

ANSYS Conference & 32nd CADFEM Users' Meeting 2014

Methodische Aspekte bei der Belastungs- analyse des Hüftgelenks mit MKS und FEA

Methodical Aspects of the Load Analysis of the Hip Joint with MBS and FEA

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Structure

- | | |
|---------------------|---|
| Introduction | <ul style="list-style-type: none">● Hip Osteoarthritis● Motivation |
|---------------------|---|

- | | |
|----------------|--|
| Methods | <ul style="list-style-type: none">● Motion Capture● Human Multibody Simulation (MBS)● Segmentation● Finite Element Analysis (FEA) |
|----------------|--|

- | | |
|----------------|---|
| Results | <ul style="list-style-type: none">● MBS● FEA |
|----------------|---|

Discussion

Summary

Hip osteoarthritis

- degenerative joint disease
- progressive degradation of cartilage and other structures of the joint
- joint space narrowing, growth of osteophytes
- prevalence 10.9%^[1]
- causes: mechanical stress (trauma, incongruency), accompanying other diseases

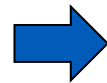


osteoarthritis of the hip

^[1] D. Pereira, B. Peleteiro, et al. The effect of osteoarthritis definition on prevalence and incidence estimates: A systematic review. *Osteoarthritis and Cartilage* 2011, 19(11):1270-1285.

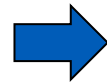
Motivation

- detrimental to patients' health
- 2.6 million work incapacity days in 2011^[2]
- €7.6 billion direct costs in the health care system in 2008^[2]
- addition costs from early retirements



high socioeconomic relevance

- Is there an association between occupational activities and the osteoarthritis of the hip?
- epidemiological evidence can be found in the literature^[3]



interest of the accident insurers in the safety and health of employees

^[2] Robert Koch-Institut (2013) Arthrose, *Reihe Gesundheitsberichterstattung des Bundes*, Heft 54. Berlin. www.gbe-bund.de. Abrufdatum: 24.10.2013

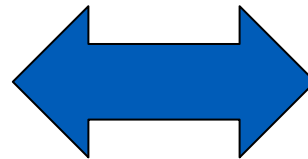
^[3] Sulsky, S. I., Carlton, L., Bochmann, F., Ellegast, R., Glitsch, U., Hartmann, B., ... Sun, Y. (2012). Epidemiological evidence for work load as a risk factor for osteoarthritis of the hip: a systematic review. *PloS One*, 7(2), e31521.

Analysis of occupational and everyday activities

Will certain occupational activities promote the onset of osteoarthritis of the hip?

risk associated activities:

- lifting, carrying und transferring weights (25kg, 40kg, 50kg)
- stair climbing (without weight, with 25kg)
- ladder climbing (angle of 70° and 90°)
- jumping from 430mm height



activities of daily living:

- walking
- sitting down, getting up

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- Introduction**
- Hip Osteoarthritis
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- Methods**
- Motion Capture
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 - Segmentation
 - Finite Element Analysis (FEA)

- Results**
- MBS
 - FEA

Discussion

Summary

Motion capture, ground reaction forces



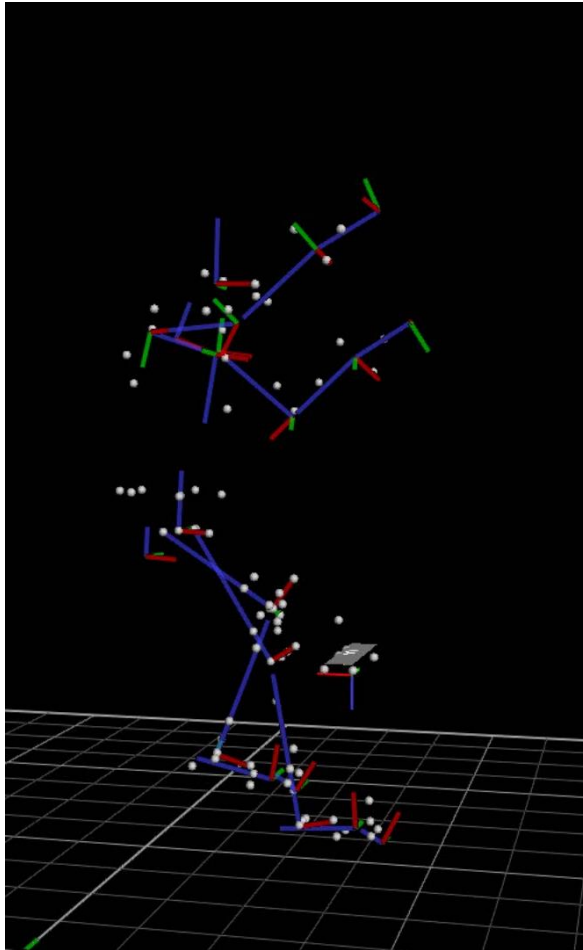
- 12-camera-system (Vicon Motion Systems, Oxford, GBR)
- force plates (Kistler Instrumente AG, Winterthur, CH)
- instrumented staircase and ladder (Kistler Instrumente AG, Winterthur, CH)



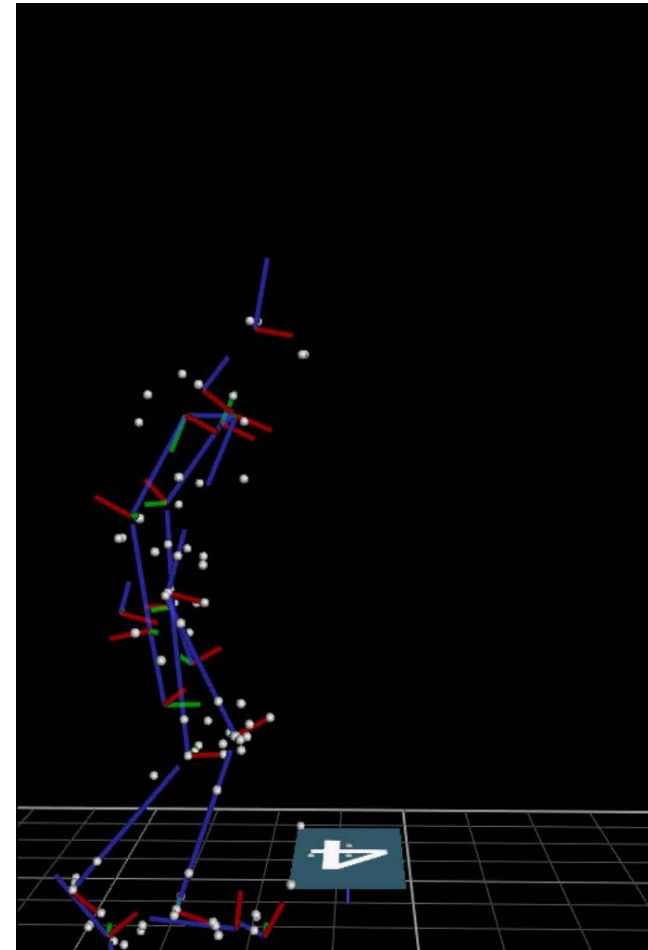
Subjects (n = 8)

- male
- without diseases of the hip joint
- understanding of the task
- reasonable soft tissue movement
- blue collar workers

