



Computational Bone Mechanics

*E. Rank*¹

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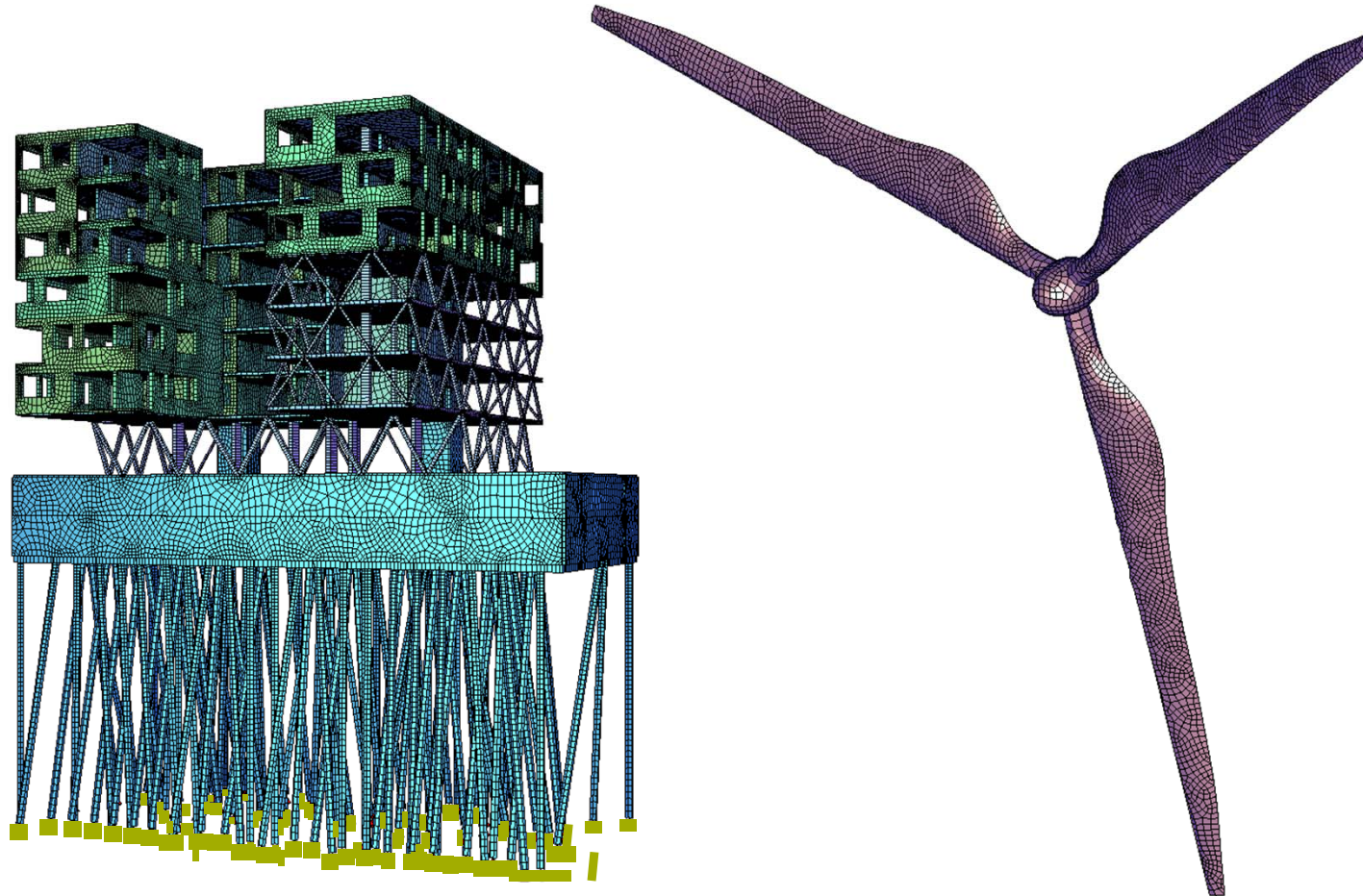
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⁵ *Delft Technical University*

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Computational Engineering

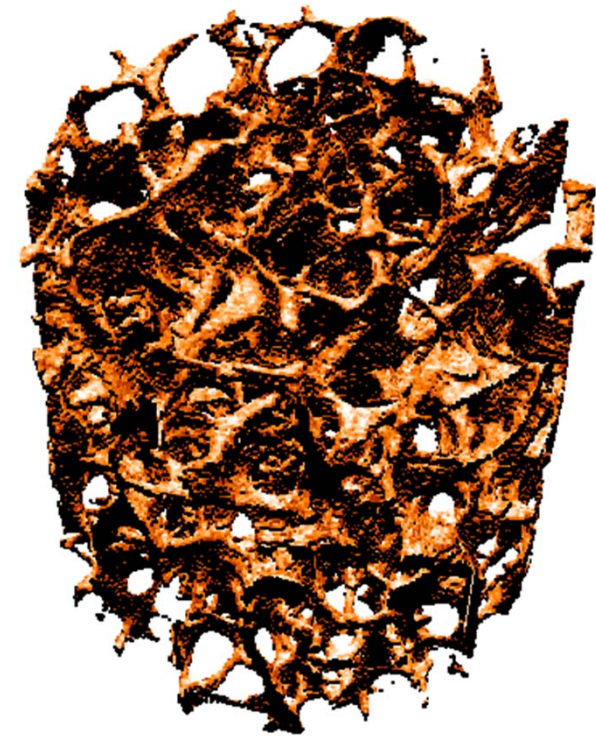
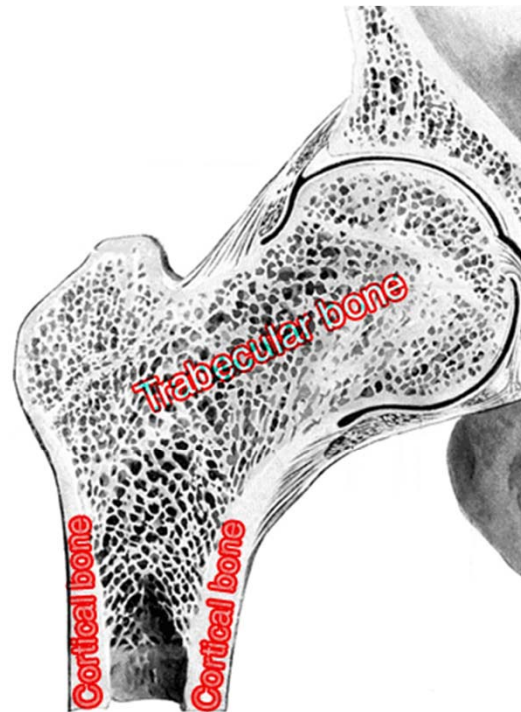
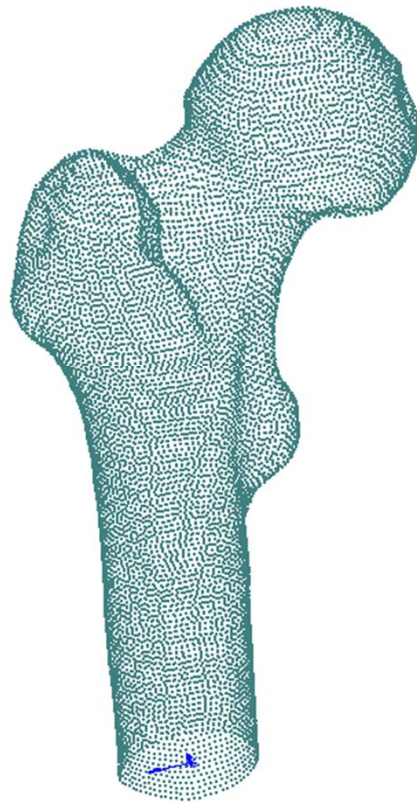


