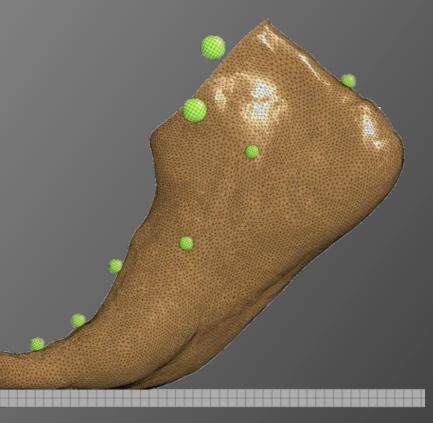
FINITE ELEMENT MODELING OF THE FOOT



PhD FINAL EXAMINATION 03/11/2015

Vara Isvilanonda







Objective

To develop and validate two subject-specific FE foot models (normal and diabetic), to explore the plantar pressure and internal soft tissue stress during quiet stance and the stance phase of gait, and to investigate the effect of soft tissue assumptions.

Normal and diabetic subjects

Normal subject

Age 43 year-old (male)

Body weight 945 N

Diabetic subject

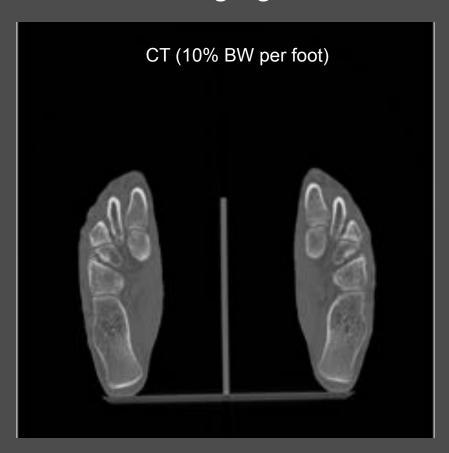
Age 31 year-old (male)

Body weight 688 N

Duration of diabetes > 25 years

FE foot model development

Obtain imaging data

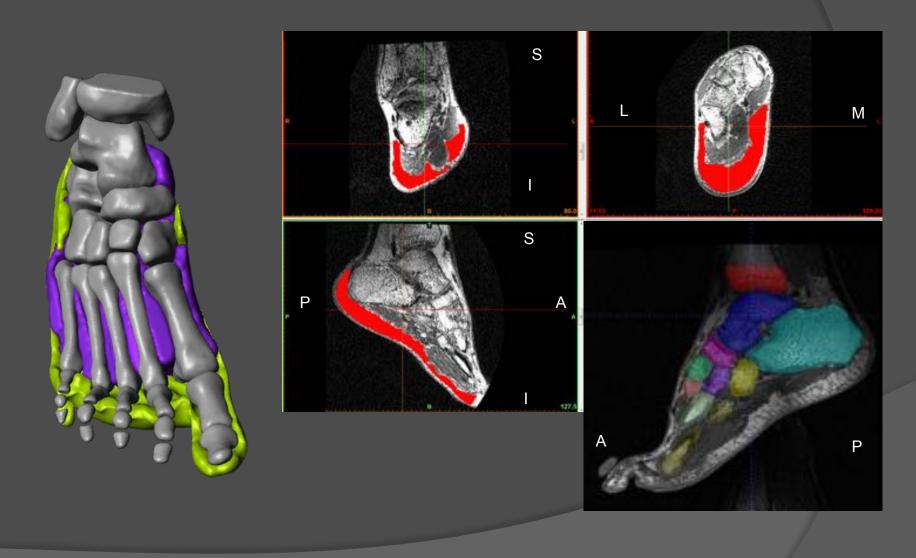


Bone anatomy



Skin, fat and muscle anatomy

Segmentation



Specific Aim 4: Method

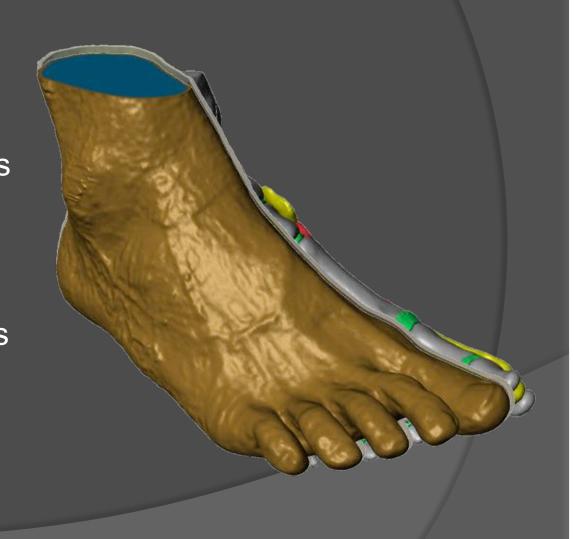
Boolean operations

Generate joint cavities

Generate skin thickness

Smoothen surfaces

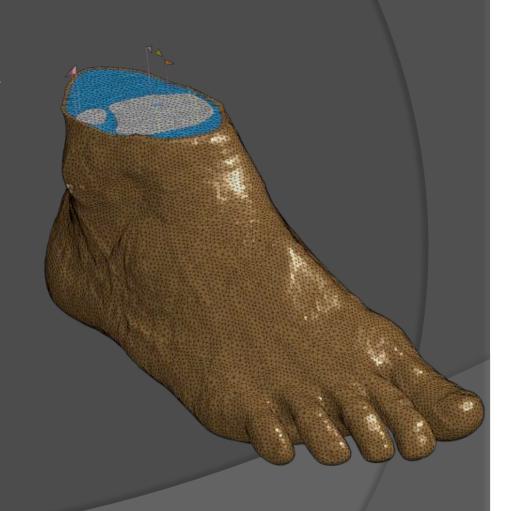
Eliminate gaps/overlaps



Specific Aim 4: Method

FE model pre-processing

- Mesh with tetrahedral elements
- Element size (2.5mm), type
 (ELFORM13) determined from
 mesh convergence analysis
- Bone-soft tissue share nodes



Material properties

Materials: rigid bone, Ogden hyperelastic soft tissue

$$W(\lambda_1, \lambda_2, \lambda_3) = \frac{\mu}{\alpha} \left(\widetilde{\lambda}_1^{\alpha} + \widetilde{\lambda}_2^{\alpha} + \widetilde{\lambda}_3^{\alpha} - 3 \right) + \frac{1}{2} K(J - 1)^2 \qquad \widetilde{\lambda}_i = \frac{\lambda_i}{J^{\frac{1}{3}}}$$

$$\widetilde{\lambda_i} = \frac{\lambda_i}{J^{\frac{1}{3}}}$$

- (μ_s, α_s) , (μ_F, α_F) and (μ_M, α_M) are subject-specific skin, fat and muscle material properties determined in vivo (Specific Aim 2)
- Dorsal soft tissue modeled with subject-specific generic soft tissue (μ_G, α_G)