Motion capture, ground reaction forces



marker movement for
ladder climbing

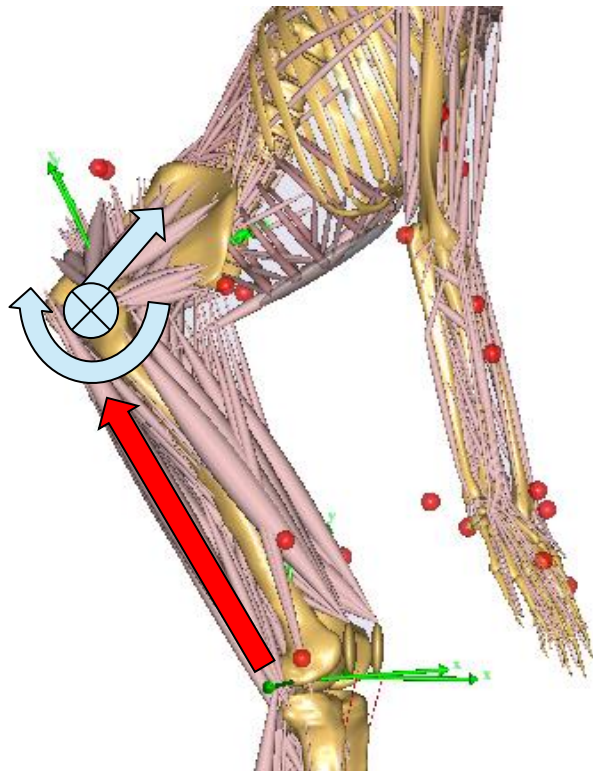


marker movement for
stair climbing

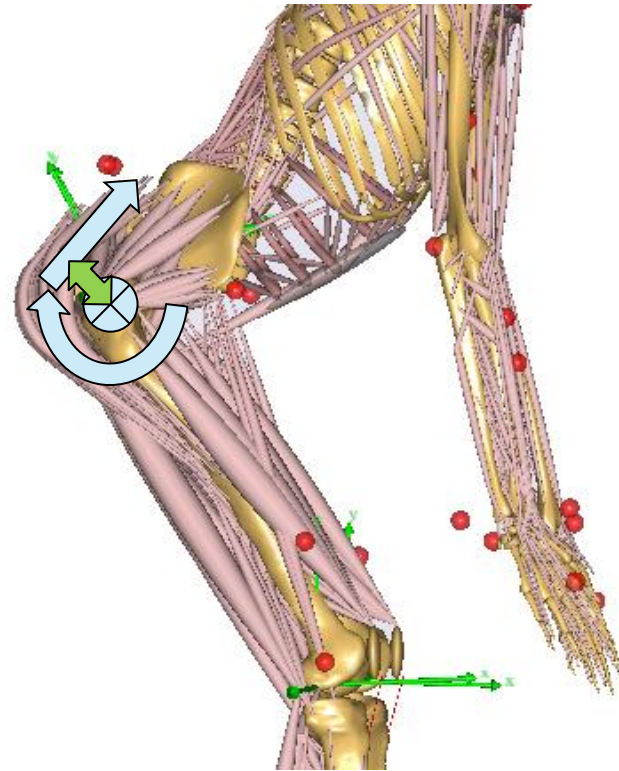
AnyBody model

- human multibody simulation with AnyBody 6.01 (AnyBody Technology A/S, Aalborg, DK)
- AMMR v1.6: MocapModel_FullBody
- modified hip extensors
- anthropometric scaling
- limitation of parametric optimisation
- save data in H5-file format

AnyBody model: wrapping extensors



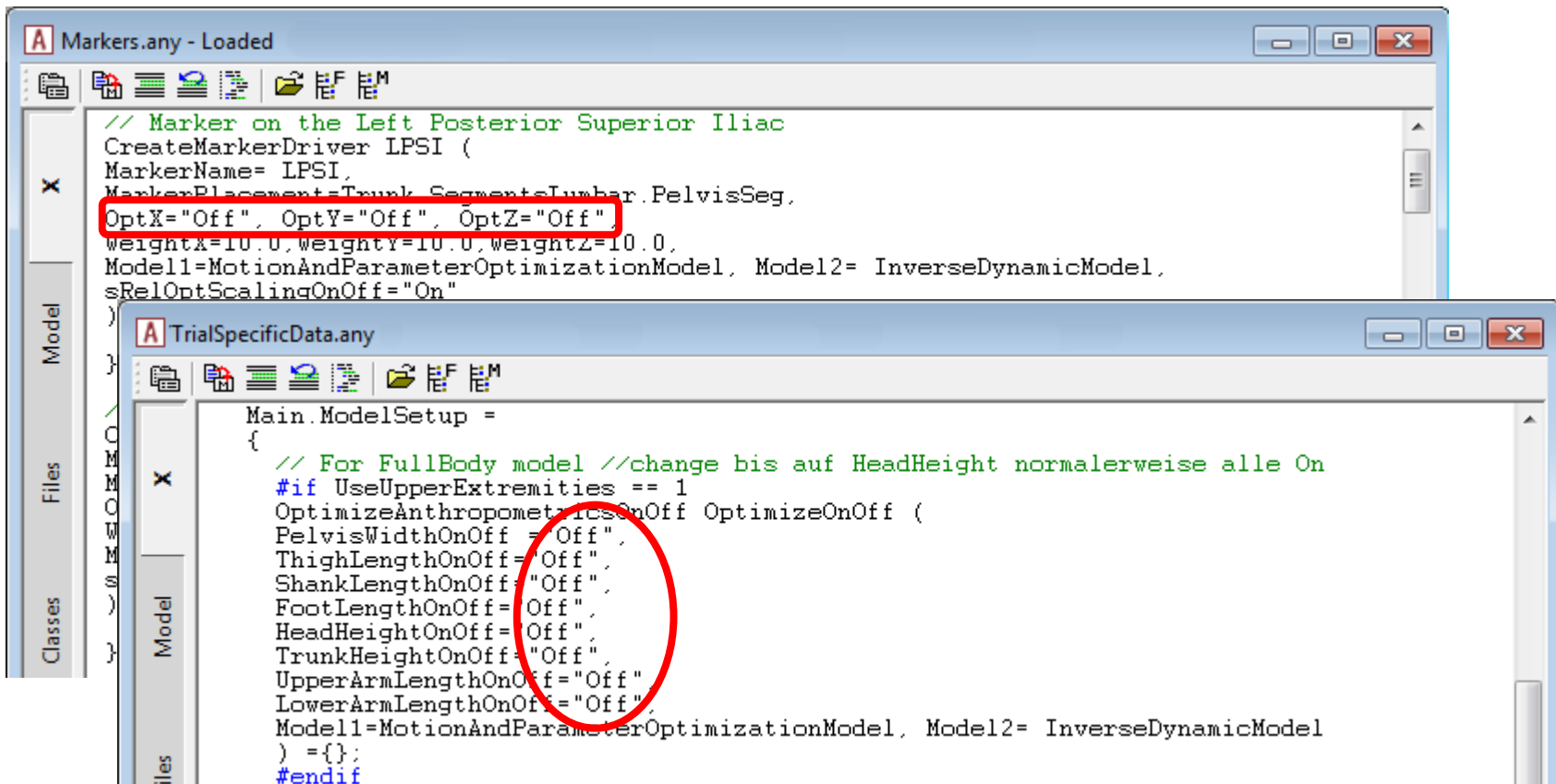
standard model



modified model

AnyBody model: parameter optimisation

- for one test person the same anthropometry and marker placement was used for every trial