Multiscale problems in Computational Engineering



Images from:Wikipedia

A multiscale problem in bone mechanics



Internal structure of a human femur

- lightweight composite “structure”
- adaptive load bearing capacity
- heterogeneous on all scales

Trabecular bone

“soft”
porous
orthotropic

Cortical bone

“hard”
dense
transversal isotropic

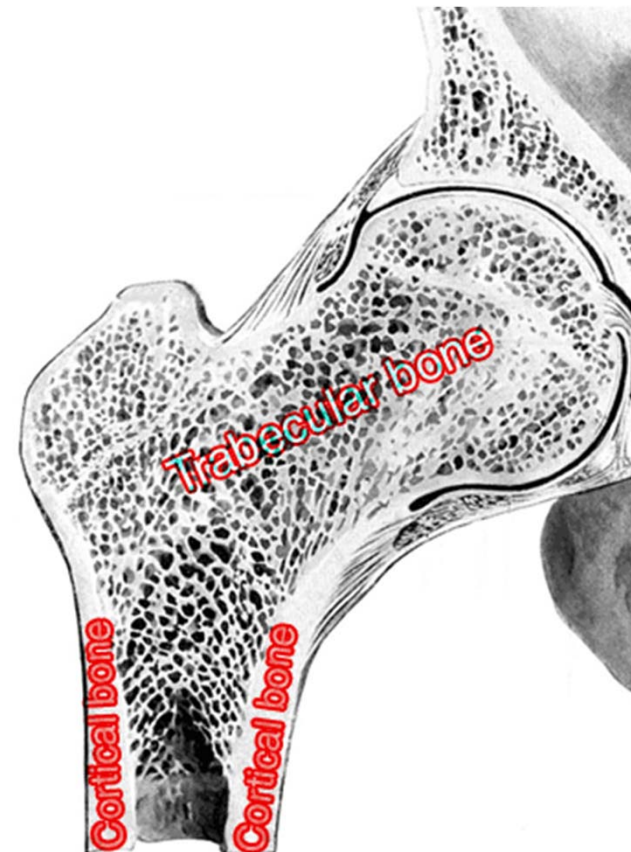


Illustration of a cross-section of the femur - abdn.ac.uk

Predicting the mechanical behavior of human femurs

Background

Orthopedic surgeons lack quantitative information on the mechanical behavior of bones (strains, deformations, stresses, etc.)

Accurate predictions of the mechanical behavior would allow to

- optimize implants and fixation devices
- estimate the strength of bones with defects
- virtually plan surgeries



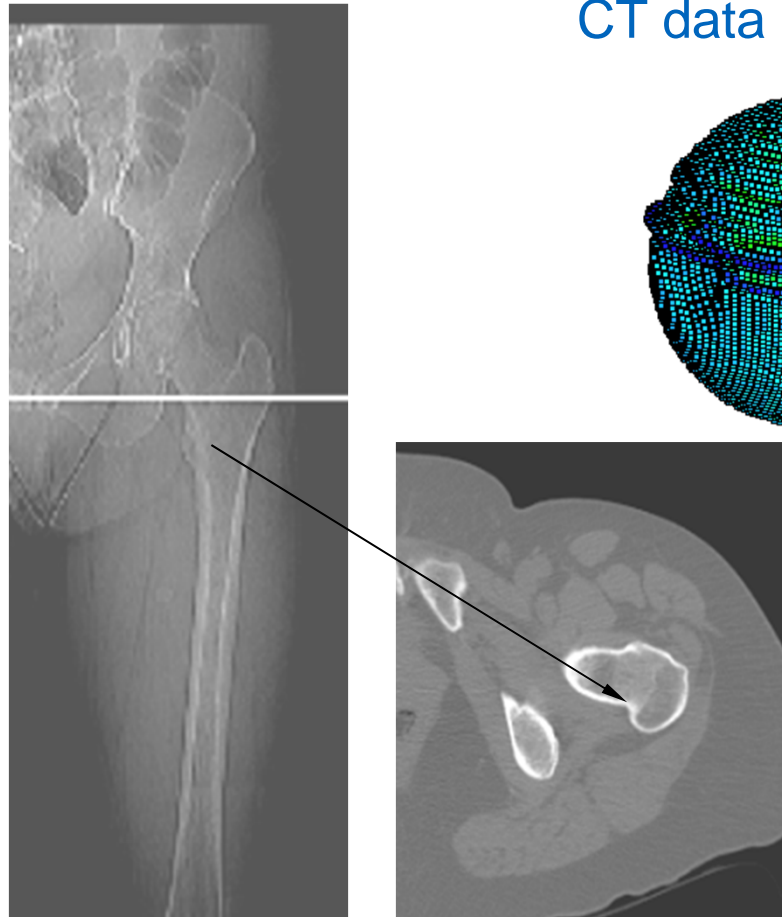
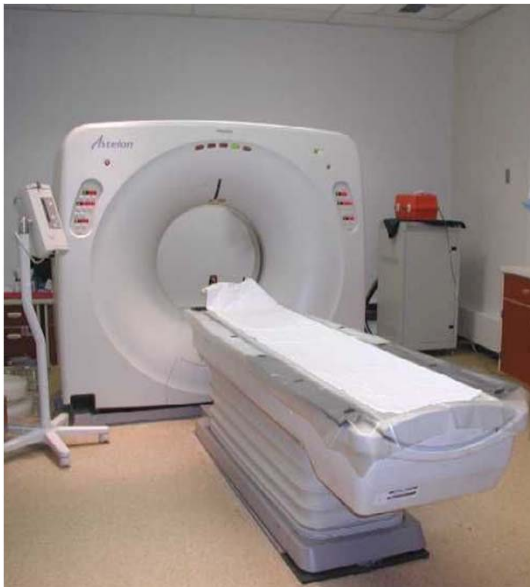
No templates anymore!