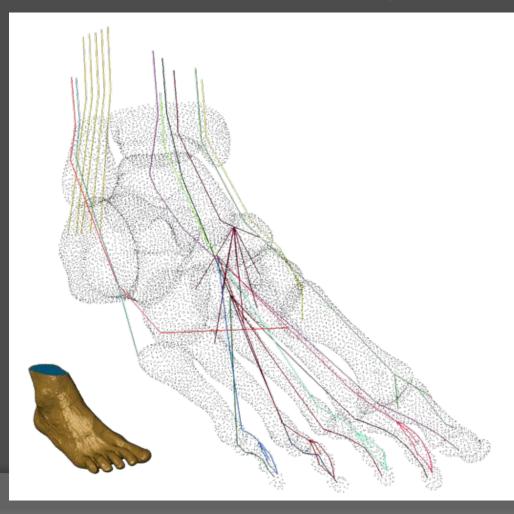
Ligament

102 non-linear, tension only ligaments



Tendon

9 extrinsic muscle tendons (seatbelts – slip rings)

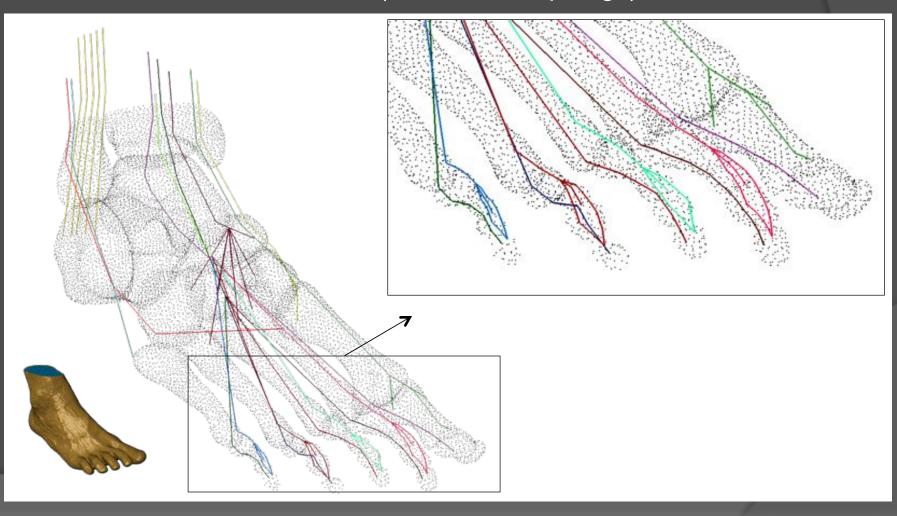


9Tendons are:

- -Achilles
- -Tibialis anterior
- -Tibialis posterior
- -Peroneus longus
- -Peroneus brevis
- -Extensor hallucis longus
- -Externso digitorum longus
- -Flexor hallucis longus
- -Flexor digitorum longus

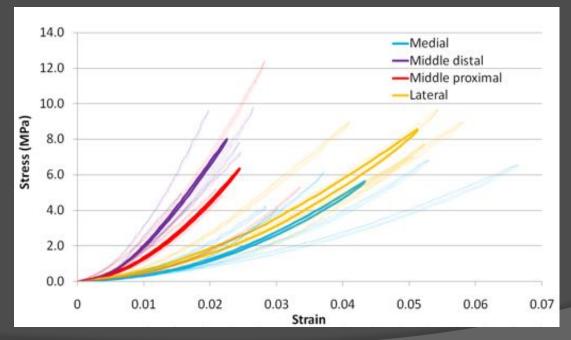
Tendon

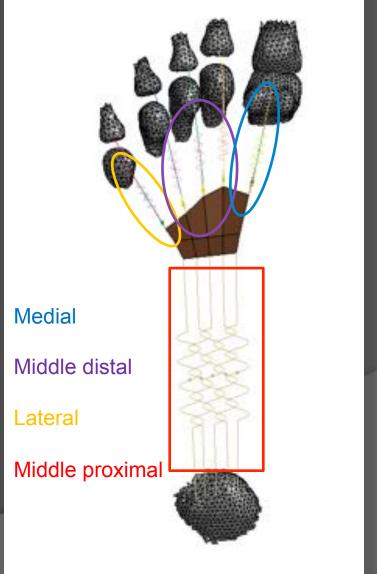
9 extrinsic muscle tendons (seatbelts – slip rings)

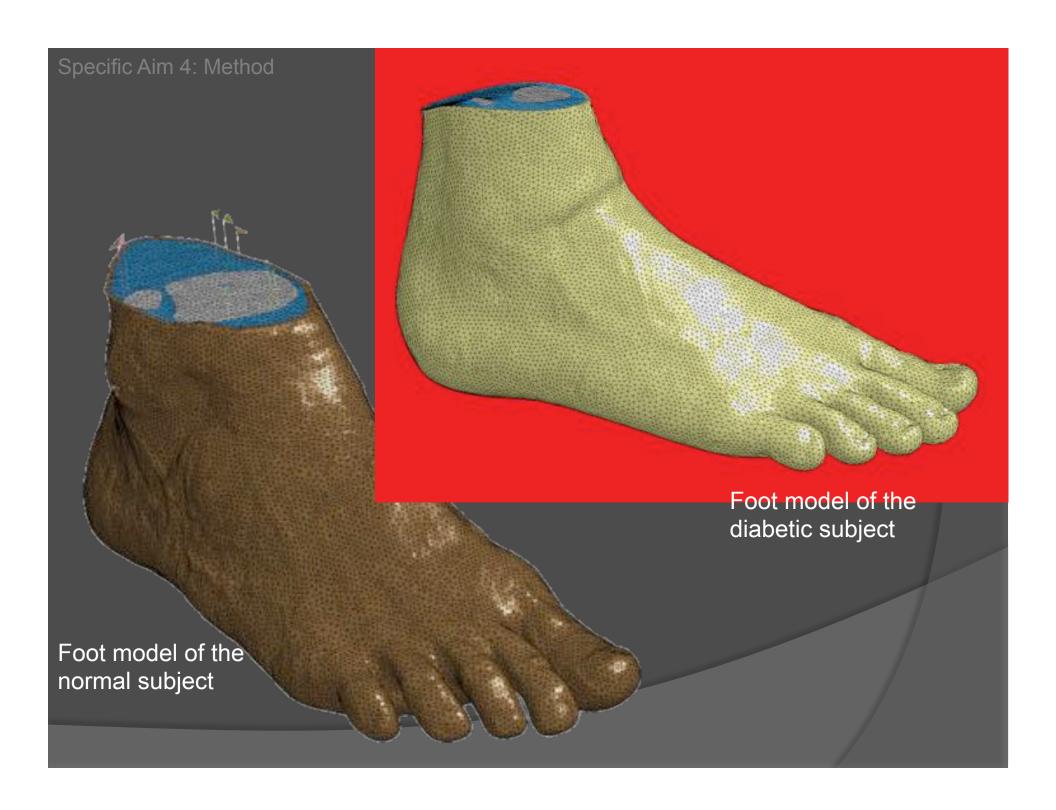


Plantar fascia

 Material properties in 4 regions from cadaveric tests from 3rd Specific Aim







Experimental Validation

3 validation conditions

- Quasi static: Passive 10% BW foot compression
- Quasi static: Quiet stance
- Dynamic: Stance phase of gait