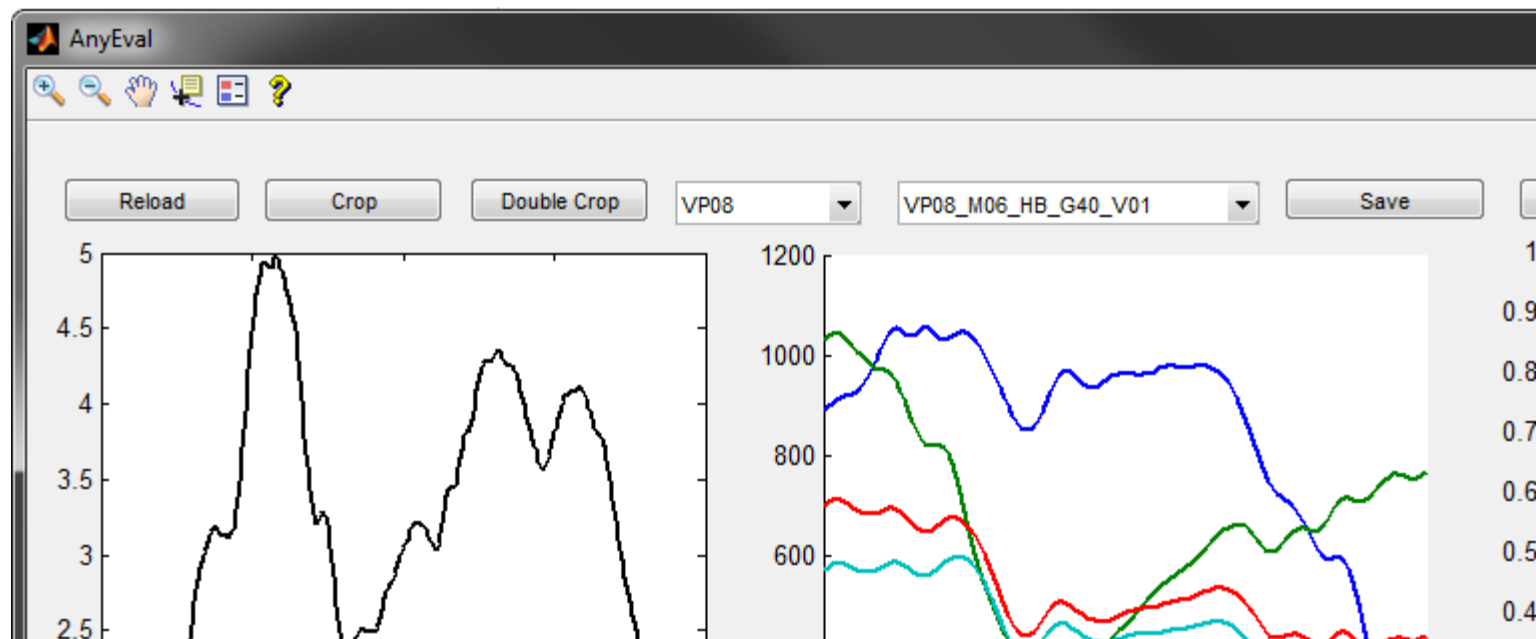


```
// Marker on the Left Posterior Superior Iliac
CreateMarkerDriver LPSI (
  MarkerName= LPSI,
  MarkerPlacement=Trunk_SegmentsLumbar.PelvisSeg,
  OptX="Off", OptY="Off", OptZ="Off",
  weightX=10.0, weightY=10.0, weightZ=10.0,
  Model1=MotionAndParameterOptimizationModel, Model2= InverseDynamicModel,
  sRelOptScalingOnOff="On"
)

Main.ModelSetup =
{
  // For FullBody model //change bis auf HeadHeight normalerweise alle On
  #if UseUpperExtremities == 1
  OptimizeAnthropometricsOnOff OptimizeOnOff (
    PelvisWidthOnOff = "Off",
    ThighLengthOnOff = "Off",
    ShankLengthOnOff = "Off",
    FootLengthOnOff = "Off",
    HeadHeightOnOff = "Off",
    TrunkHeightOnOff = "Off",
    UpperArmLengthOnOff = "Off",
    LowerArmLengthOnOff = "Off",
    Model1=MotionAndParameterOptimizationModel, Model2= InverseDynamicModel
  ) = {};
  #endif
}
```

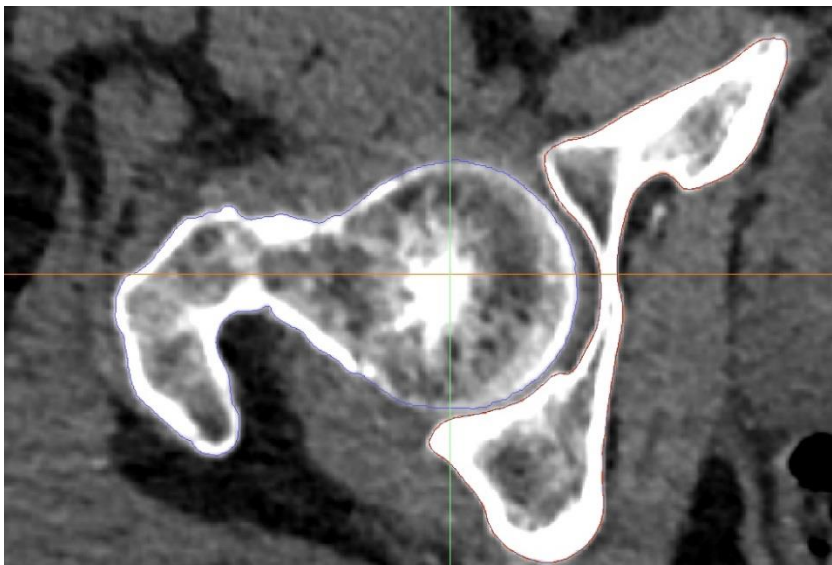
Processing H5-files

- Matlab R2014a (Mathworks Inc., Natick, US-MA)
- import hip joint forces of every H5-file of every test person
- trim the trials to functional time intervalls (e.g. gait cycle, step)
- find maximum loads, calculate means

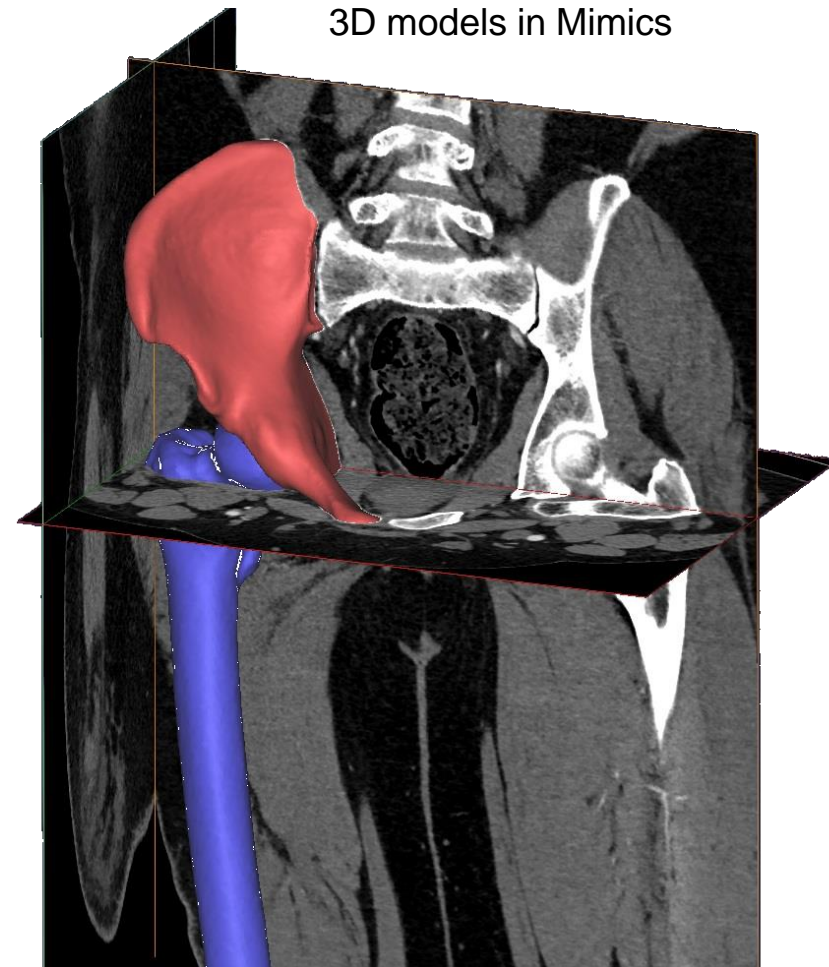


Segmentation of CT data

- Mimics 16.0
(Materialise NV, Leuven, BE)
- semi automatic segmentation
(> 200 HU)