Research goal

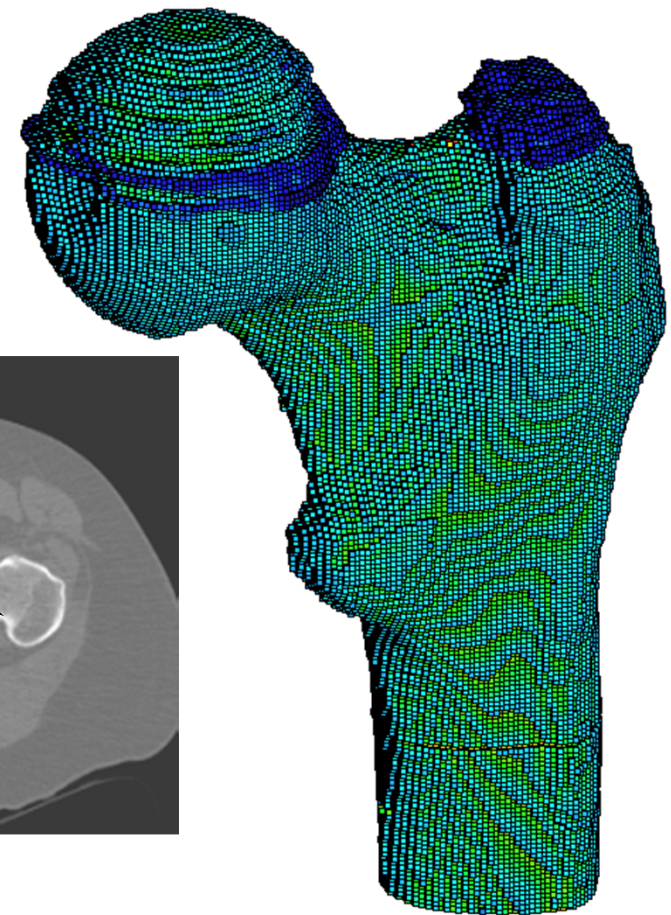
A simulation tool that predicts the mechanical response of a patient's bone under physiological loading scenarios

→ clinical practice requires a fast, *interactive* and validated simulation tool

CT scans

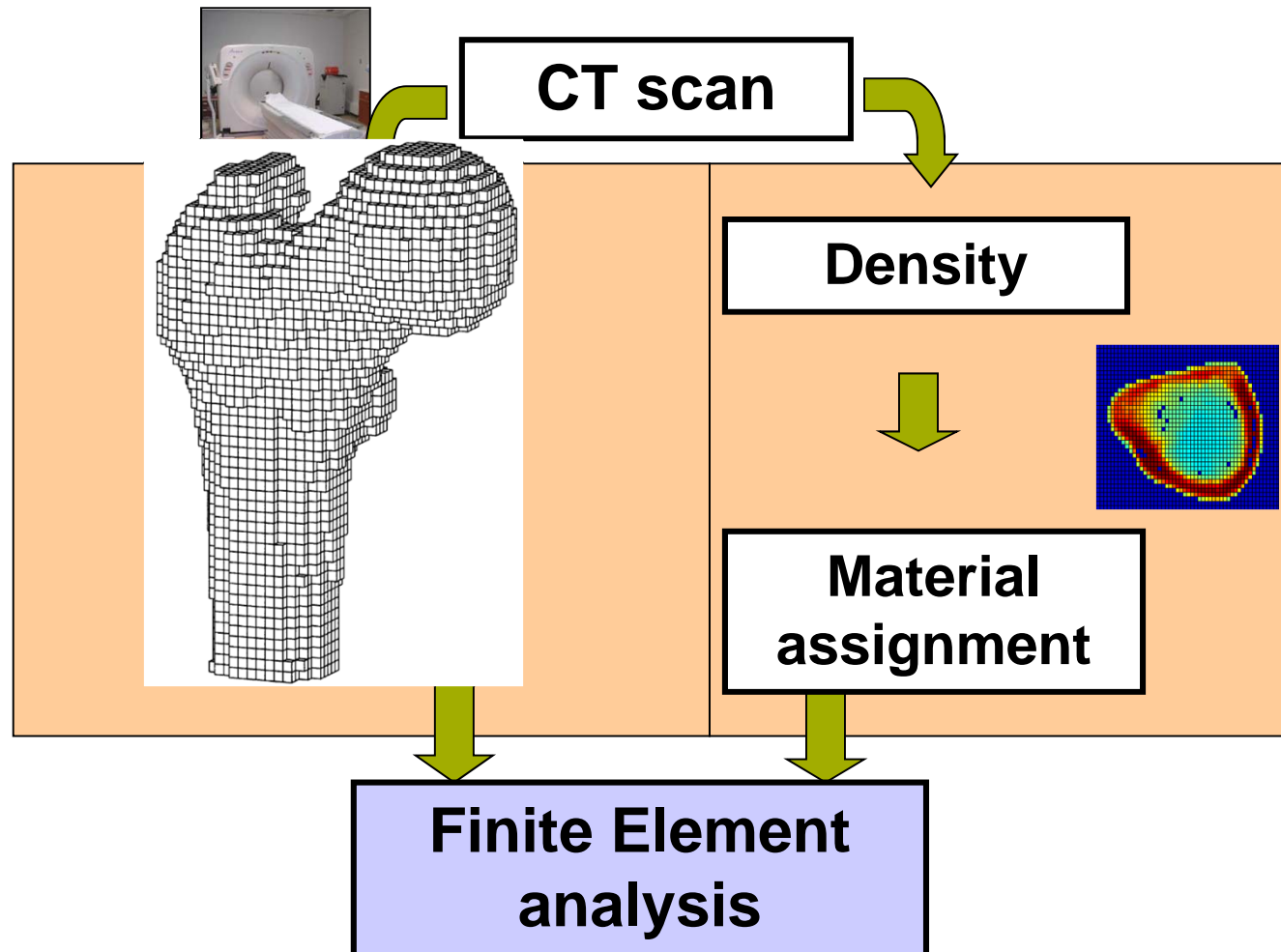


CT data (Hounsfield Unit)



Aim: predict mechanical behaviour based on patient specific data

Voxel-based Finite Element method (e.g. Keyak et al. 1990)