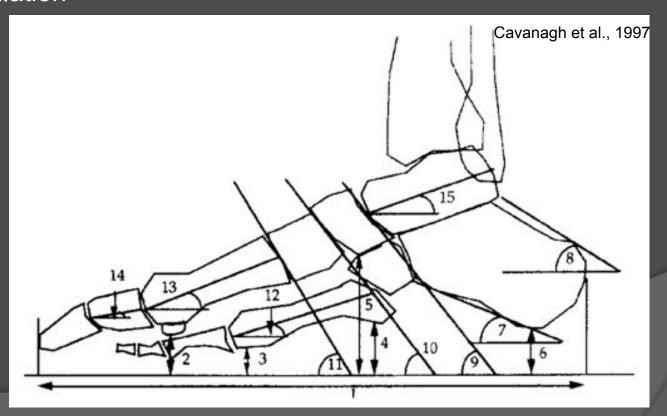
Validation 1: passive compression

 Bony alignments from 10% BW CT data are compared to simulation

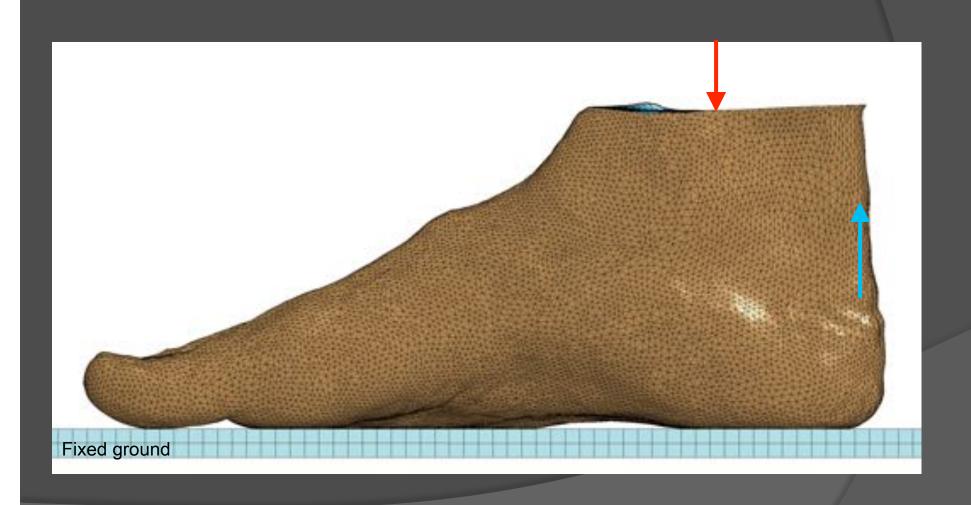


Validation 1: passive compression

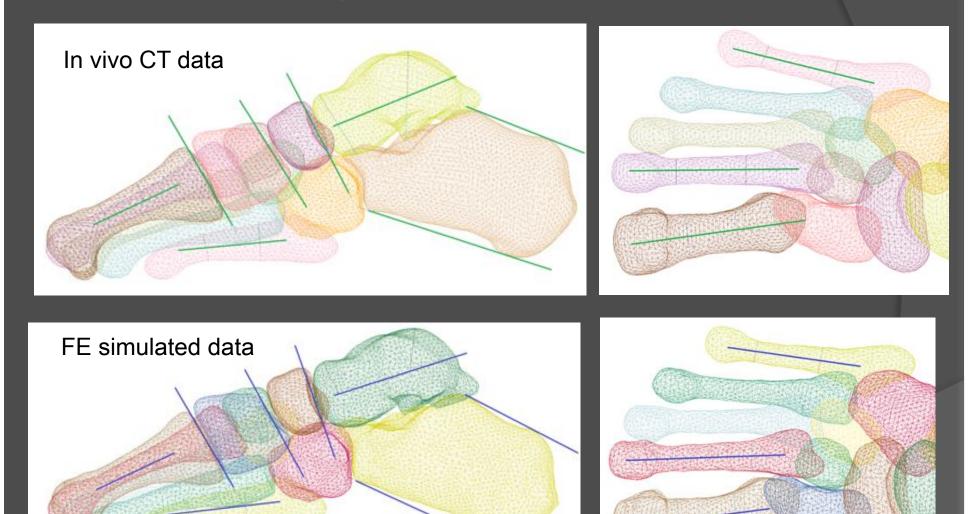
 Bony alignments from 10% BW CT data are compared to simulation