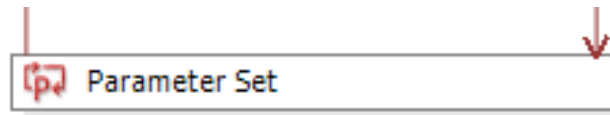


model contours in Mimics



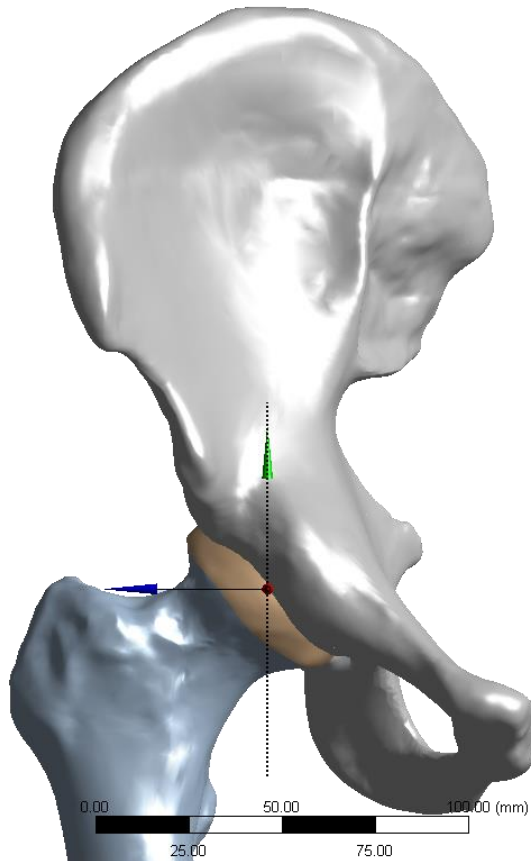
FEA

- simulation of AnyBody load cases in ANSYS Workbench 15.0 (ANSYS Inc., Canonsburg, US-PA)
- AnyBody geometries and segmented geometries were superimposed while maintaining the hip joint rotation center
- this allowed the use of the AnyBody results as parameter sets in ANSYS workbench (rotational orientation, hip joint load)

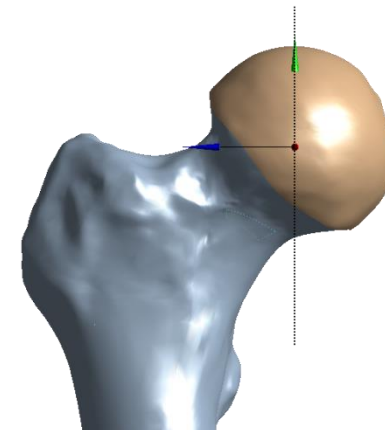


AnyBody femur and segmented femur superimposed in ANSYS Design Modeler

FEA



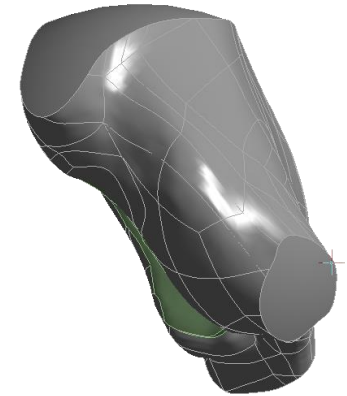
alignment of the femur in the hip joint rotation center according to the orientation calculated in AnyBody



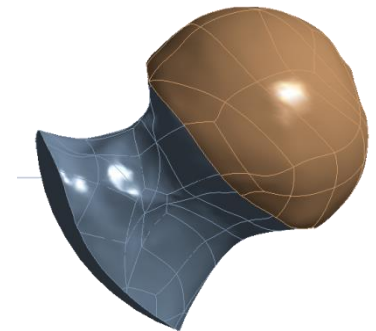
femur cartilage was applied as a 1.4mm layer on the femoral head and the acetabulum

FEA

- limit the model to the region of interest
- pelvis with fixed support
- remote load on the cut surface of the femur located as remote point in joint rotation center
- 1.4mm cartilage on both parts
- cartilage: linear isotropic ($E=11.85\text{MPa}$, $\nu=0.45$)^[4]
- bone: linear isotropic ($E=12.4\text{GPa}$, $\nu=0.3$)
- contacts: bonded and frictional ($\mu=0.04$)



trimmed pelvis in ANSYS



trimmed femur in ANSYS

^[4] Yoshida, H., Faust, A., Wilckens, J., Kitagawa, M., Fetto, J., & Chao, E. Y.-S. (2006). Three-dimensional dynamic hip contact area and pressure distribution during activities of daily living. *Journal of Biomechanics*, 39(11), 1996–2004.

Structure

Introduction

- Hip Osteoarthritis
- Motivation

Methods

- Motion Capture
- Human Multibody Simulation (MBS)
- Segmentation
- Finite Element Analysis (FEA)