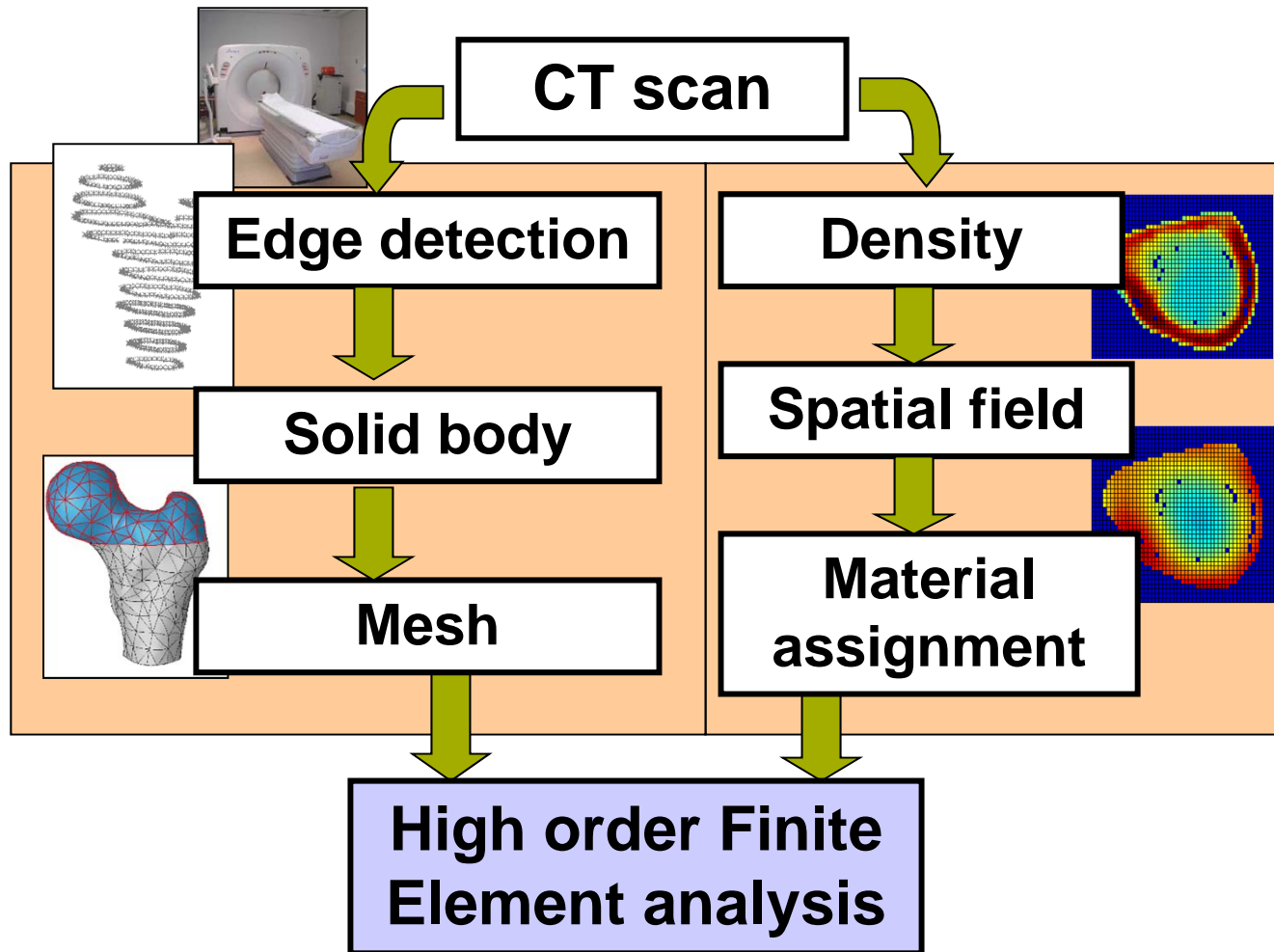


Advantage:
Can largely be
automated

Drawback:
(Very) low accuracy

(High order) structure-based method

(e.g. Marom 1990, Müller-Karger et al. 2001 ..., Yosibash et al. 2007)



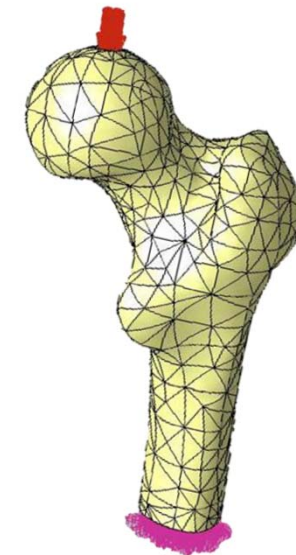
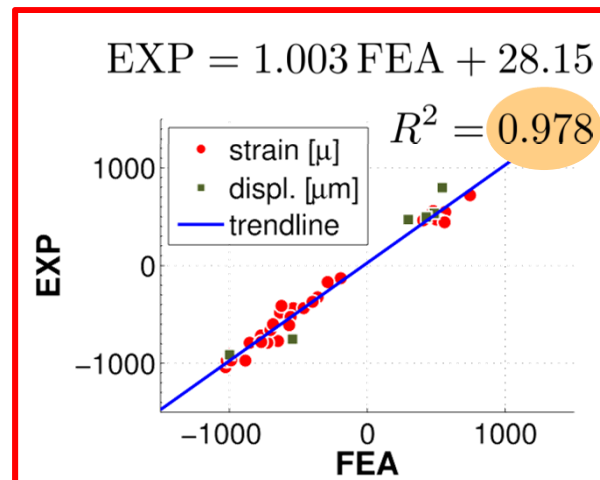
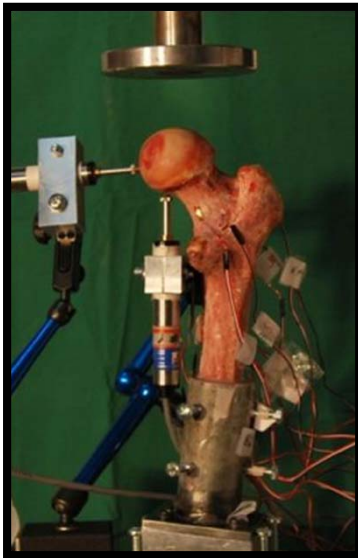
Advantage:
Accurate

Drawback:
Time consuming model
definition

State of the art in computational biomechanics

High-order finite element analysis validated by experimental observations
(Prof. Zohar Yosibash et al. – Ben Gurion University, Israel)

In vitro experiment — approximated by —> Simulation



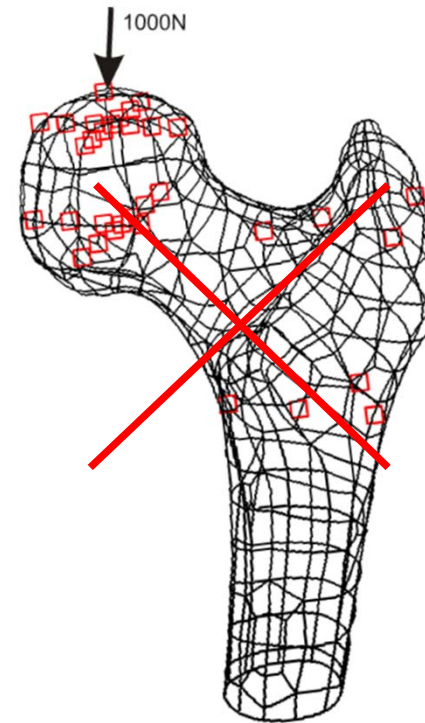
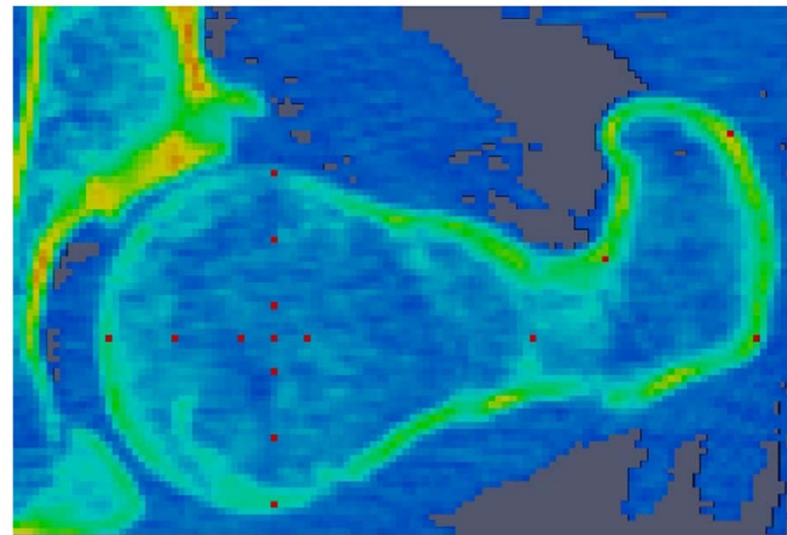
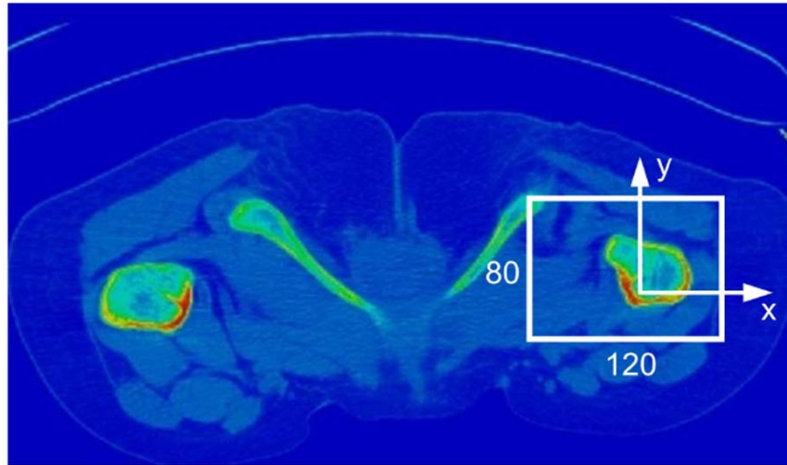
Measurements (EXP) ← Agreement? → Predictions (FEA)

