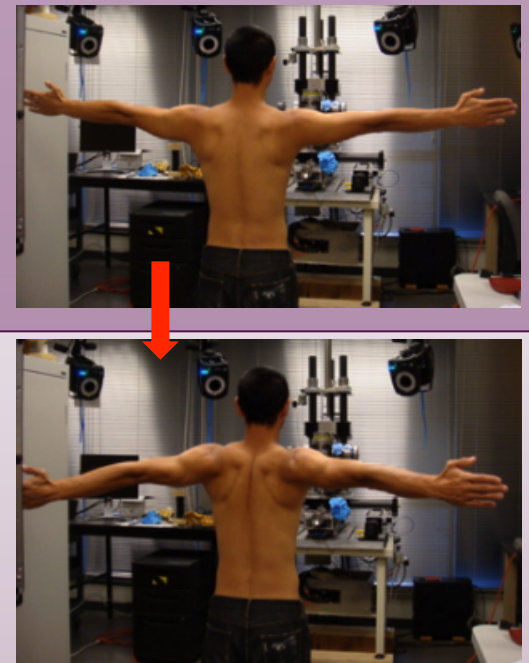
Inspiratory capacity (IC)



Chest stretch 1 (S1)



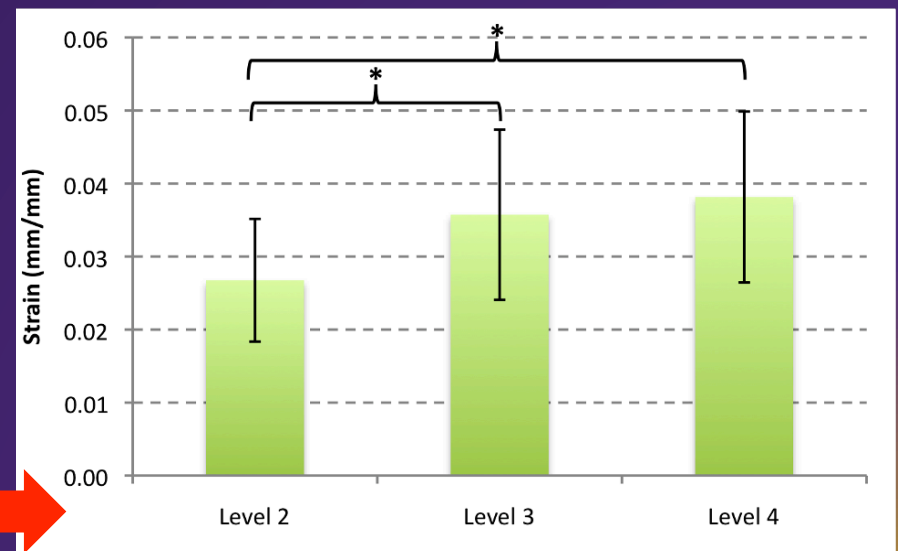
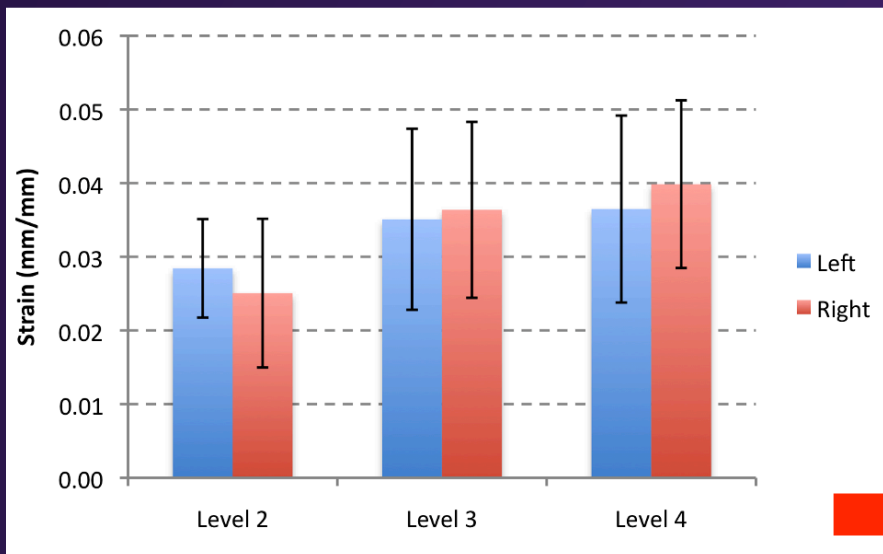
Chest stretch 2 (S2)



# Ex #1: Functional CC Loads

## Results: Average left and right data sets

- No statistical difference between left and right results ( $p > 0.05$ )
- So, used average of right and left