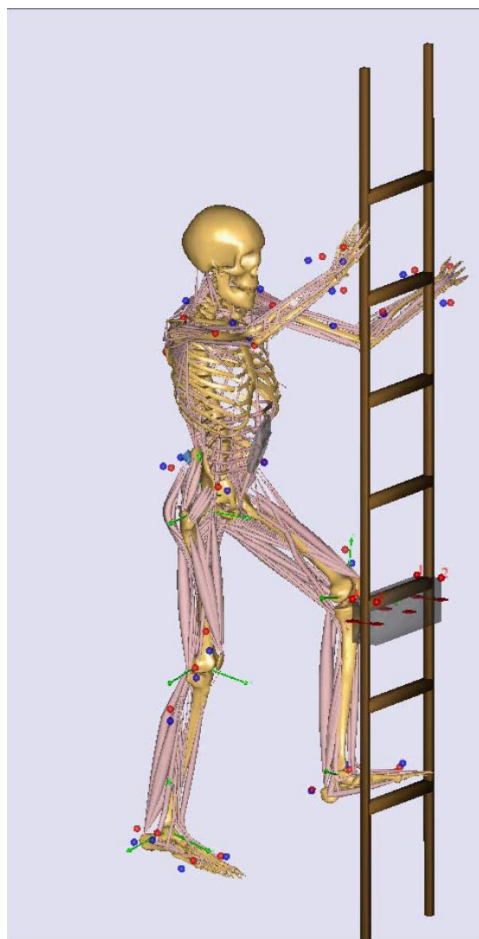
Results

- MBS
- FEA

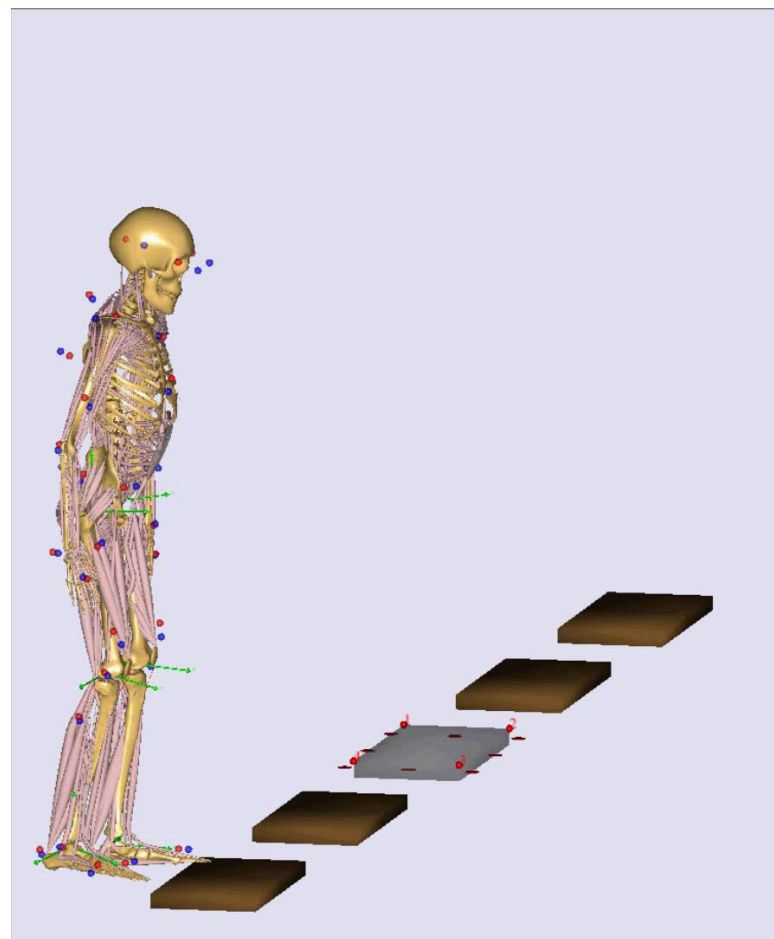
Discussion

Summary

AnyBody multibody simulation



ladder climbing in AnyBody

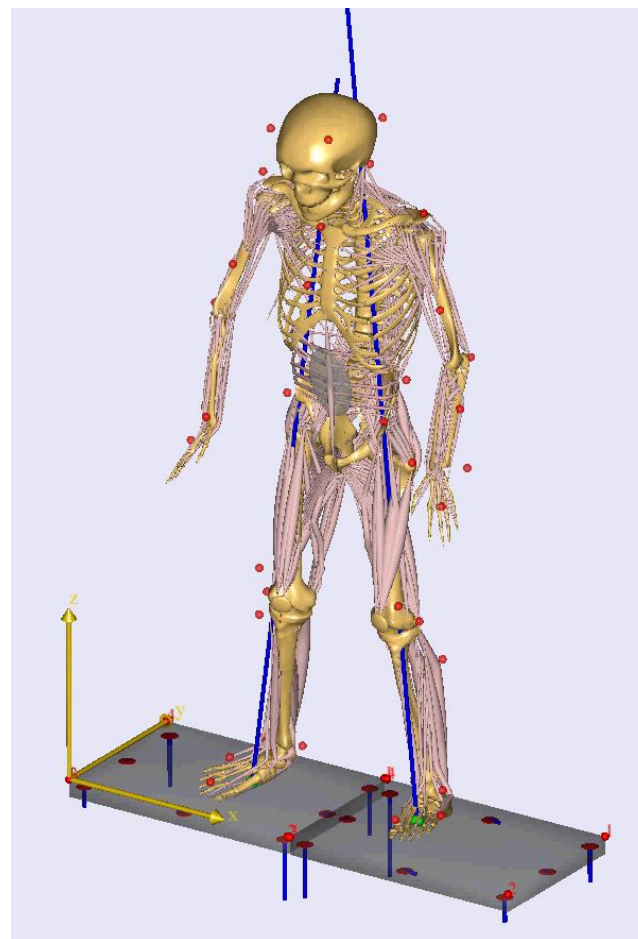


stair climbing in AnyBody

AnyBody multibody simulation