Our goal: Combine the best of two worlds

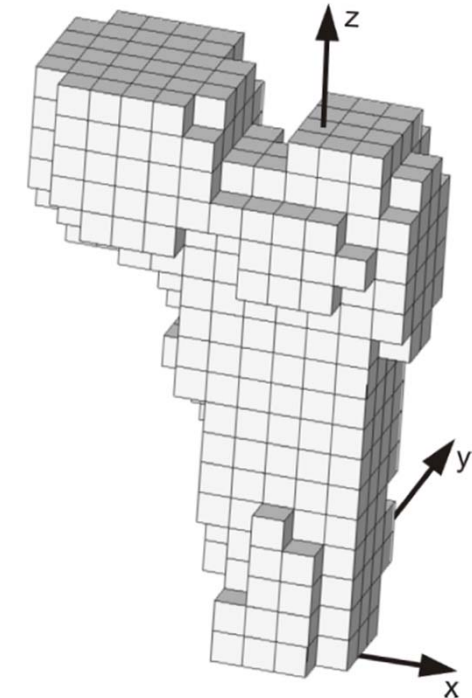
- fast and simple model definition like in voxel-FEM
- validated accuracy like in p-FEM
- ... and much, much shorter computational time

→ Finite Cell Method

- high order embedded domain method
- uses large ‚super-voxels‘ (= ‚cells‘) for ‚ansatz-functions‘
- represents (bone) material by precise, voxel-wise numerical integration