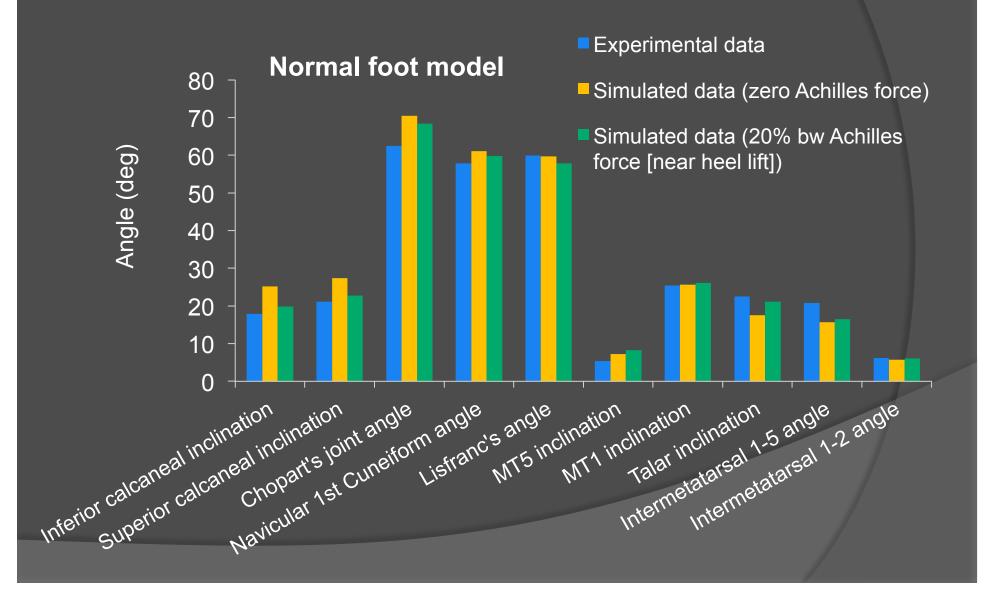
Passive compression FE simulation



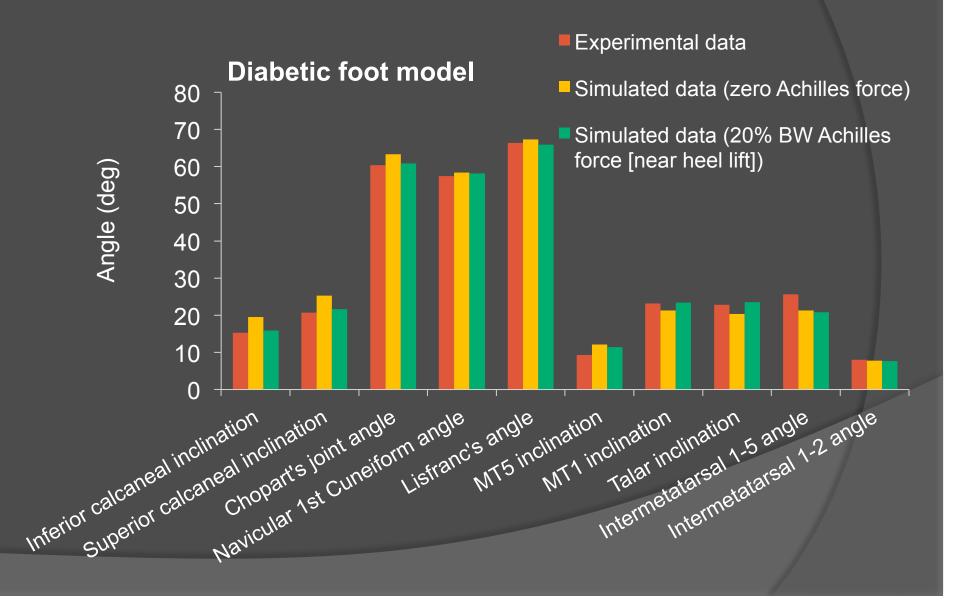
Passive compression FE simulation



Passive compression validation results

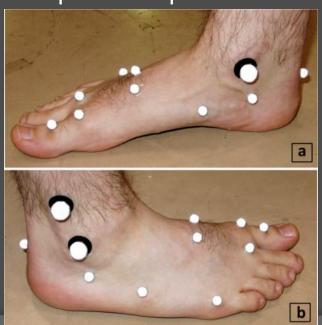


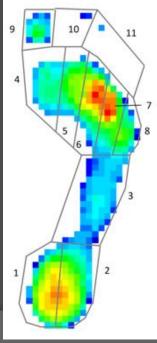
Passive compression validation results



Validation 2: Quiet stance

- Recorded 14 foot retro-reflective markers ¹
 using 12-camera Vicon system
- Recorded plantar pressure on an emed-x pressure platform



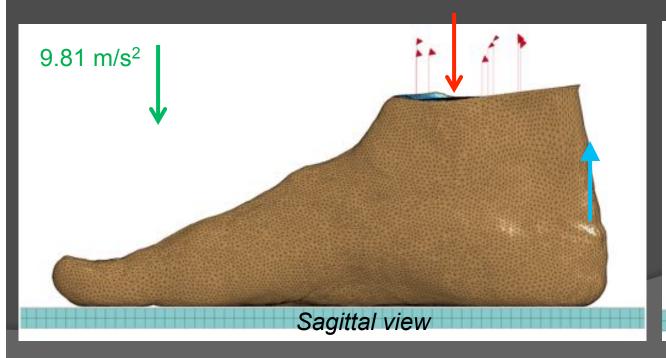


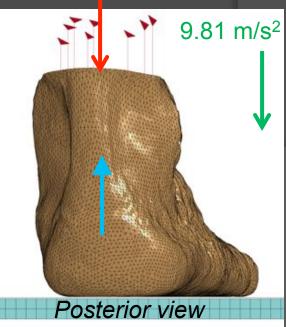


1 [Leardini et al., Gati & Posture, 25: 453-462

Quiet stance FE simulation

- Prescribed tibia orientation from motion capture data
- Tibial force + Achilles tendon force + gravitational force = 50% BW
- Tune Achilles tendon force to match in vivo COP location

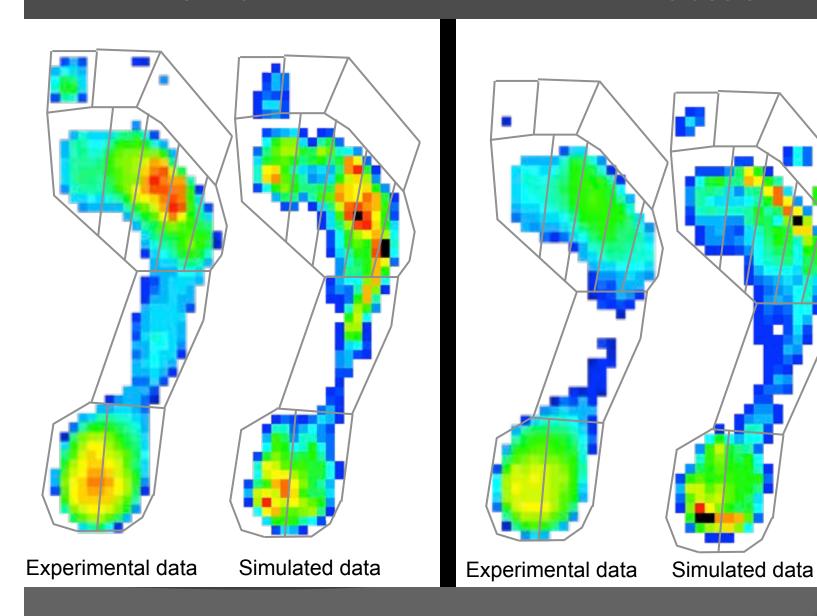




Normal

Diabetic

120 kPa



Validation 3: Dynamic gait

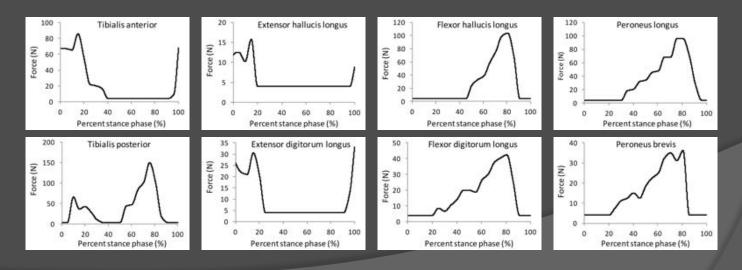
- Self-selected speed
- Right foot strike
- 7 force plate trials
- 7 pressure platform trials





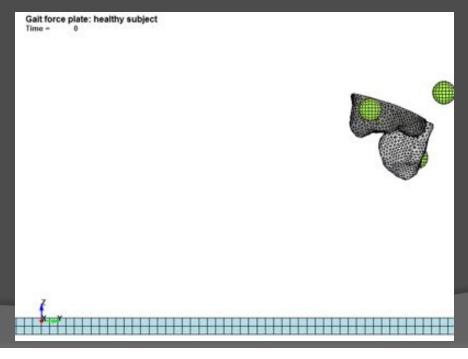
Gait FE simulation

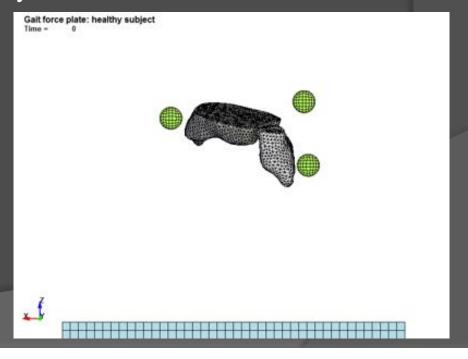
- Different simulation for force plate and pressure platform trials
- Prescribe tibial kinematics-time history (series of 4x4 transformation matrices)
- Prescribe tendon force-time history from literature ¹