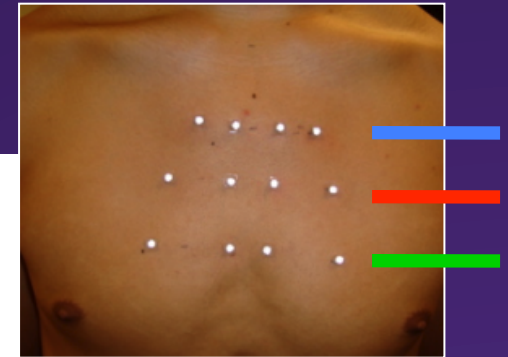
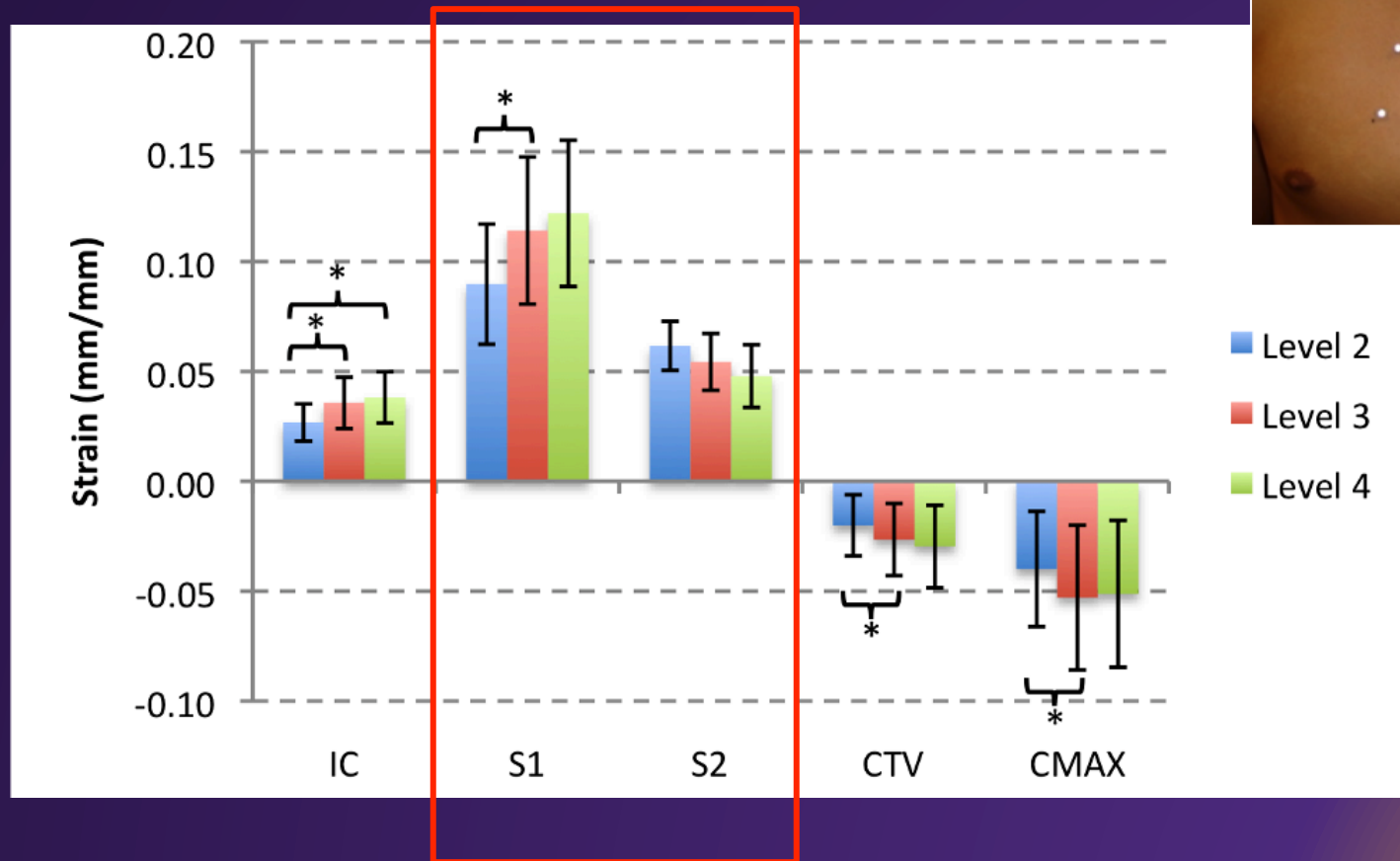


*Average left/right*



# Ex #1: Functional CC Loads

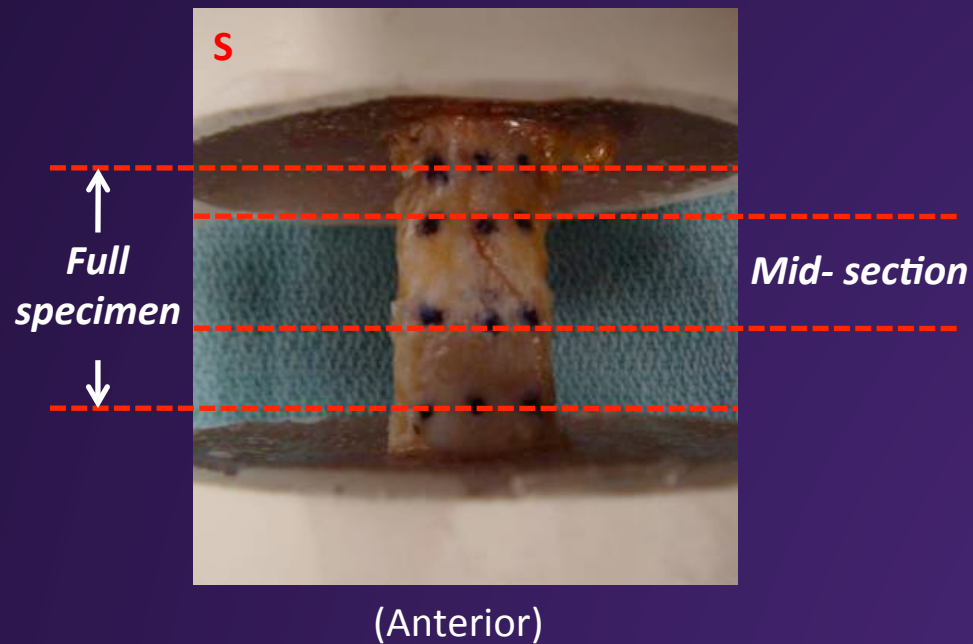
## Results: Strain



Largest strains observed for S1 (9-12%)