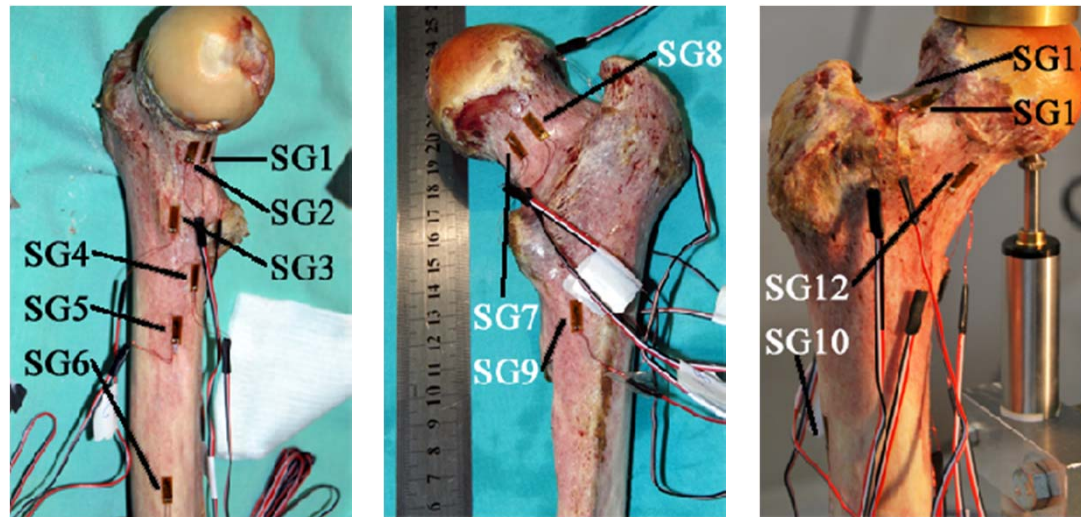
p-FEM mesh



Finite Cell mesh

Time for definition of a numerical model
reduced from *hours* to a few *seconds*

Verification and validation for the *Finite Cell Method*

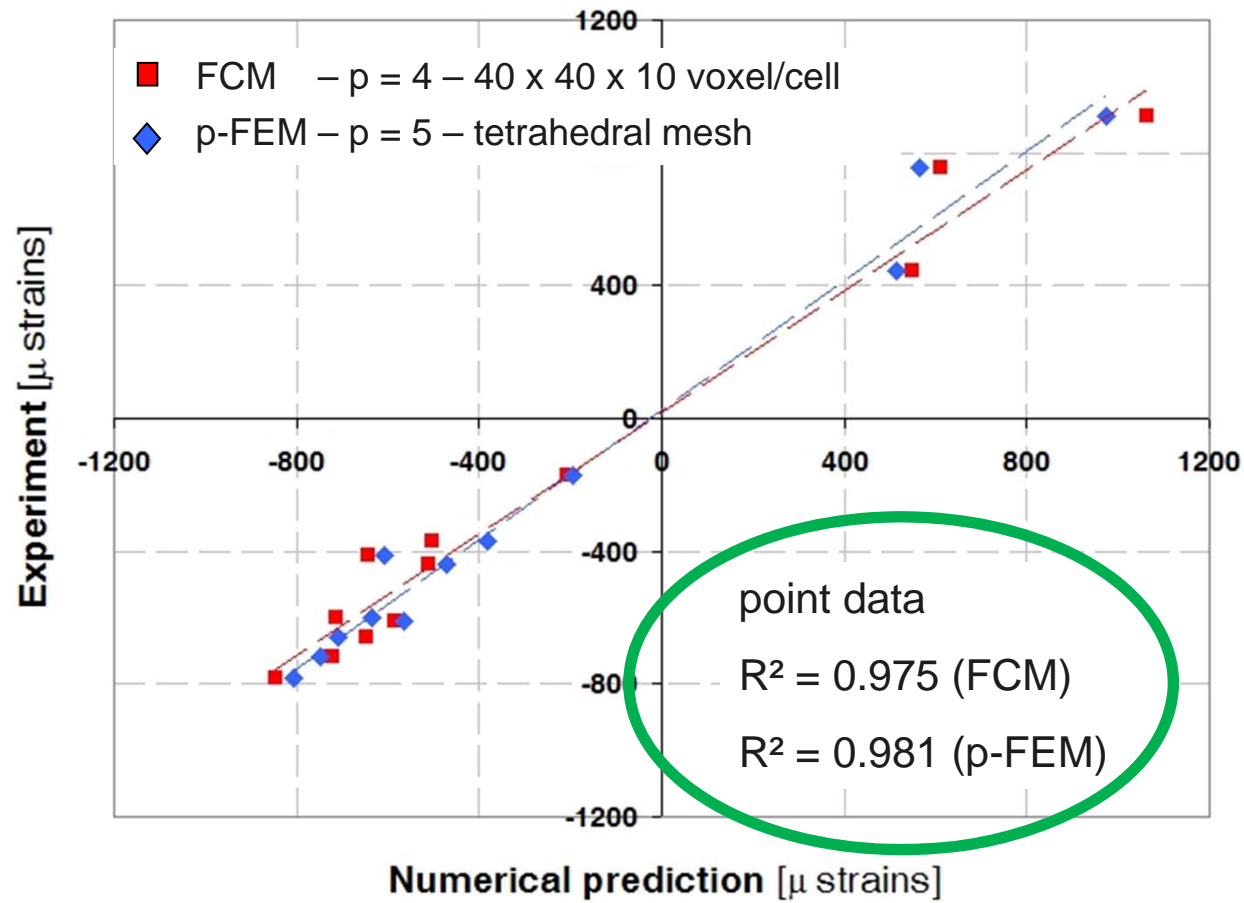


- fresh frozen femur – 63 year old male
- load controlled pressure 1000 N
- model size 1024 x 1024 x 185 voxel – 40 x 40 x 10 voxel/cell
- 678 finite cells – 20^3 sub-cells

M. Ruess, D. Tal, N. Trabelsi, Z. Yosibash, E. Rank

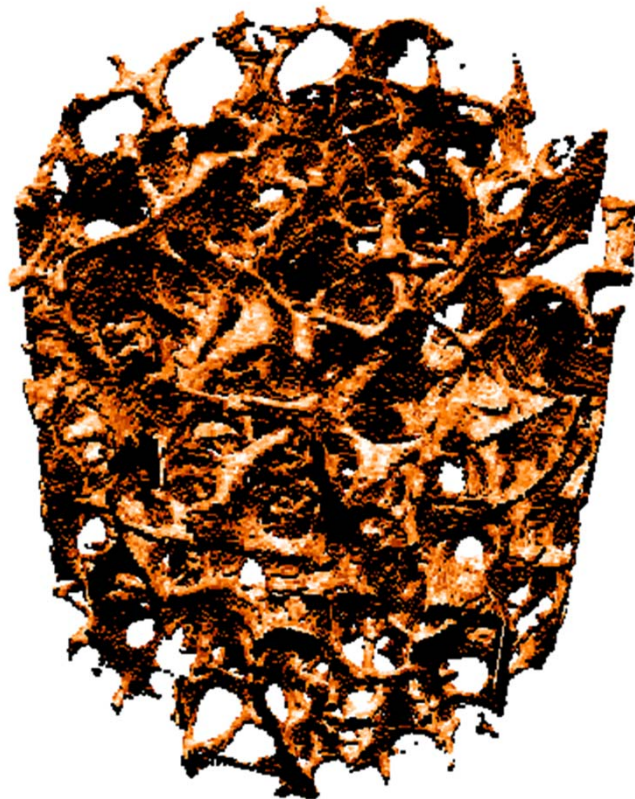
The finite cell method for bone simulations: Verification and validation

DOI: 10.1007/s10237-011-0322-2, *Biomechanics and Modeling in Mechanobiology*, 2011.



Microscale simulation

- basis for bone remodelling (healing, bone ingrowth, ...)
 - basis for stability prognoses of osteoporotic bone

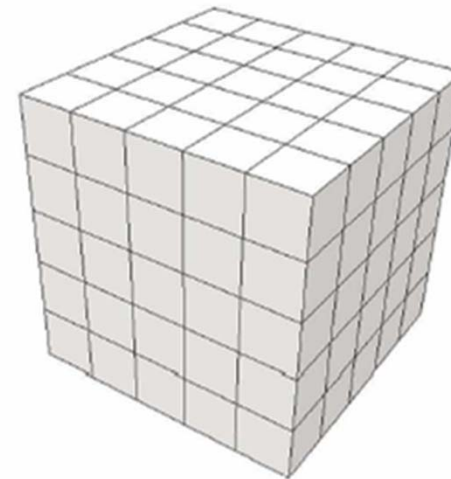
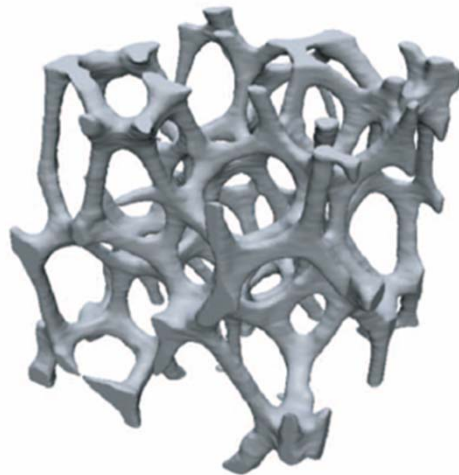


MICRO CT Model

- second lumbar vertebra
- 5% formalin embalmed human cadaver

- diameter: 6mm
- height : 14mm

- resolution: 26 μm isotropic
- scan time: 4.1 h
- top loaded 100 N/mm^2
- bottom clamped

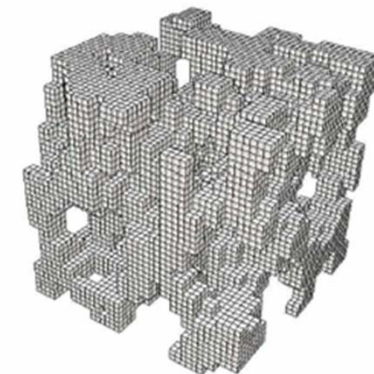
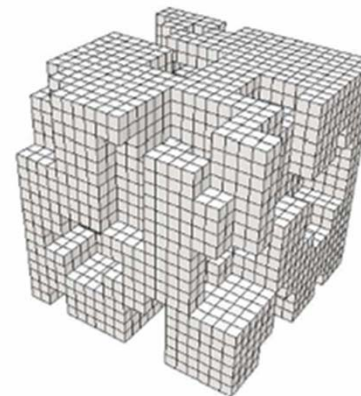
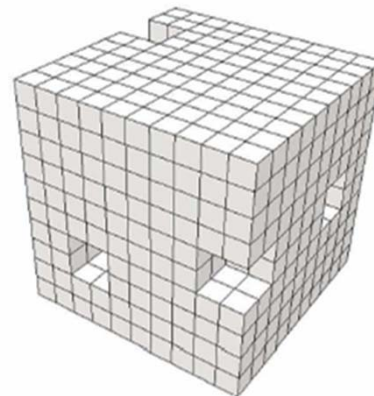