Gait FE simulation

- Different simulation for force plate and pressure platform trials
- Prescribe tibial kinematics-time history (series of 4x4 transformation matrices)
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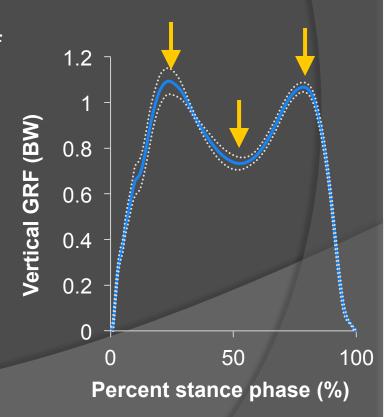


Gait FE simulation: protocol

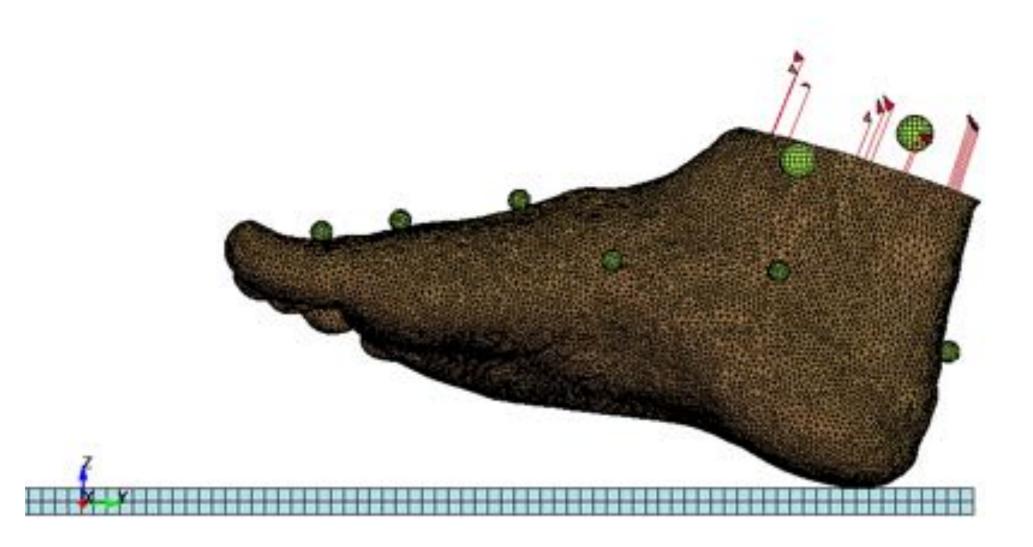
- Initialize tendon forces, dorsiflex ankle before heel strike (0.0s to 0.2s)
- At 0.2s, switched to prescribed tibial kinematics
- Stance phase of gait ~0.215s to push off

Model tuning to achieve target vertical GRF

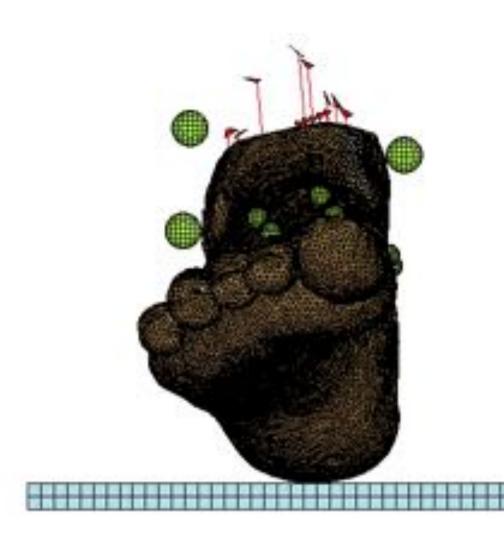
- Floor position (1-7mm)
- Achilles tendon force