# Ex #1: Functional CC Loads

## In Vitro CC testing





# Ex #1: Functional CC Loads

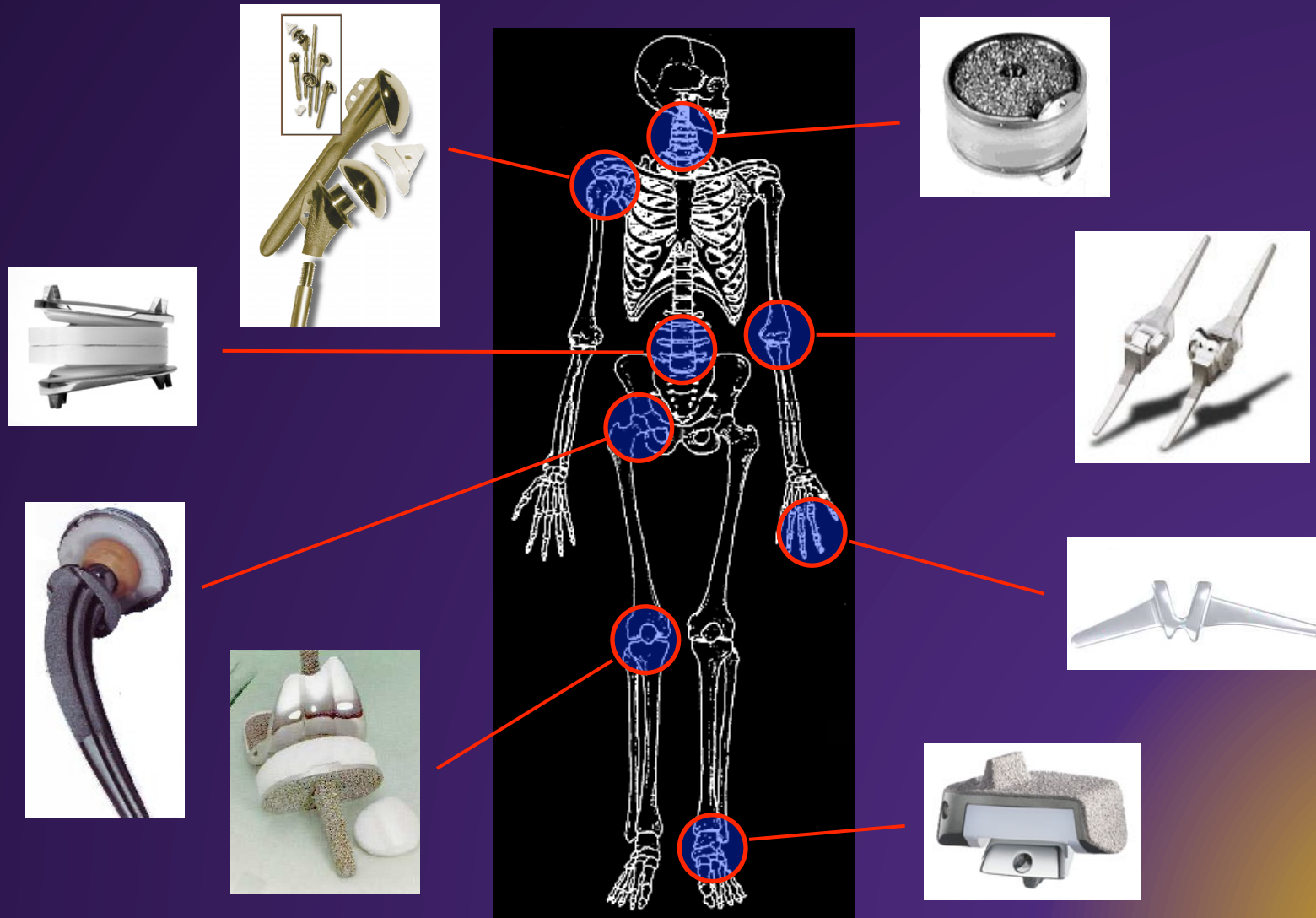
Force estimated using Hooke's law:  $\sigma = E\epsilon$

- Across 3<sup>rd</sup> rib level
- Range of forces computed using physiologic strains, and moduli from:
  - (i) Guo *et al* (for males, 18-25 y.o.)
  - (ii)  $E_{\text{mid}}$
  - (iii)  $E_{\text{full}}$

Strain (mm/mm)	Force (N)		
	Guo <i>et al</i> *, $E = 12.0 \text{ MPa}$	Mid-section*, $E = 29.6 \text{ MPa}$	Full specimen, $E = 11.7 \text{ MPa}$
0.03	23.5	63.3	25.0
0.05	39.2	105.6	41.7
0.10	78.4	211.1	83.4
* indicates mid-section cross-sectional area was used			