1. Basis:

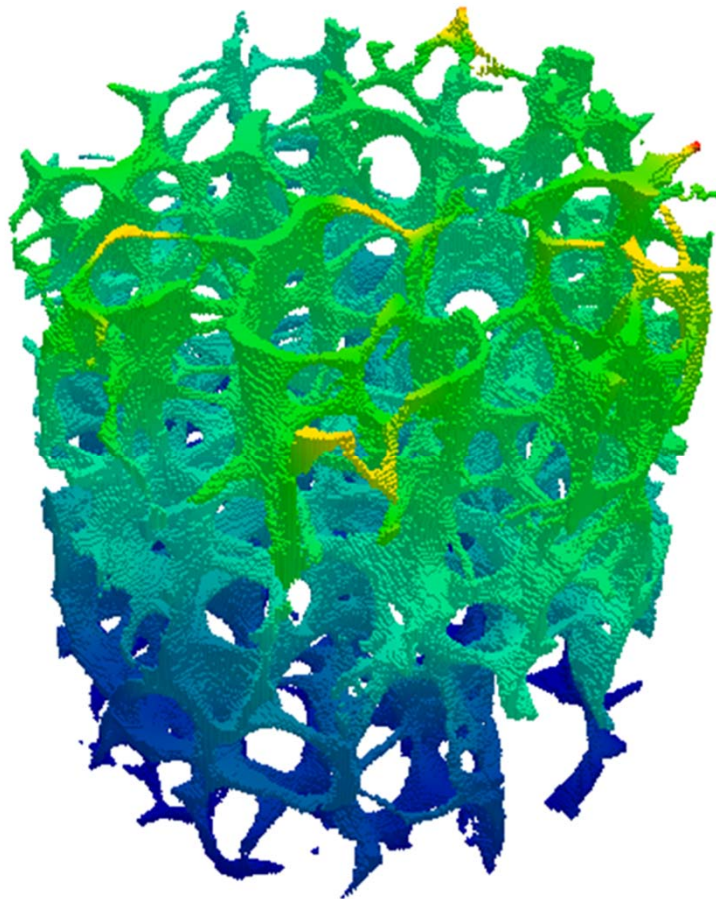
Structured grid
of high-order
finite cells

*2. Accurate
integration:*

Adaptive
sub-cells along
geometric
boundaries



... micro CT scanned specimen



displacements

Analysis Model

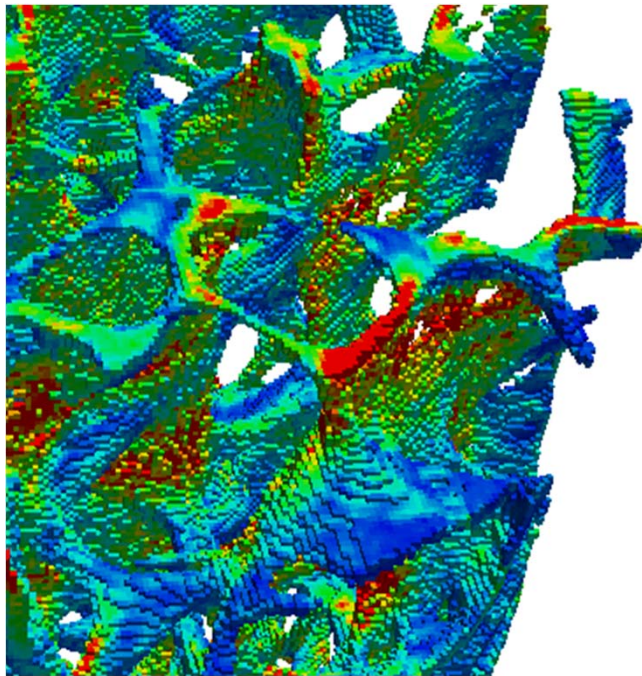
- data size: 15.2 m voxel
- finite cells: 408
- 32 x 32 x 29 voxel / cell

bottom clamped (weak bc)