Gait force plate: healthy subject Time = 0

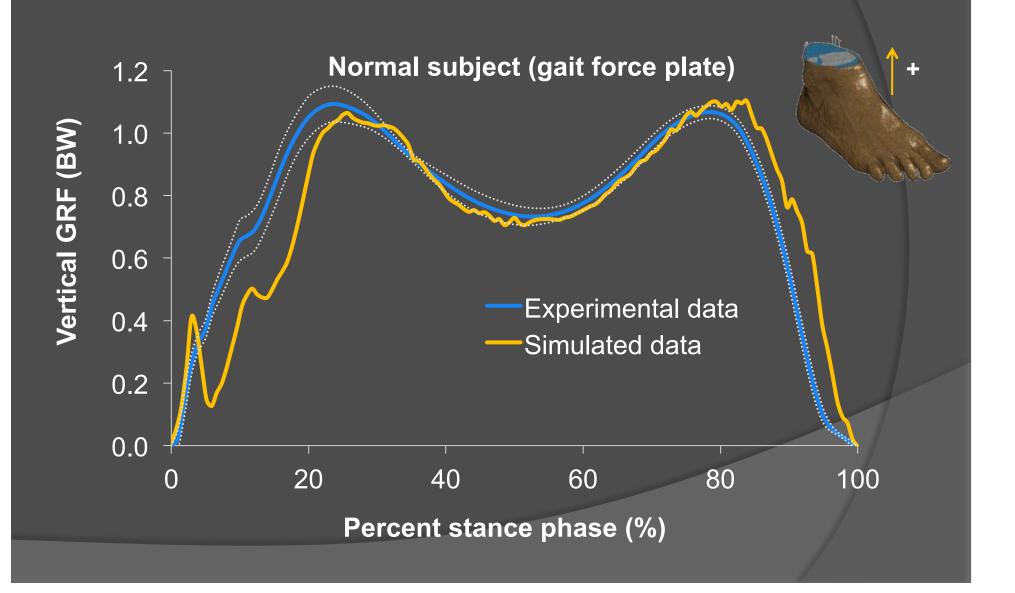


Gait force plate: healthy subject Time = 0

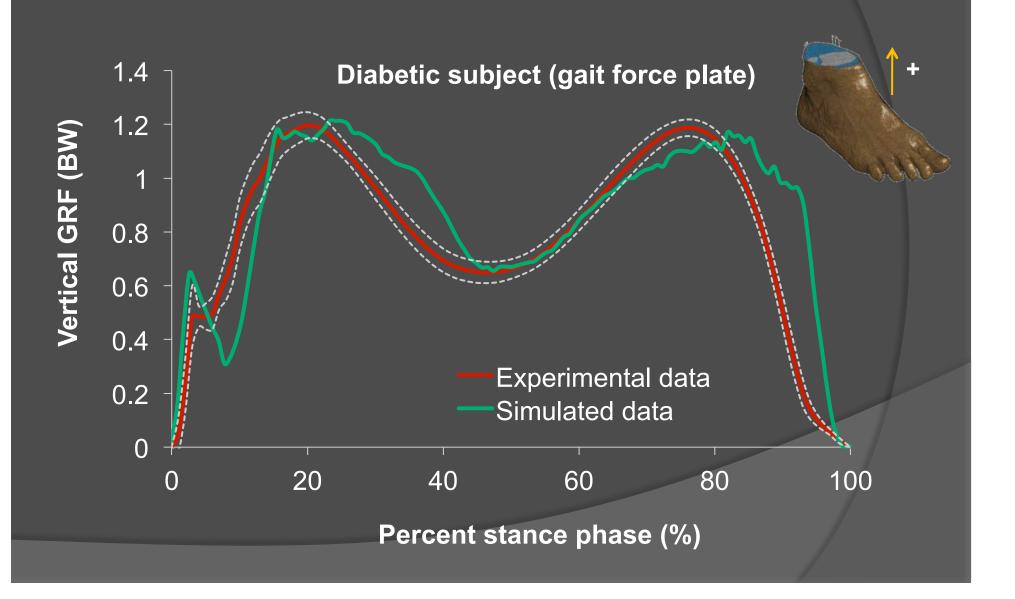




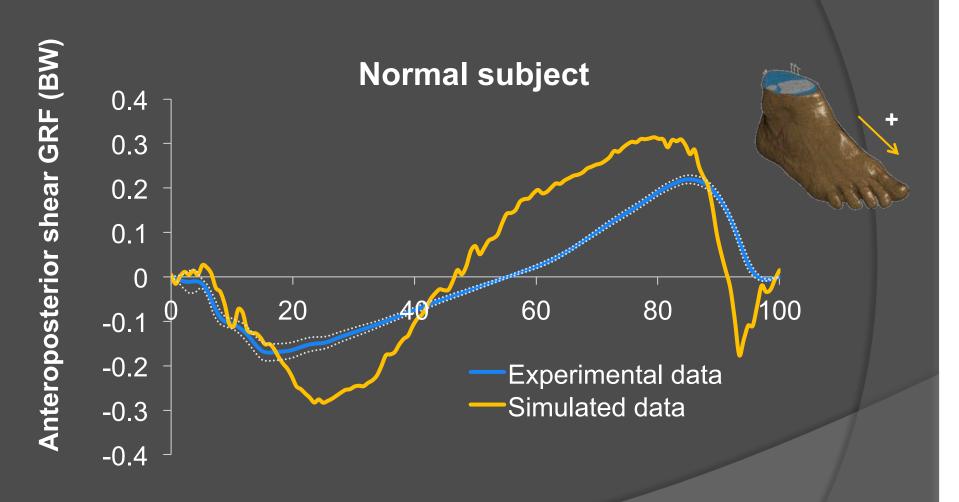
Gait: Vertical ground reaction force



Gait: Vertical ground reaction force

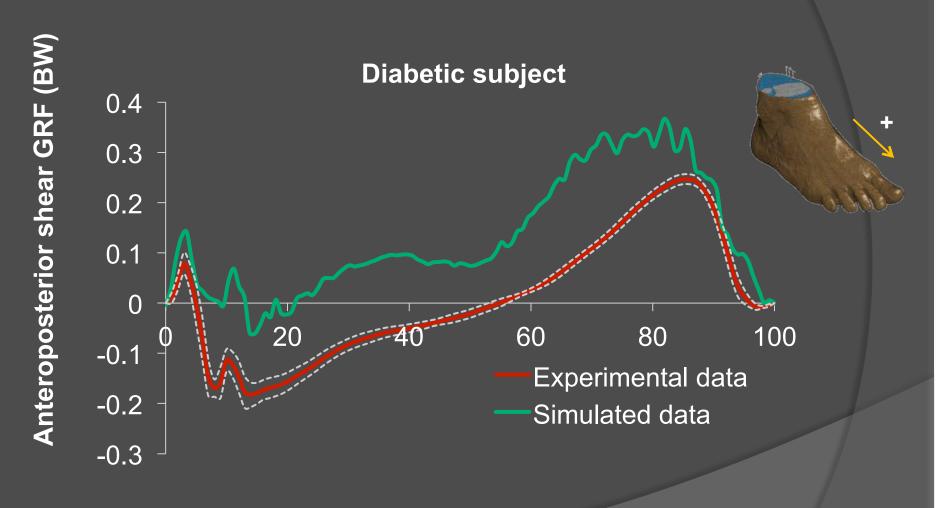


Gait: AP shear ground reaction force



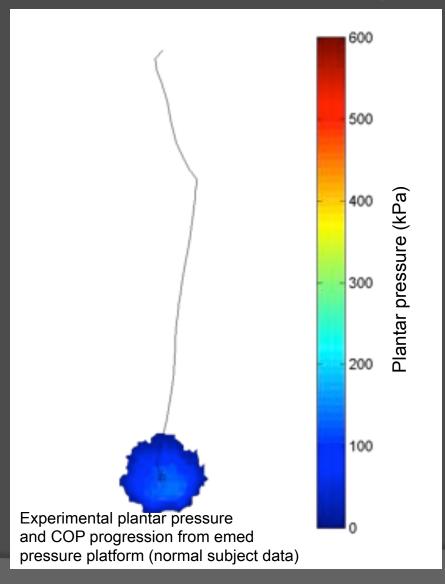
Percent stance phase (%)

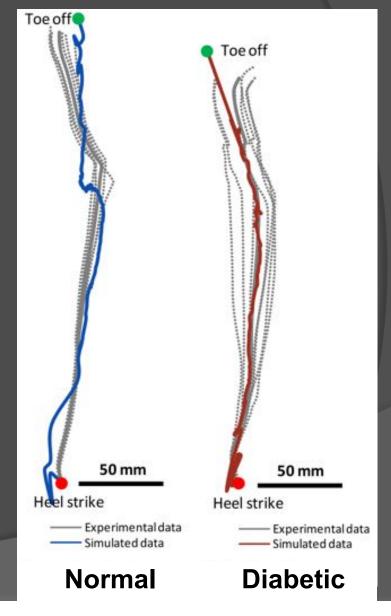
Gait: AP shear ground reaction force



Percent stance phase (%)