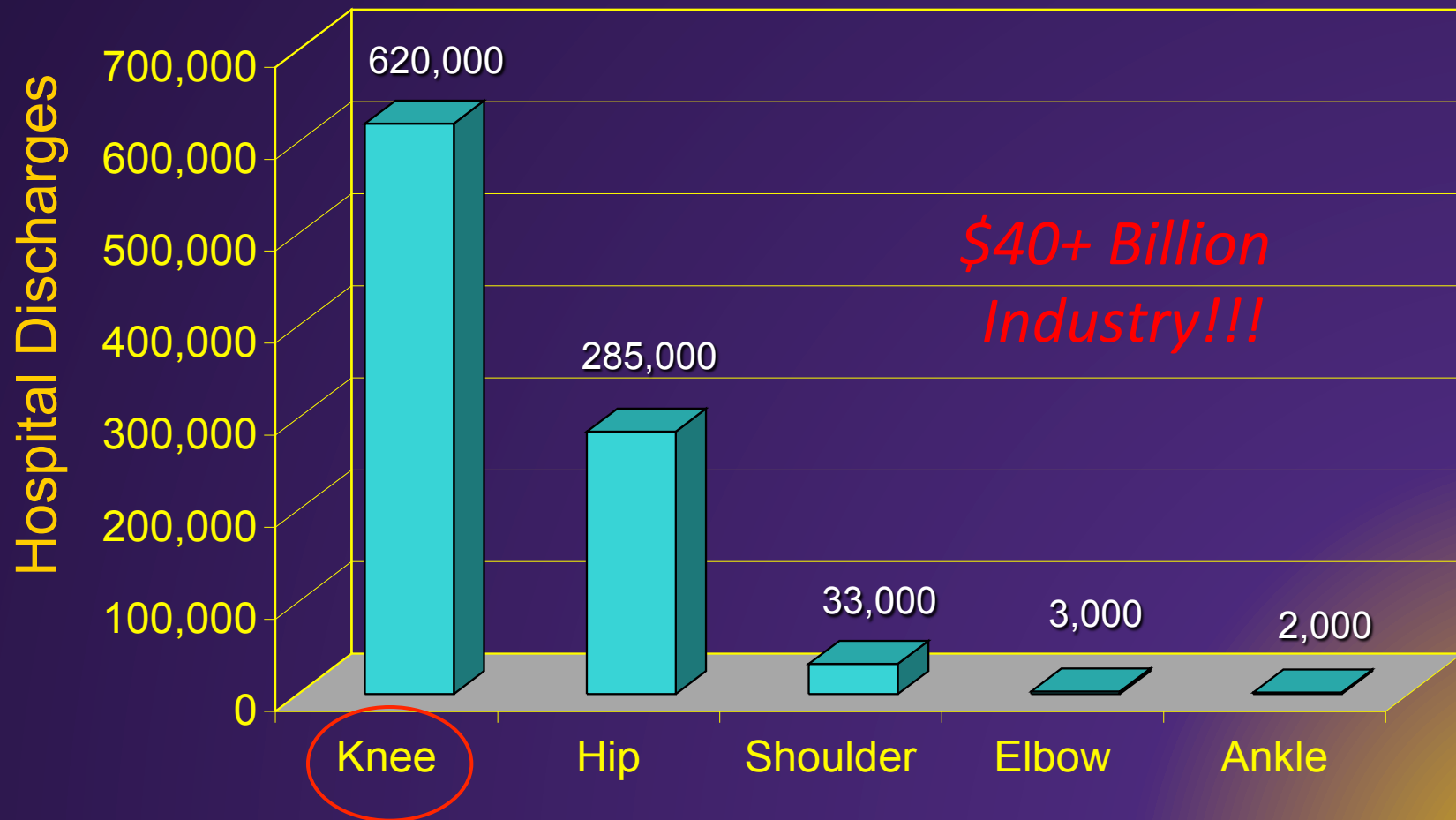
# Ex #2: Joint Replacement...

Which is the most common???



## Ex #2: Joint Replacement...

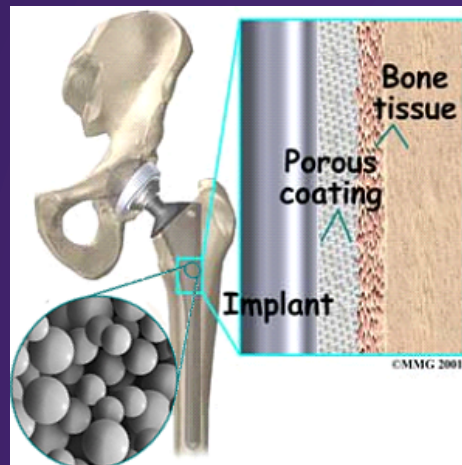
2009 U.S. Total Joint Replacements



Healthcare Cost & Utilization Project Database (<http://www.ahrq.gov/data/hcup/>)

## Ex #2: Joint Replacement...

- Design
  - Modular systems...
- Durability
  - Increased strength and wear...
- Biocompatibility
  - Porous In-growth...



# Case Study #1: Component Placement...

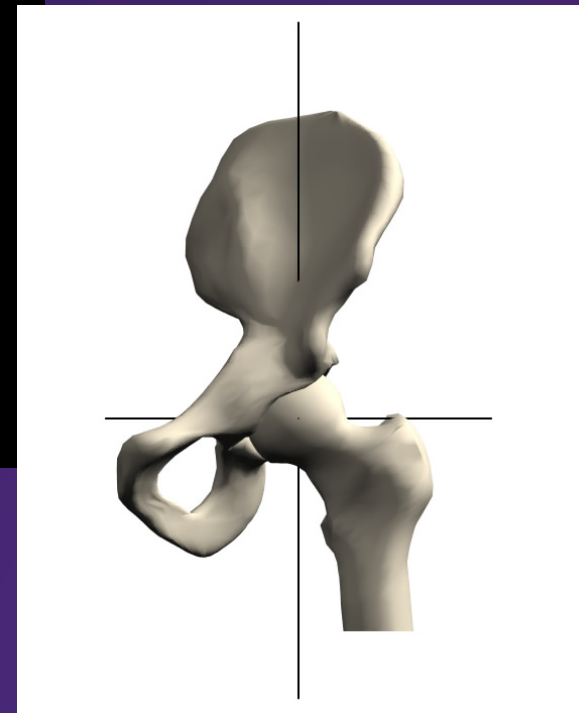
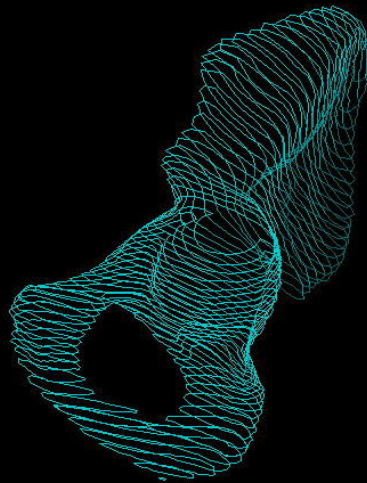
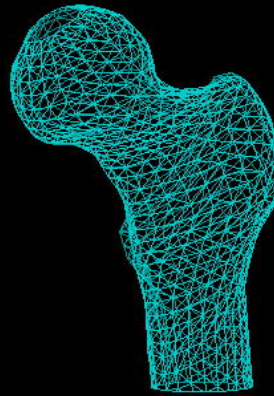


## Exactech and Depuy

- Drs. Robinson and Barrett (2002)
- Dislocations: 7-11%
- Effect of component design and placement on range of motion...