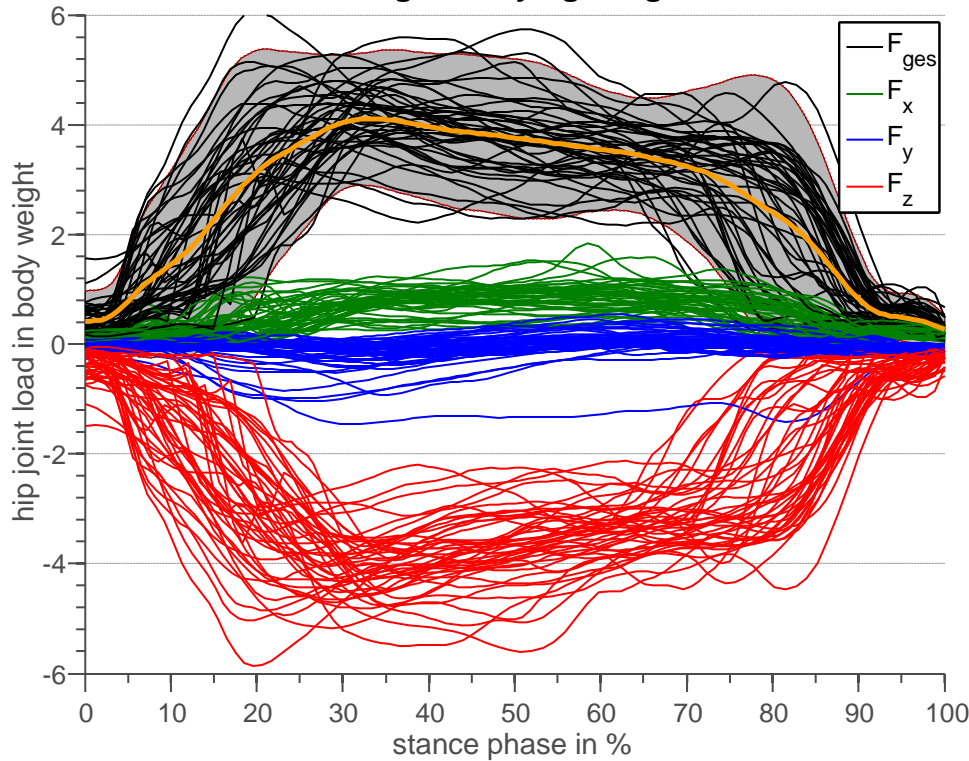
jumping in AnyBody



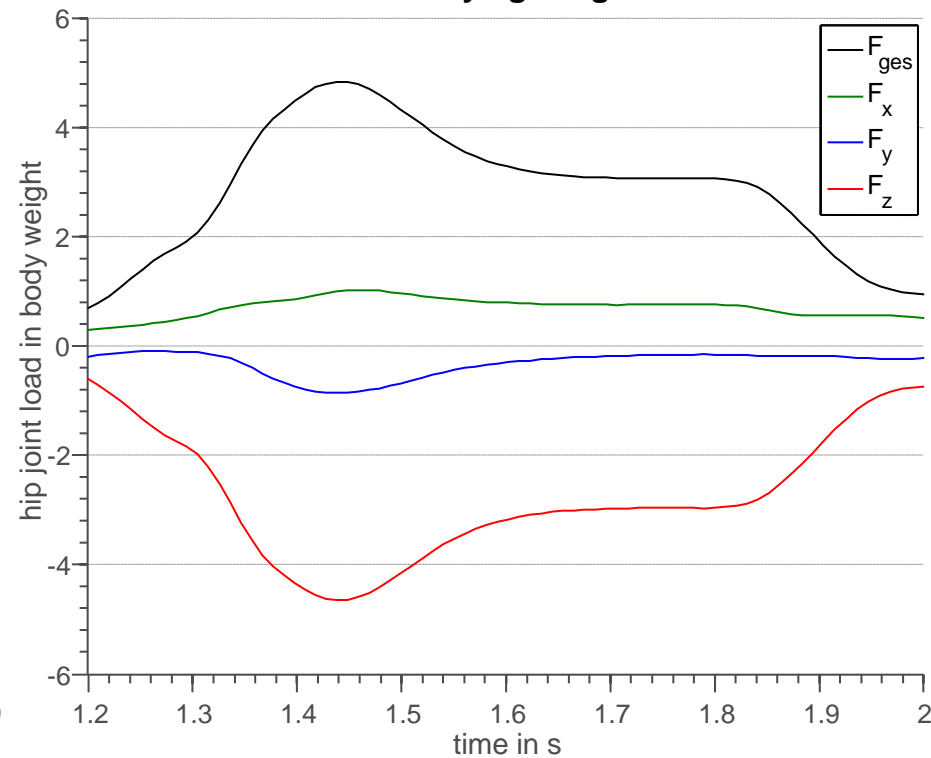
sitting down in AnyBody

Lifting & carrying

lifting & carrying 25kg



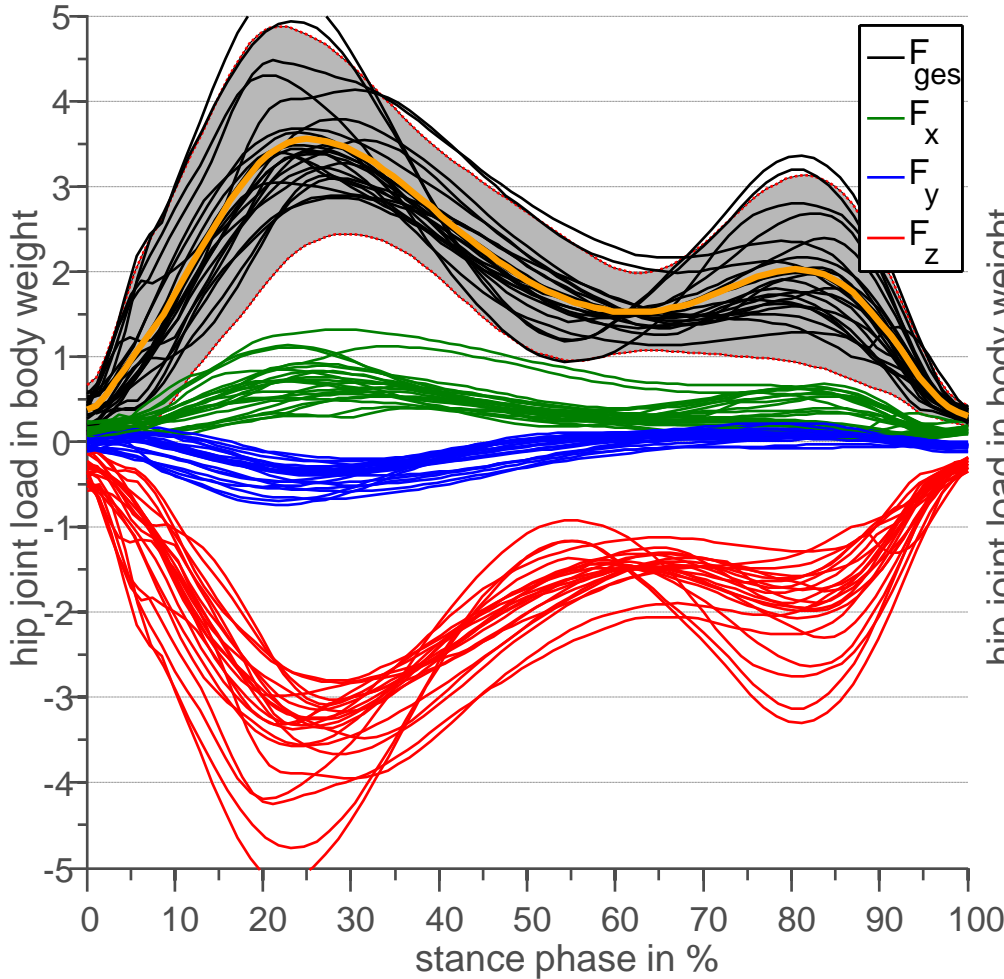
Orthoload: h2r_100611_1_68,
carrying 22kg