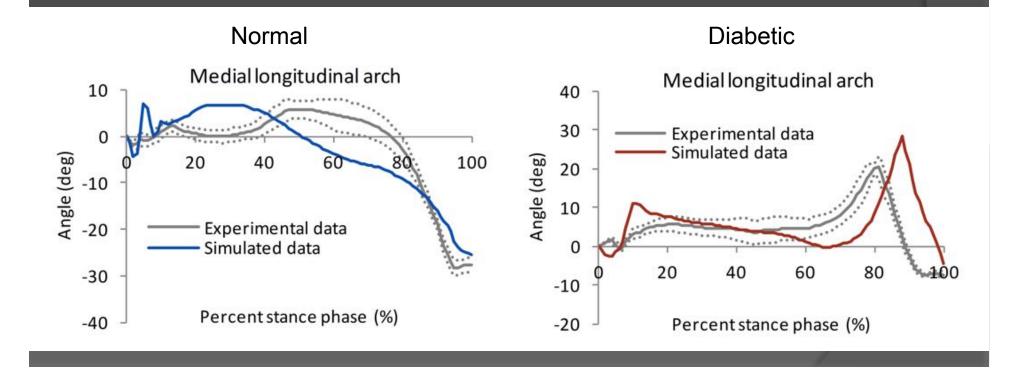
Gait: Center of pressure



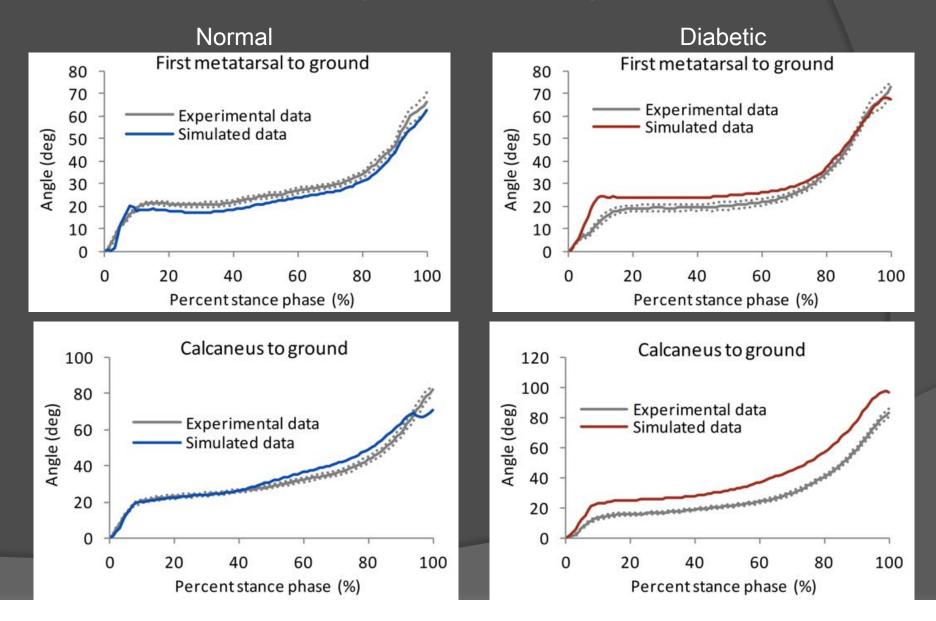


Gait: Bone kinematics

- Measurements are based on foot model described by Leardini et al.,2007
- 10 bone angle validations showed small RMS error relative to peak



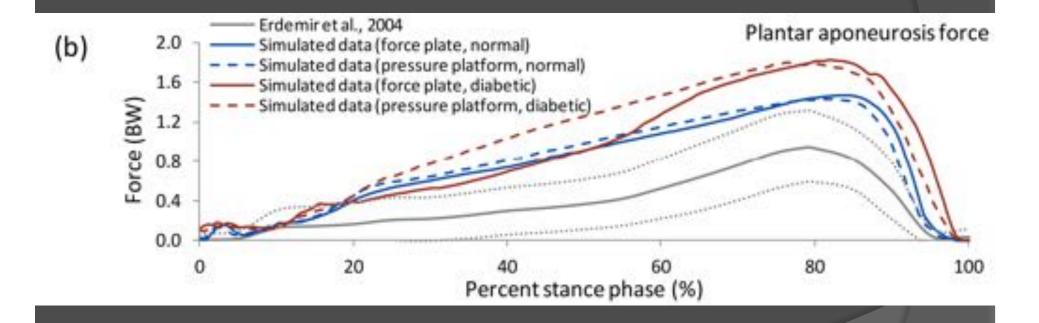
Gait: Bone-to-ground angles



Specific Aim 4: Results – Validation3

Gait: Plantar fascia force

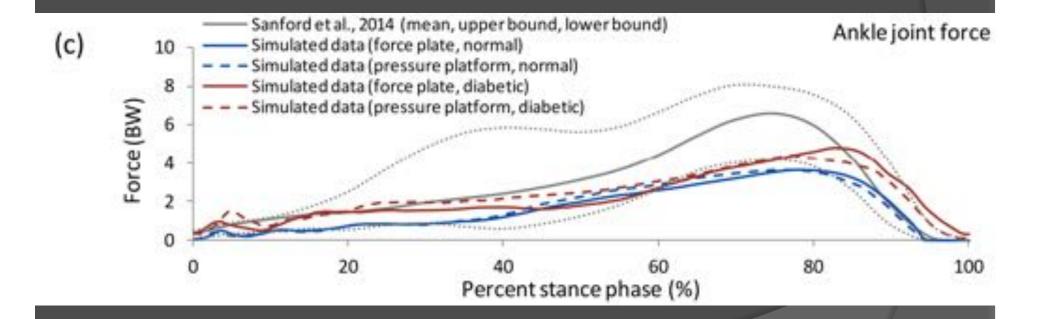
Cadaveric experimental results vs FE model



Specific Aim 4: Results – Validation3

Gait: Ankle joint force

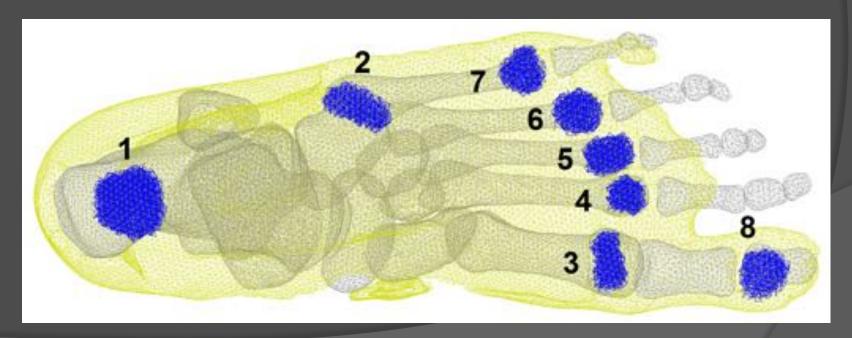
In vivo inverse dynamic results vs FE model