# Case Study #1: Component Placement...

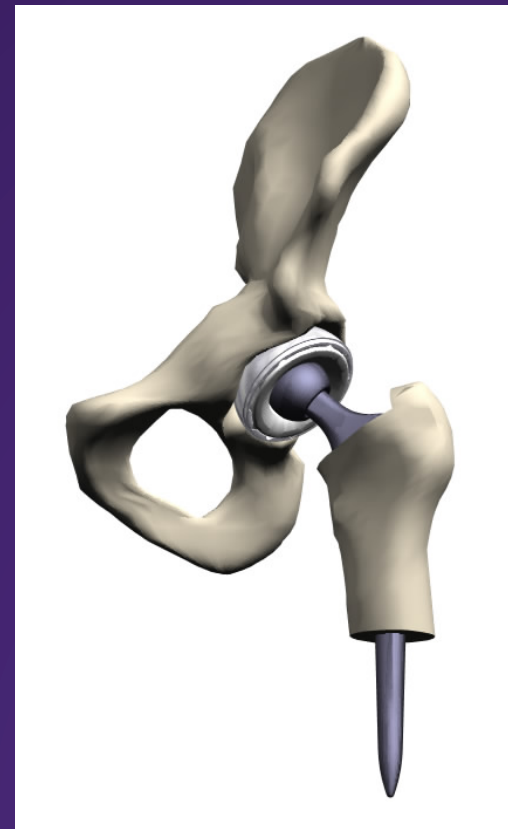
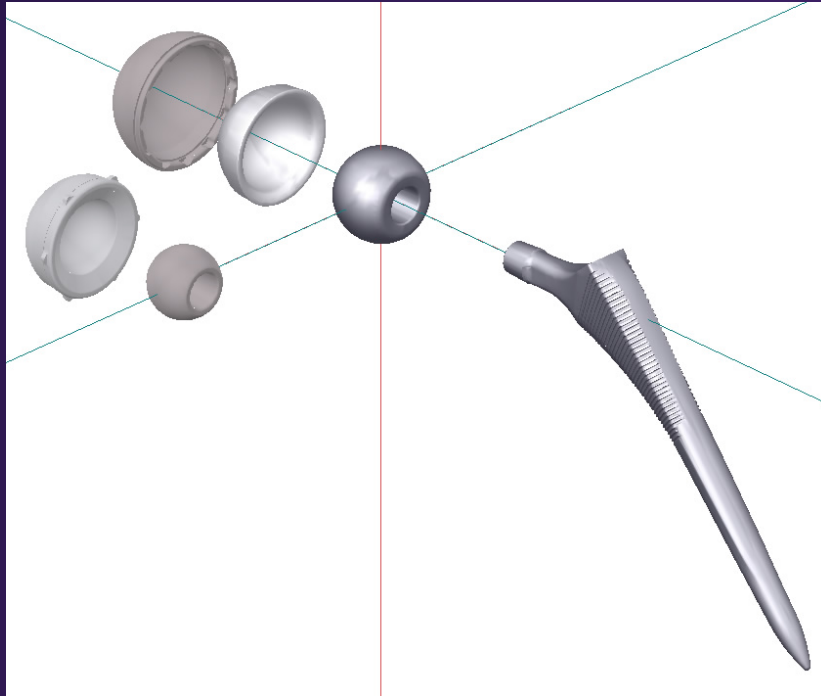
3-D models of hemipelvis and femur created from CT scans of a normal male...