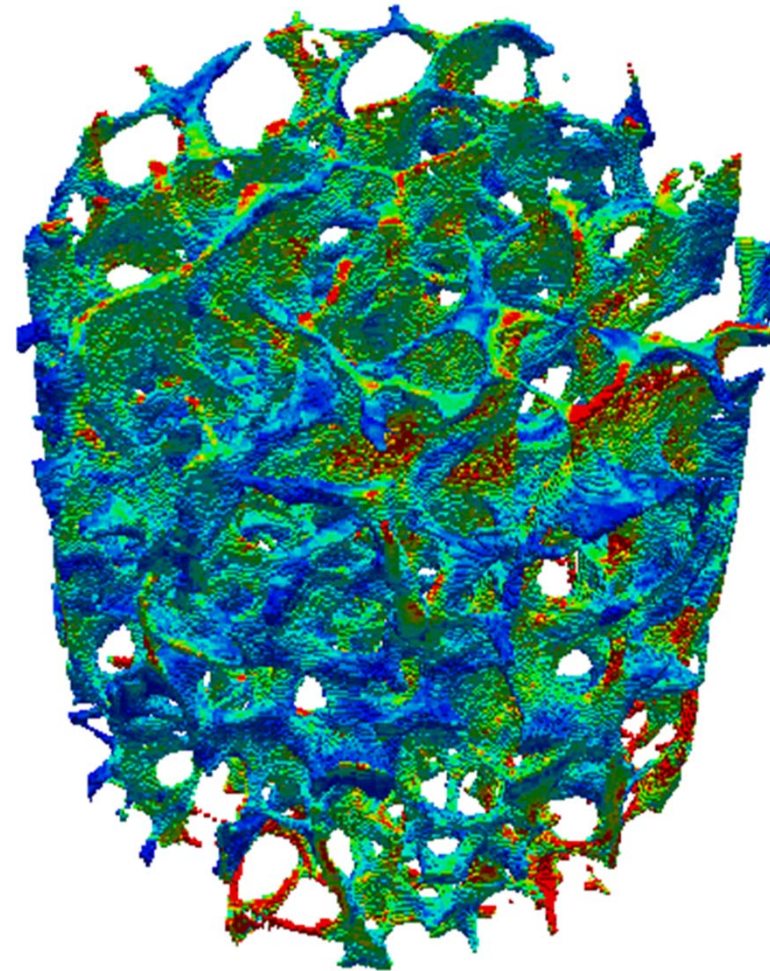
top load 100 N/mm²

... micro CT scanned specimen

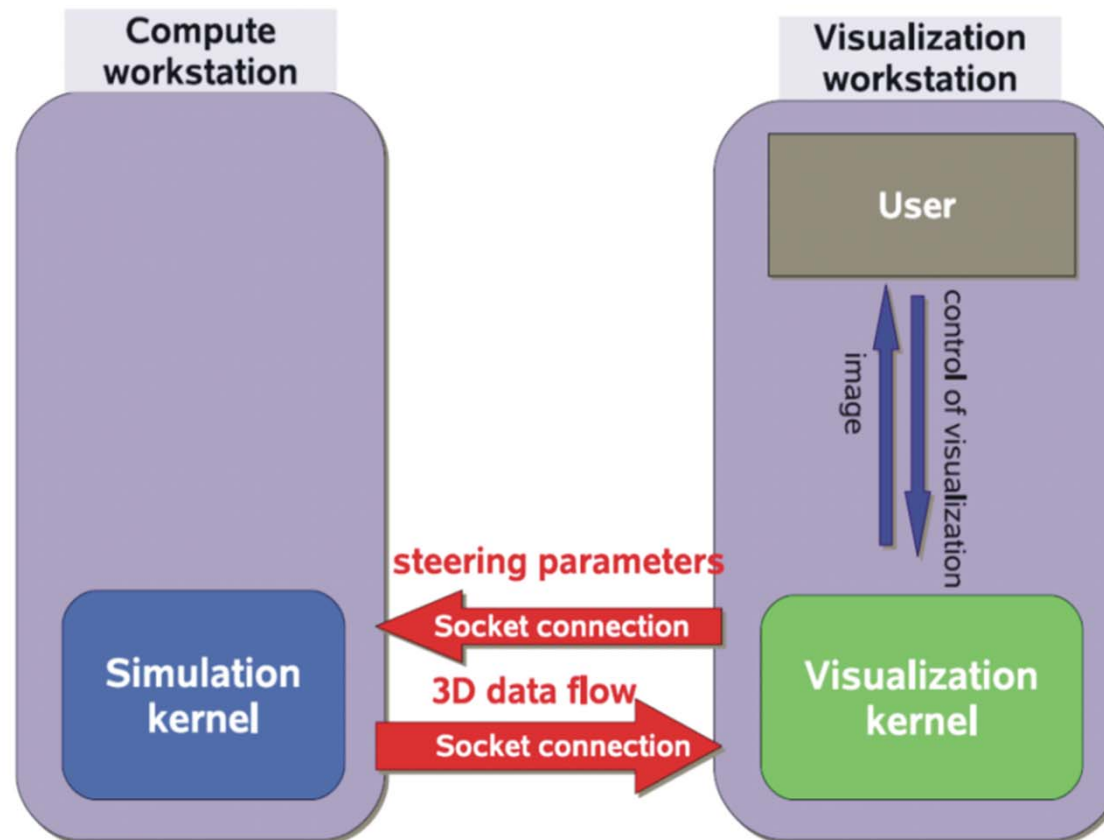
p-degree = 6 -- # dof 52761



von Mises stress distribution



Interactive numerical simulation



Joint project with:

R. Westermann (TUM-IN)

R. Burgkart (TUM Klinikum rechts der Isar)

A.Düster (TUHH)

J. Parvizian (Univ. Isfahan)

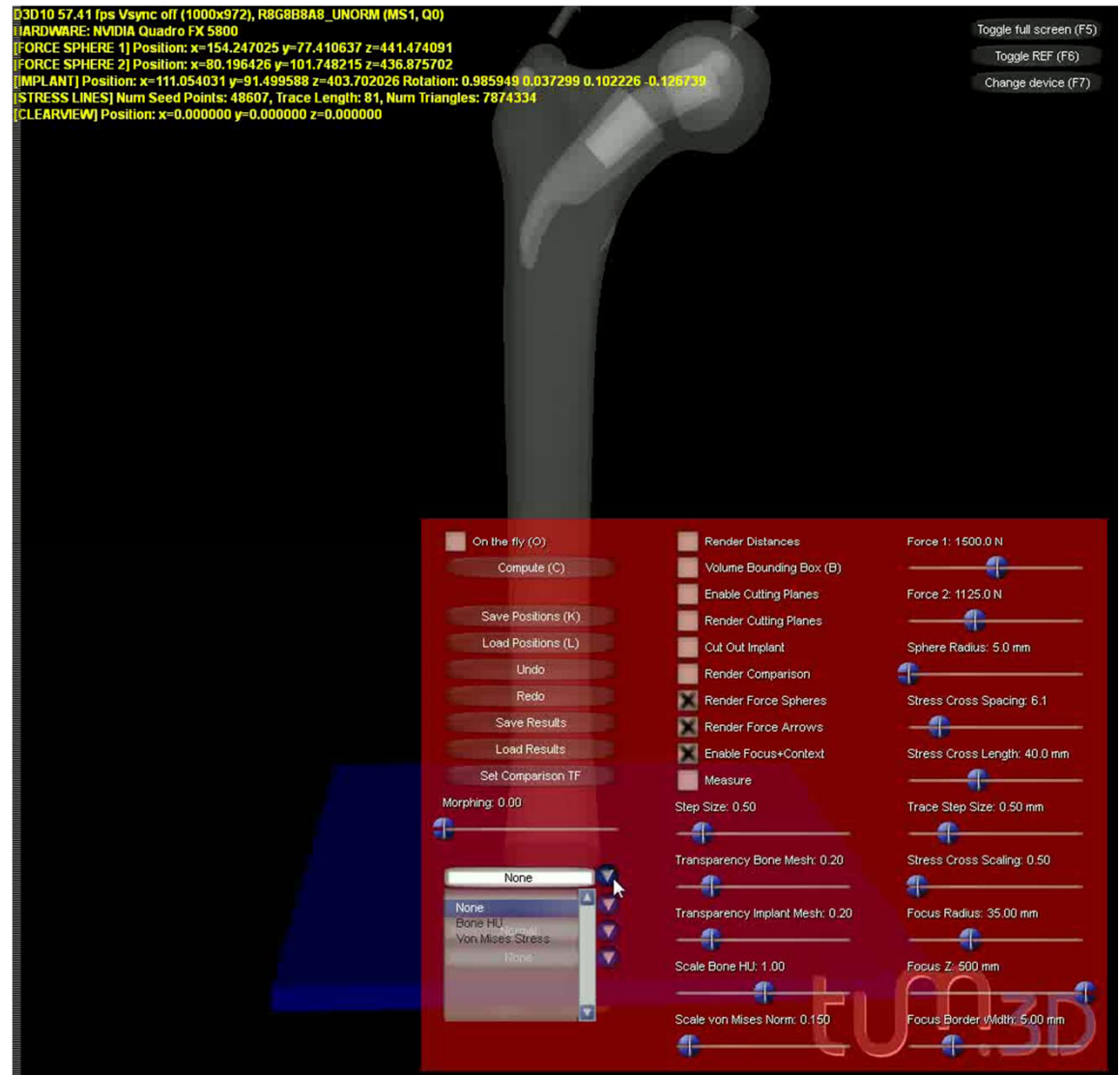
Z. Yosibash (Univ. Beer Sheva)

Scientific staff:

Ch. Dick, M. Ruess, Z. Yang

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Thank you for your attention!