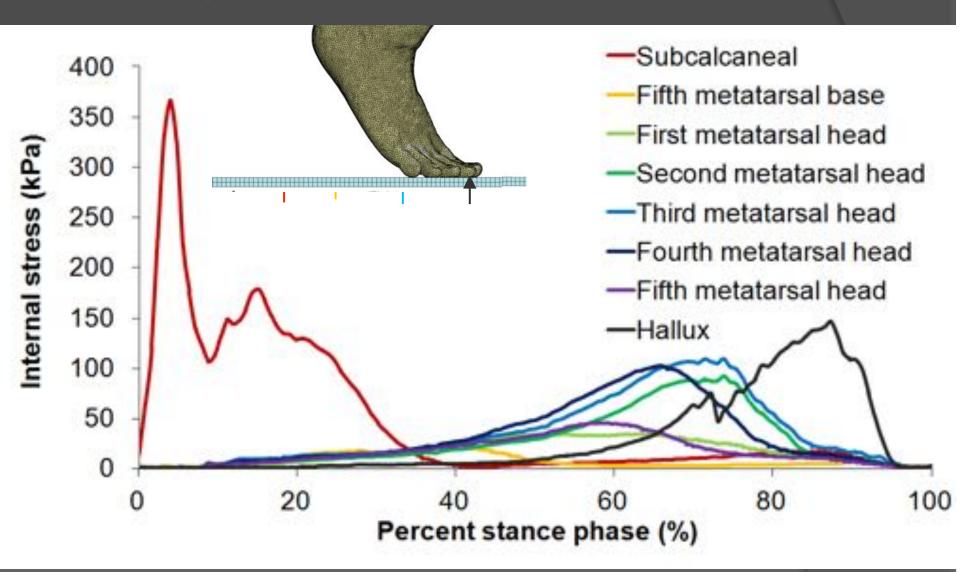


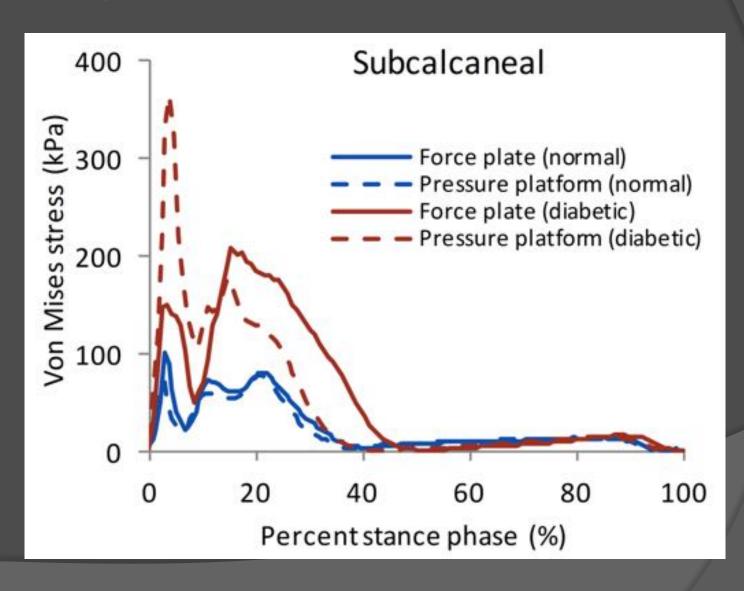
Model prediction

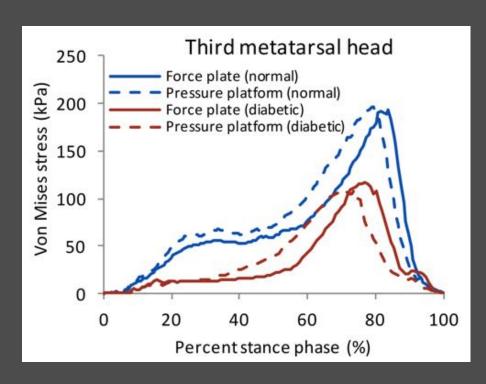
- Internal stress
- Parametric analysis on the effect of soft tissue assumptions on plantar pressure and internal stress

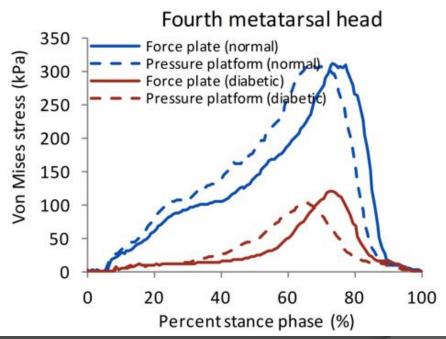
- 8 locations in the plantar fat (ulcer risk locations)
- Calculated stress in terms of mean Von Mises stress¹
- 1000 elements/region (3000 at the subcalcaneus)

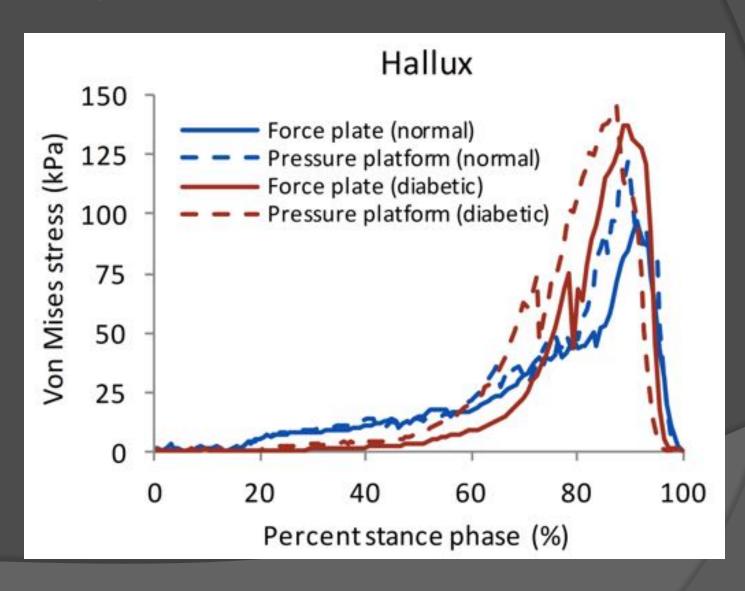








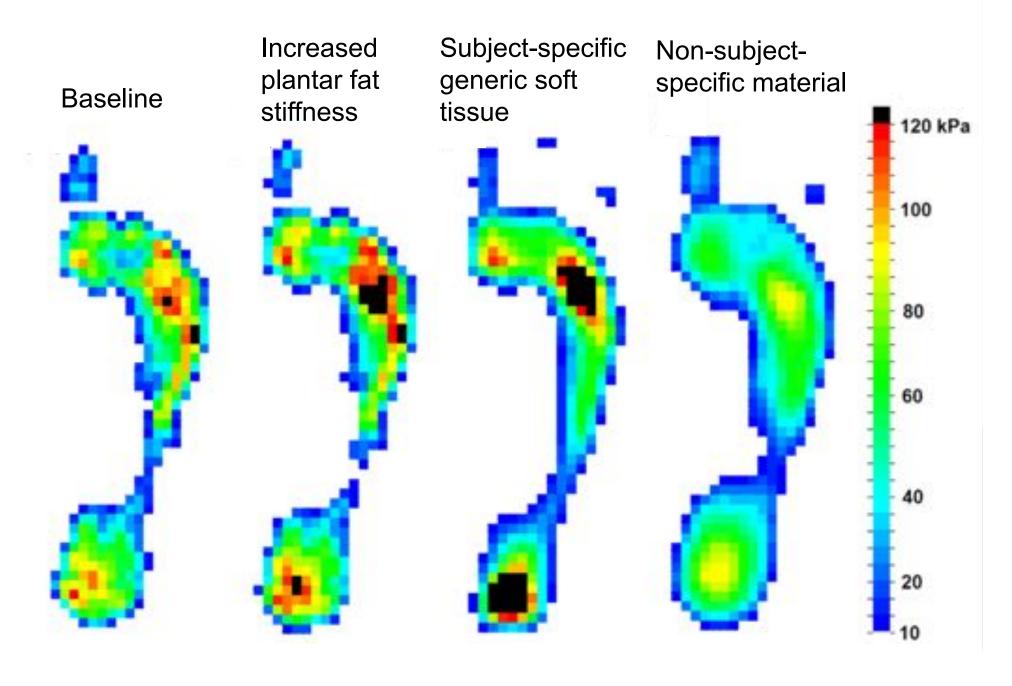




Model prediction: Parametric study

- The effect of soft tissue material properties on plantar pressure and internal stress in quiet stance
 - 2X increased plantar fat stiffness
 - Generic soft tissue assumption
 - Non-subject-specific soft tissue assumption

Quiet stance plantar pressure



Conclusion

- Subject-specific FE foot models
 - Subject-specific anatomy, soft tissue material properties and tibial kinematics
 - Improved plantar fascia component
 - Improved ligament, tendon structures and joint cavity
 - Extensive static and dynamic model validations