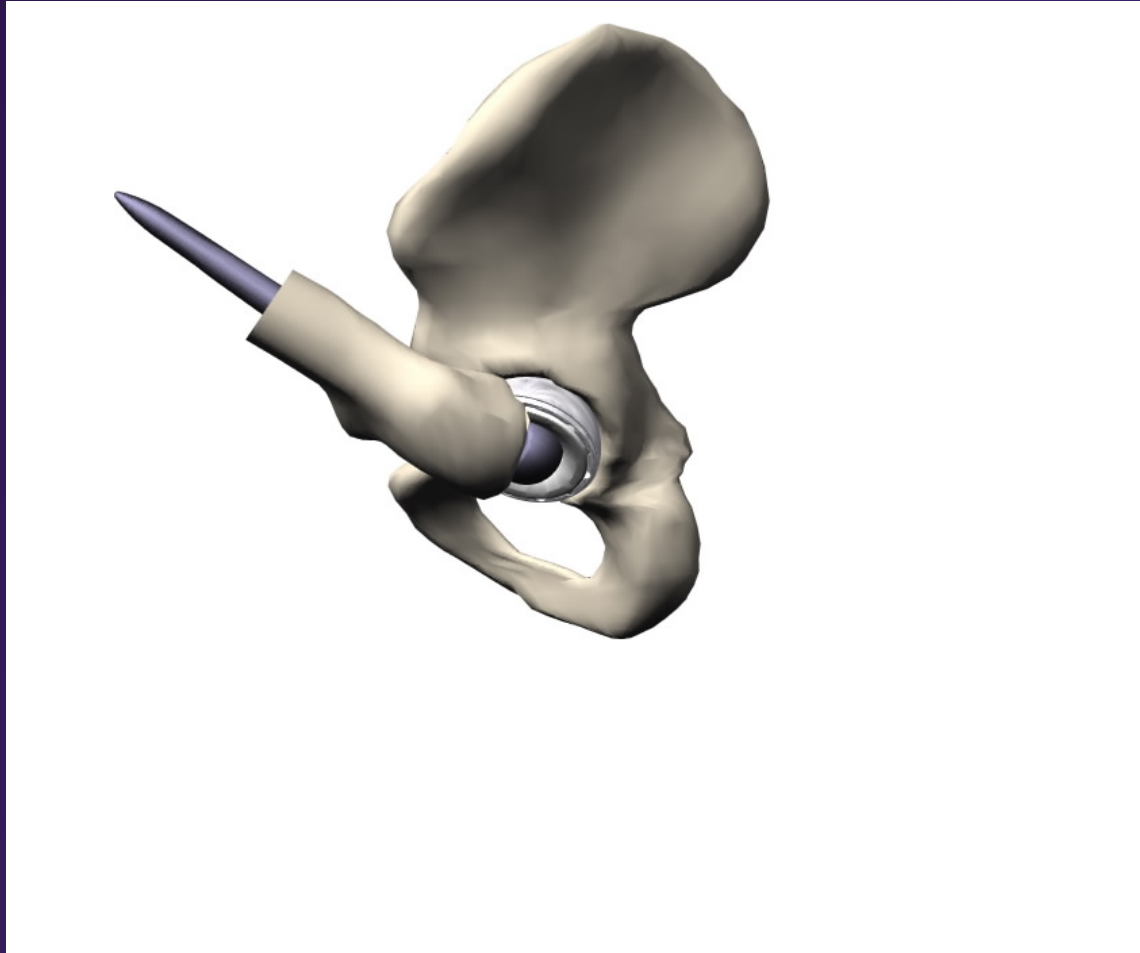


# Case Study #1: Component Placement...

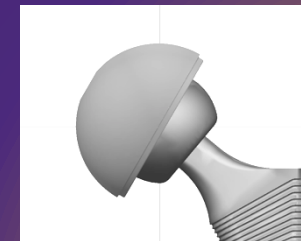
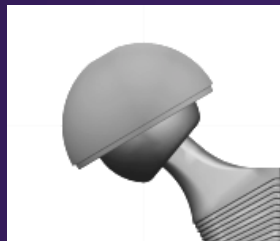
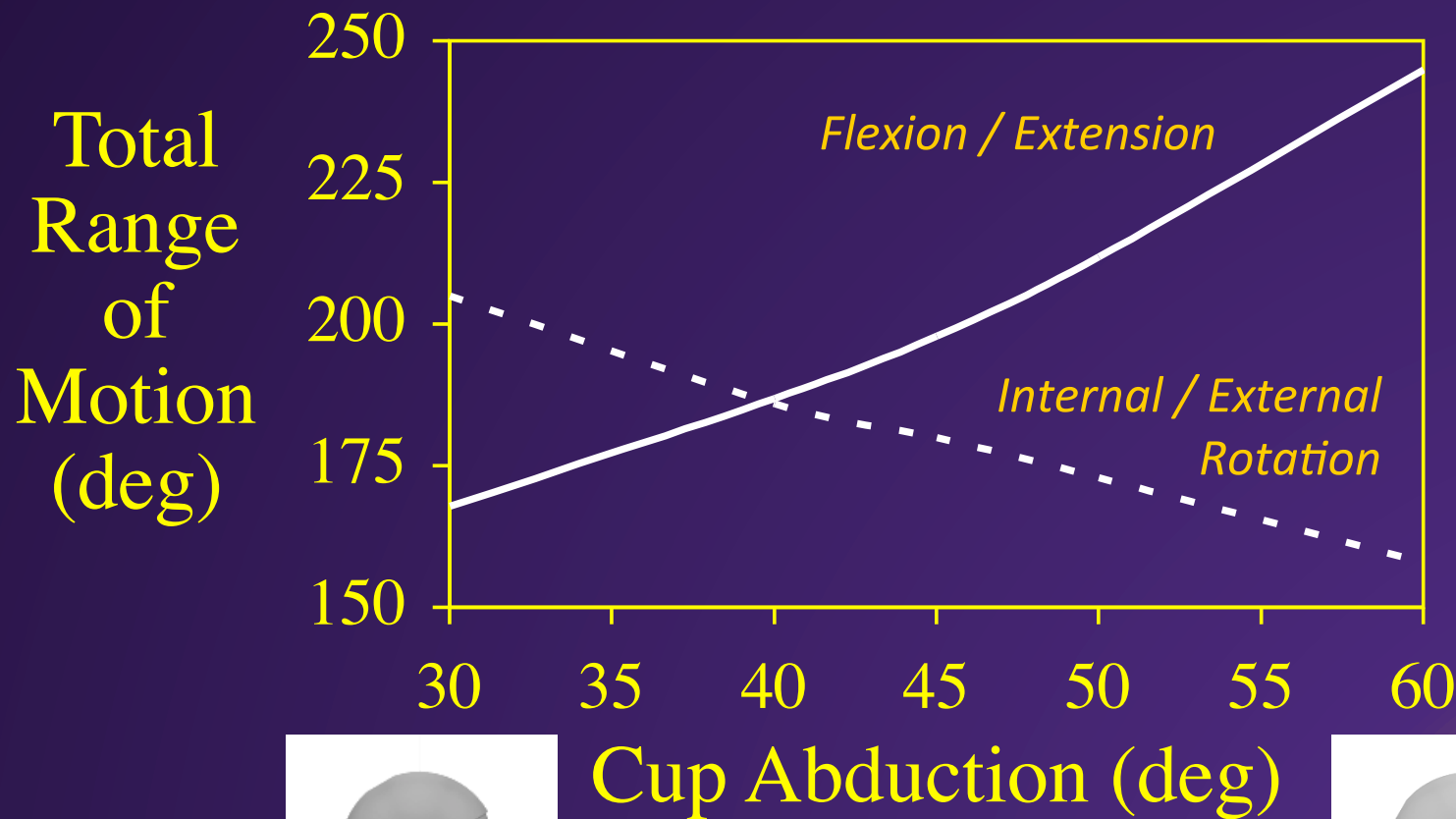
3-D models of acetabular cup and femoral stem obtained from manufacturer and implanted *in silico*...