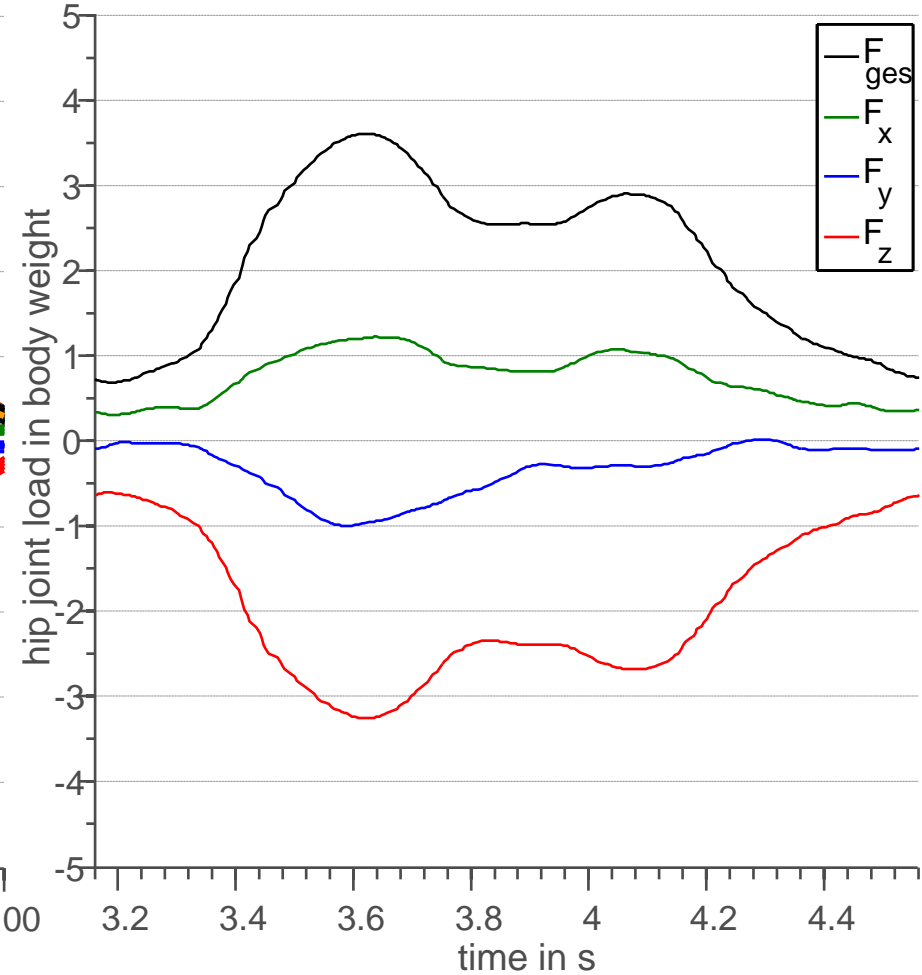
Quelle: www.orthoload.de

Stair climbing: up

stair climbing: up

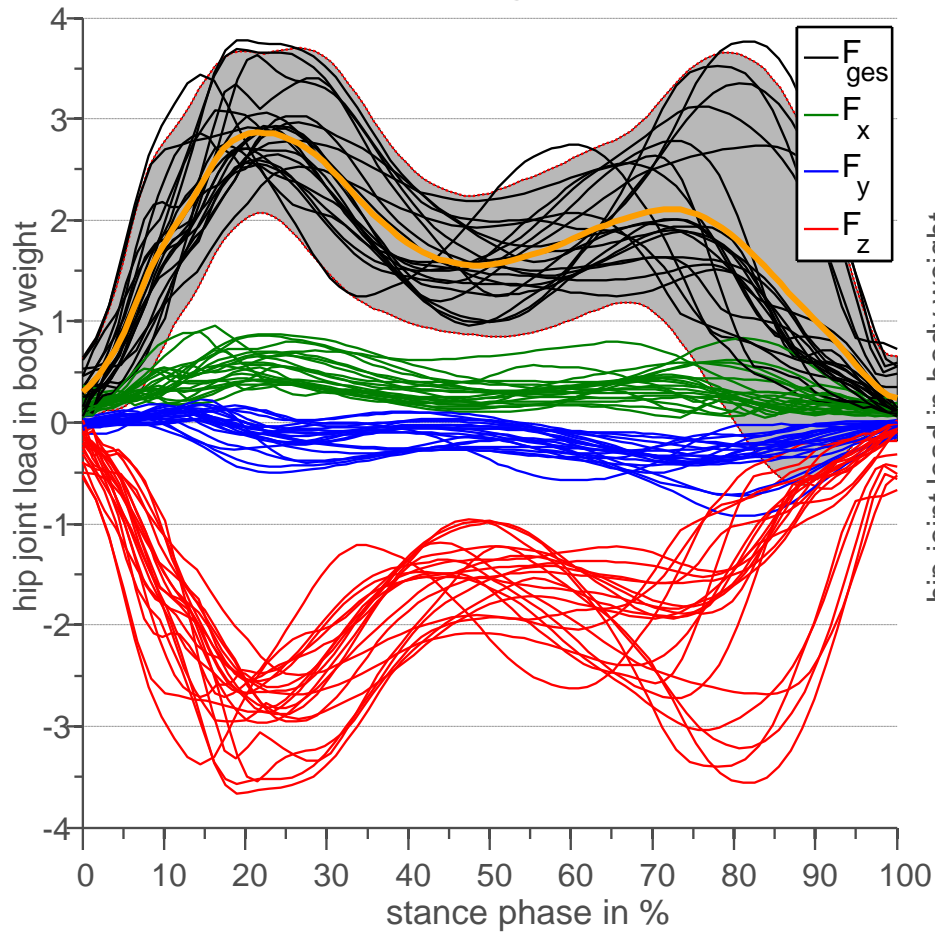


Orthoload: ebr113a

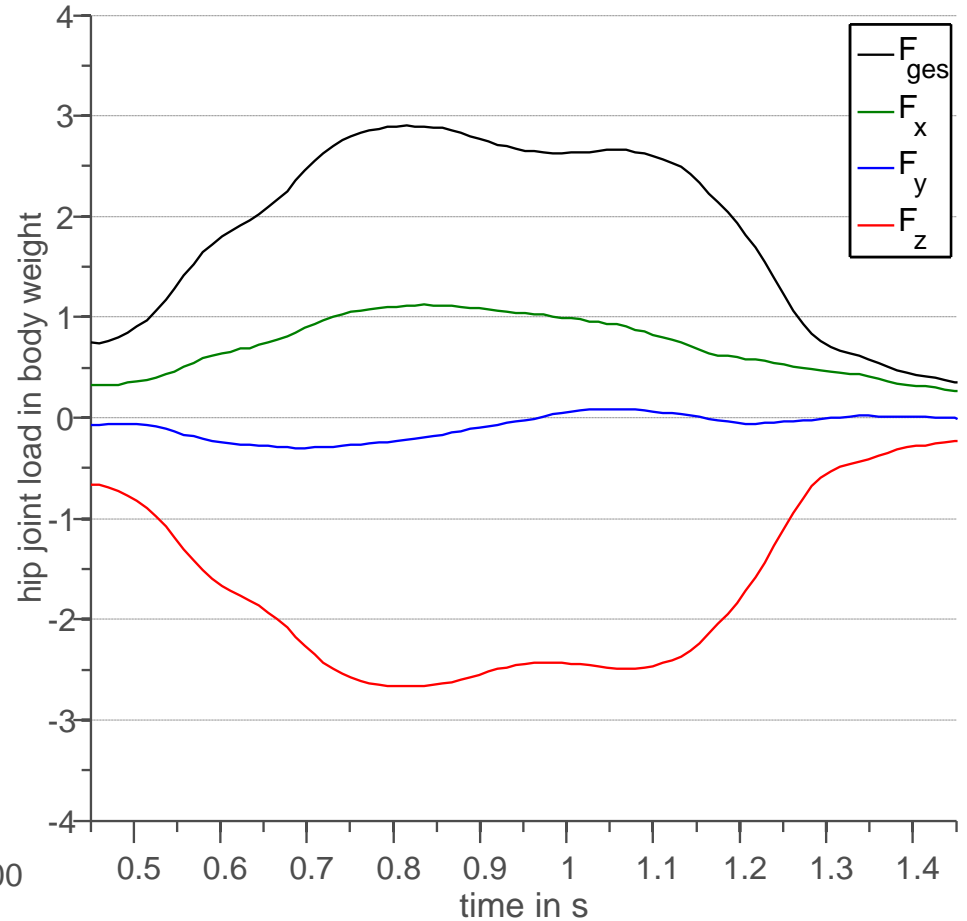


Stair climbing: down

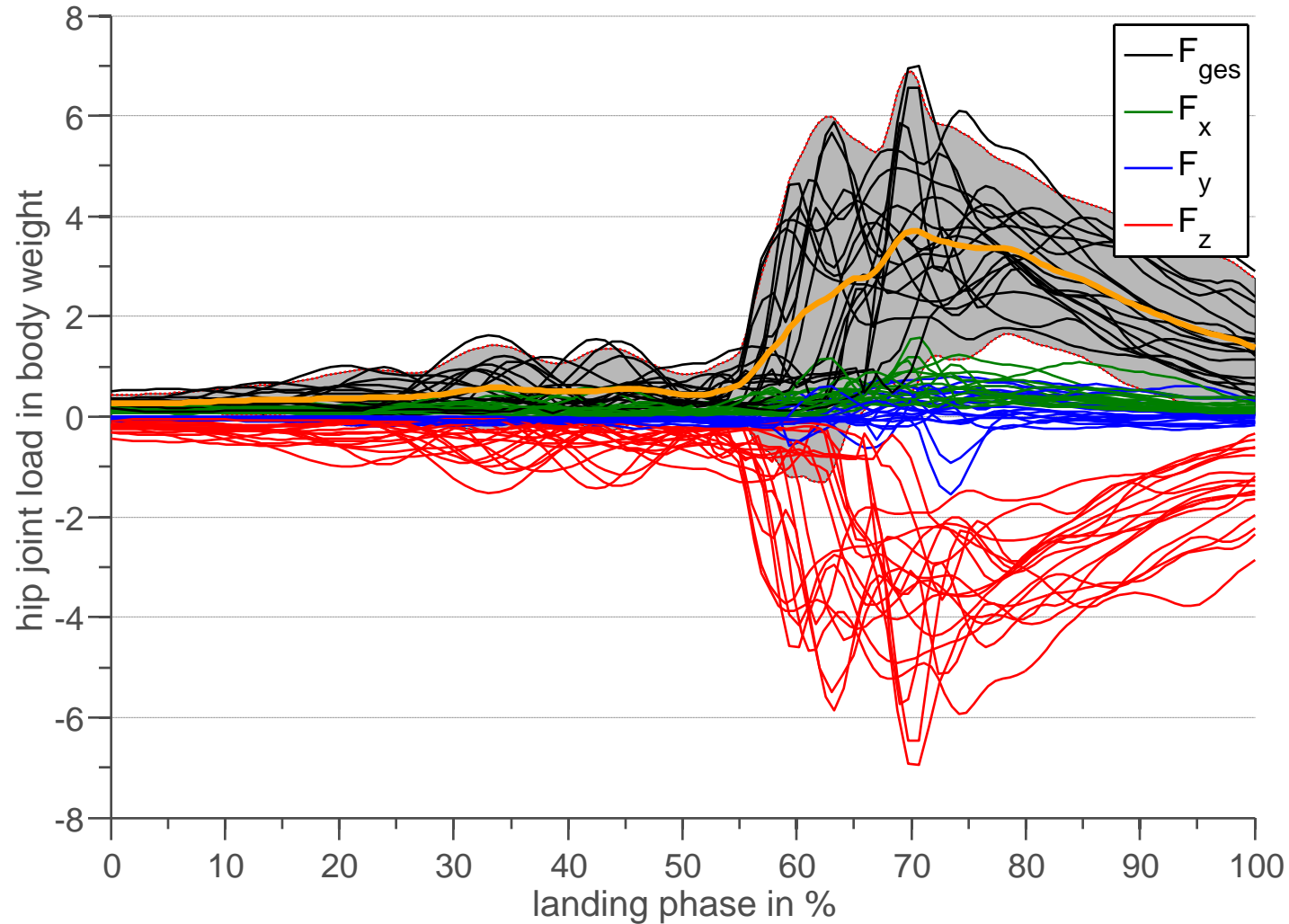
stair climbing: down



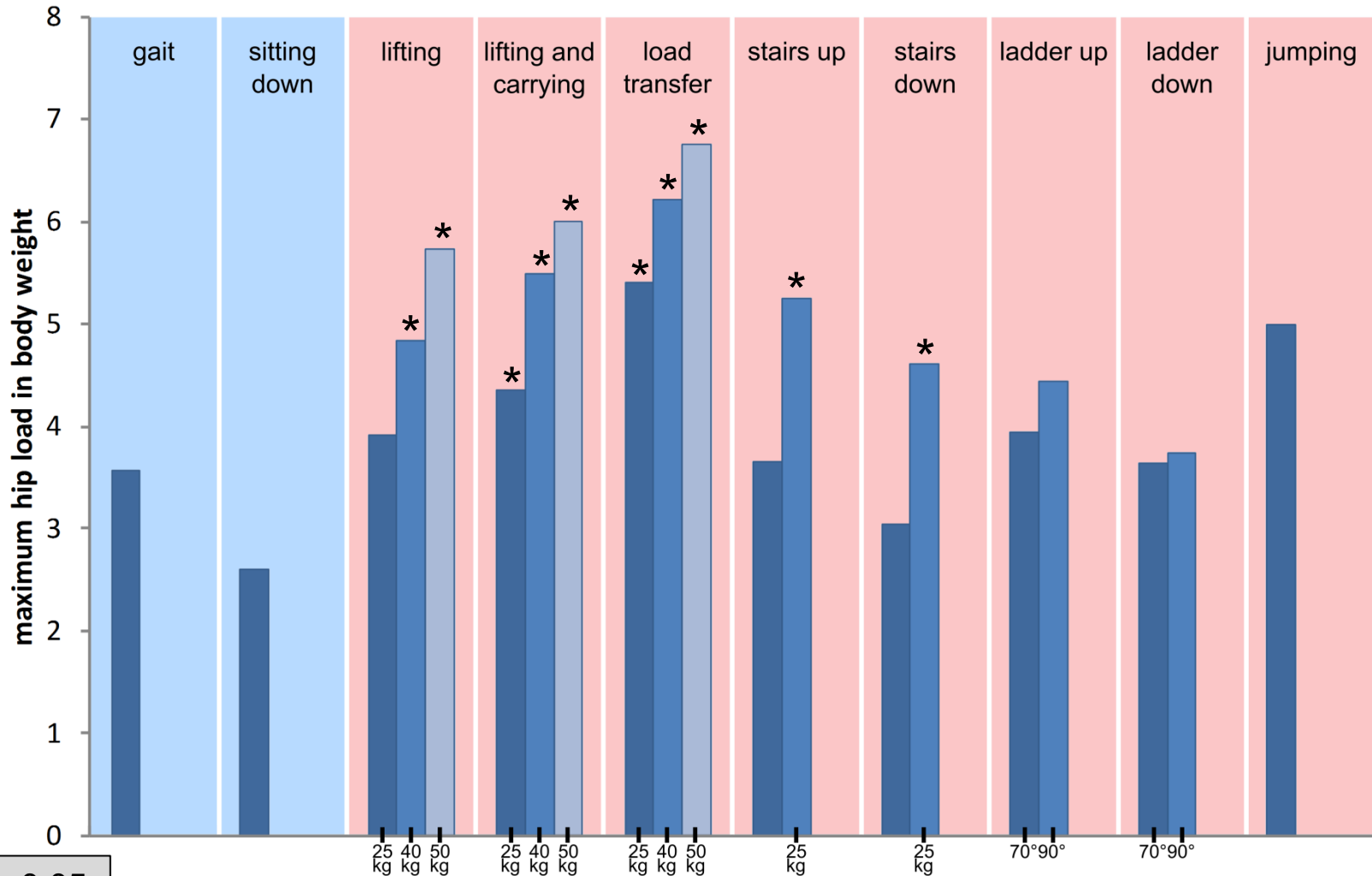
Orthoload: ebr113a



Jumping

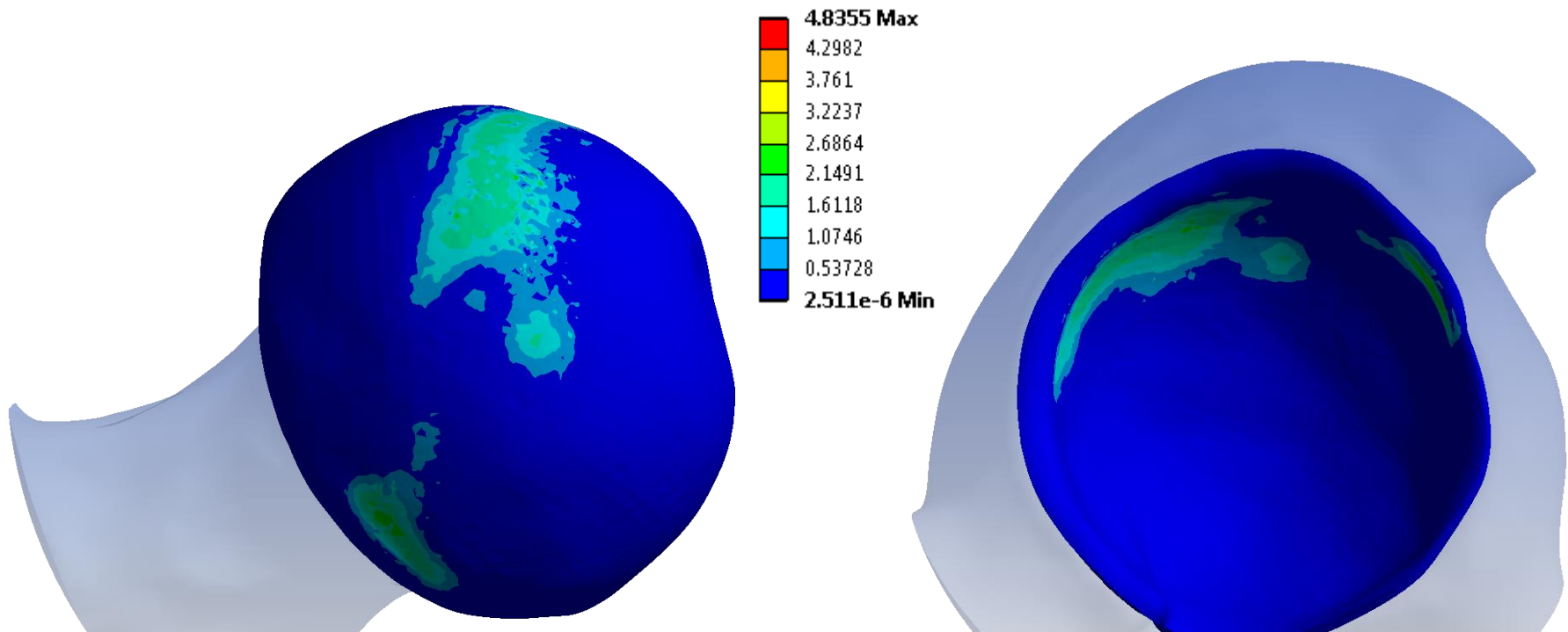


Overview of all activities



*: p < 0.05

FEA: First results - stresses



experimental data: maximum contact stress 8 to 9 MPa^[5]

^[5] Von Eisenhart-Rothe, R., Eckstein, F., Müller-Gerbl, M., Landgraf, J., Rock, C., & Putz, R. (1997). Direct comparison of contact areas, contact stress and subchondral mineralization in human hip joint specimens. *Anatomy and Embryology*, 195(3), 279–88.

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Discussion

- number of test persons
 - ➔ additional test persons will follow
- dose dependency
- simplified finite element model
 - ➔ incremental improvements
 - ➔ hyperelastic materials
 - ➔ division of the bone (cortical, trabecular and subchondral bone)

Motion Analysis

Multibody Simulation

Finite Element Analysis

Information on the potential association
between occupational tasks and
osteoarthritis of the hip



**Thank you for
your attention!**

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