# Case Study #1: Component Placement...



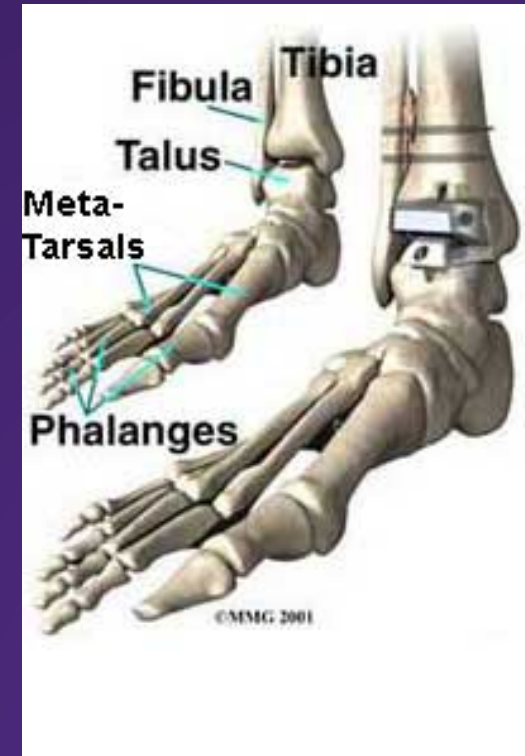
# Case Study #1: Component Placement...



# Case Study #2: Detecting Loose Implants...

## Failed Total Ankle Replacements

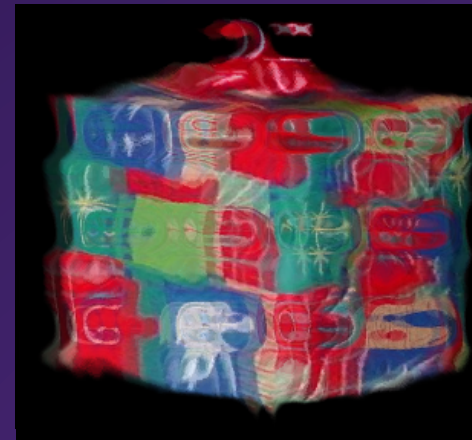
- HMC does >60 revisions/year
- Leading cause: Loose talar component
- How can we detect osteointegration level?



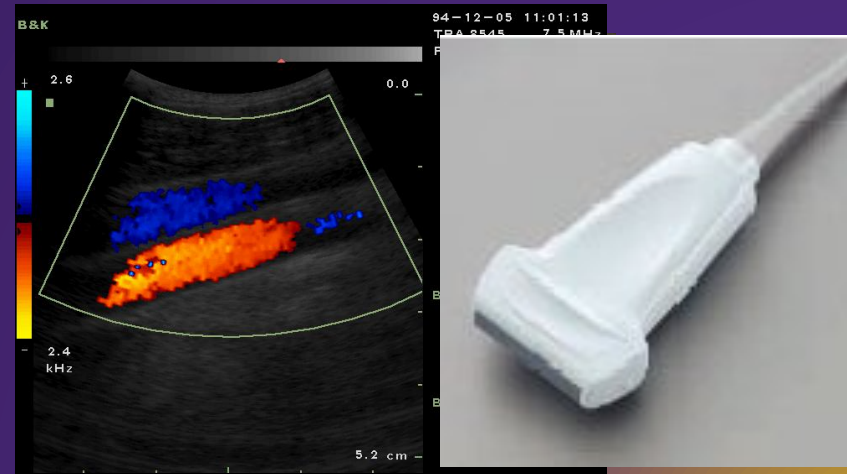
# Case Study #2: Detecting Loose Implants...

## Vibrometry?

- Step 1: Shake

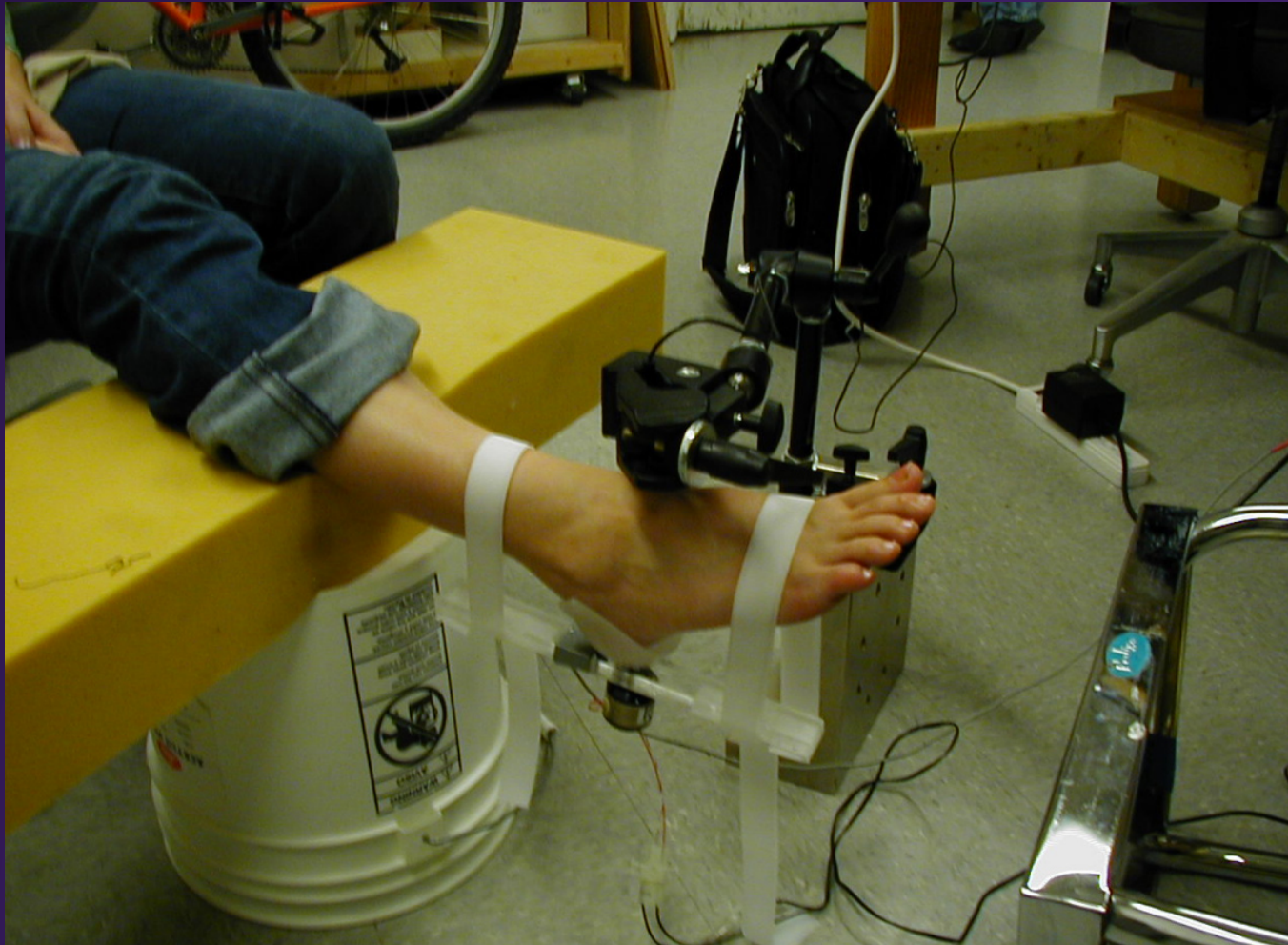


- Step 2: Listen



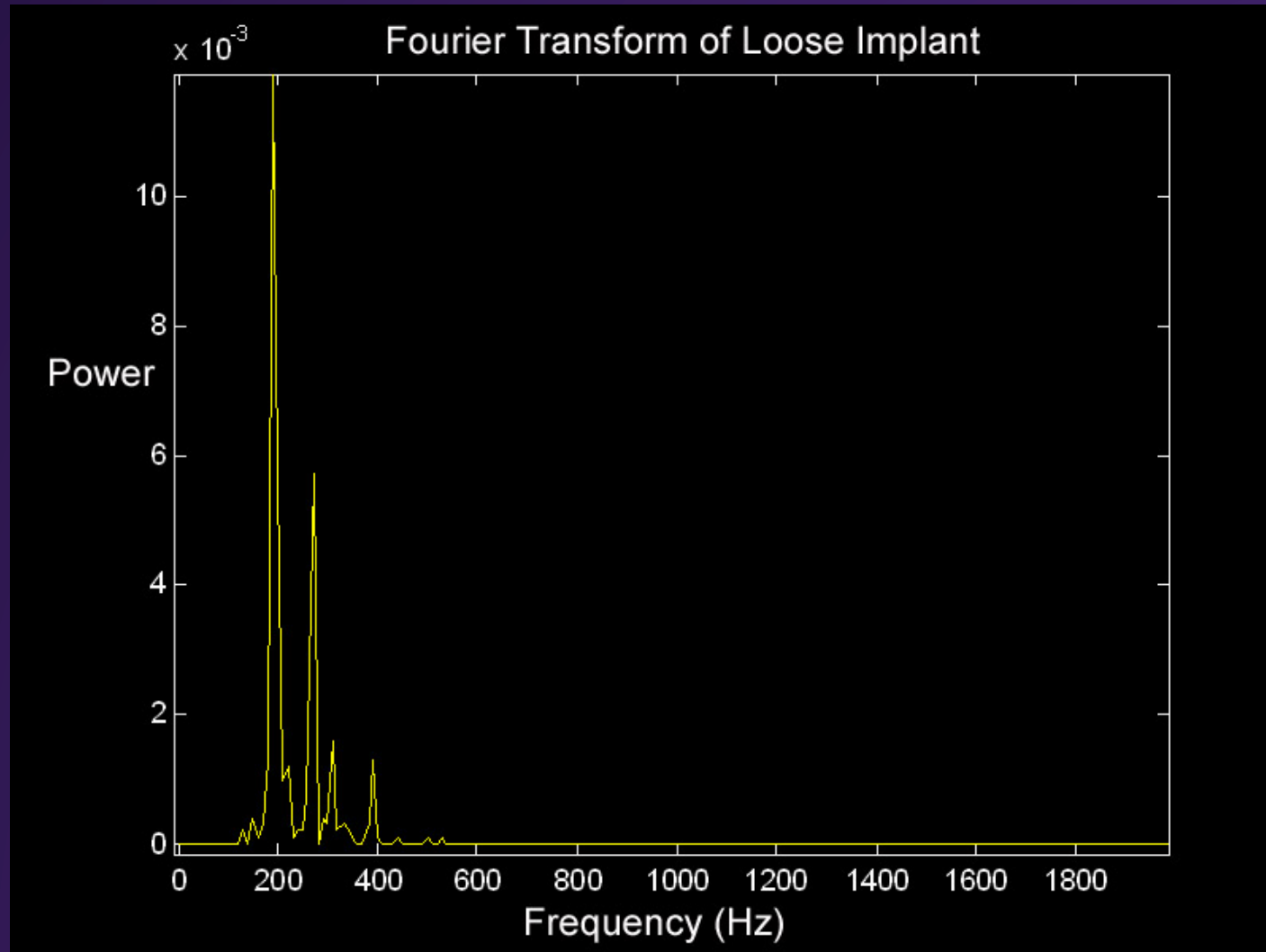


## Case Study #2: Detecting Loose Implants...





## Case Study #2: Detecting Loose Implants...



## Case #2: Detecting Loose Implants...

