

Bone Mechanics

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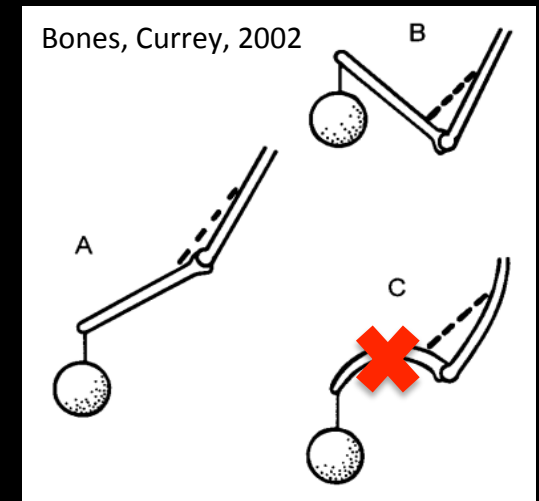
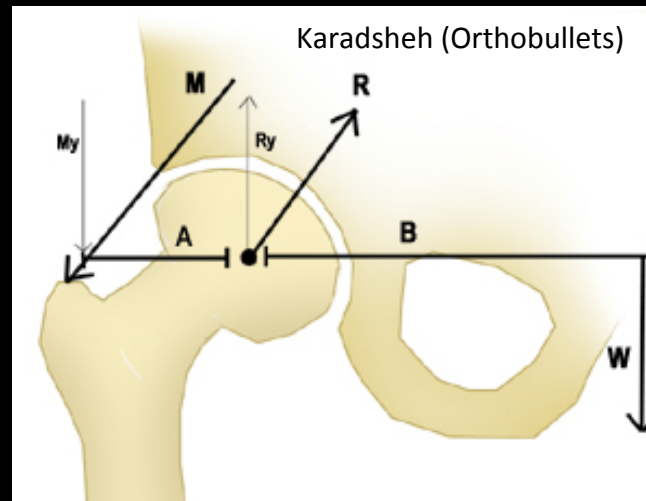
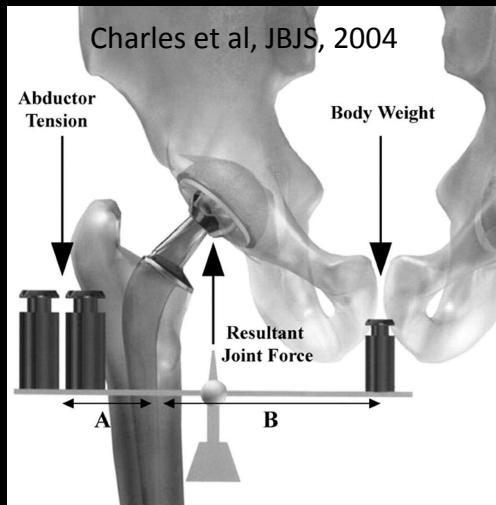
Bones

- **Mechanical Function**
- **Adaptation to Loads**
- **Types of Mechanical Loading**
- **Mechanical Properties**
- **Causes of Fracture**
- **Fracture Risk Factors**
- **Research**

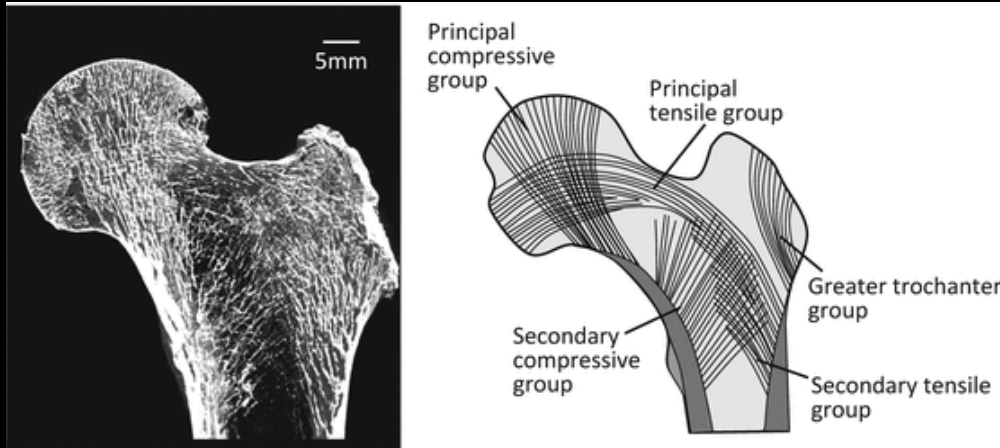


Mechanical Function

- The skeleton plays a critical structural role in bearing functional loads
 - Weight-bearing and muscle loads
 - Bones act as levers (rigid bodies) to help our musculoskeletal system perform a task

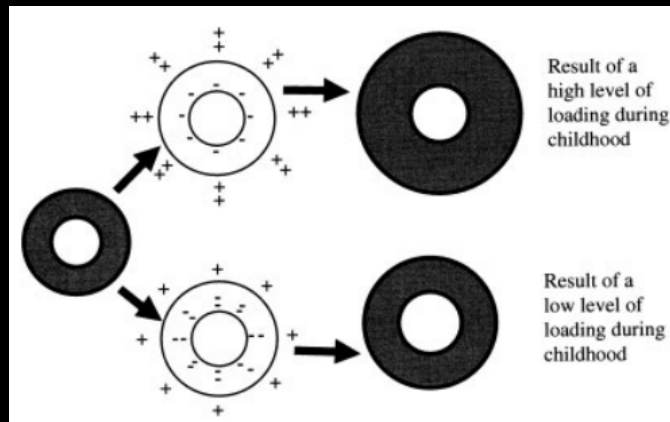
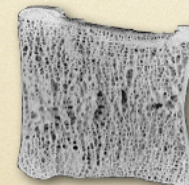
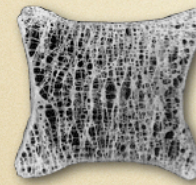


Structural Adaptation to Loads



Trabecular bone growth

- number of struts
- thickness
- connectivity
- orientation



This humerus is 50% thicker

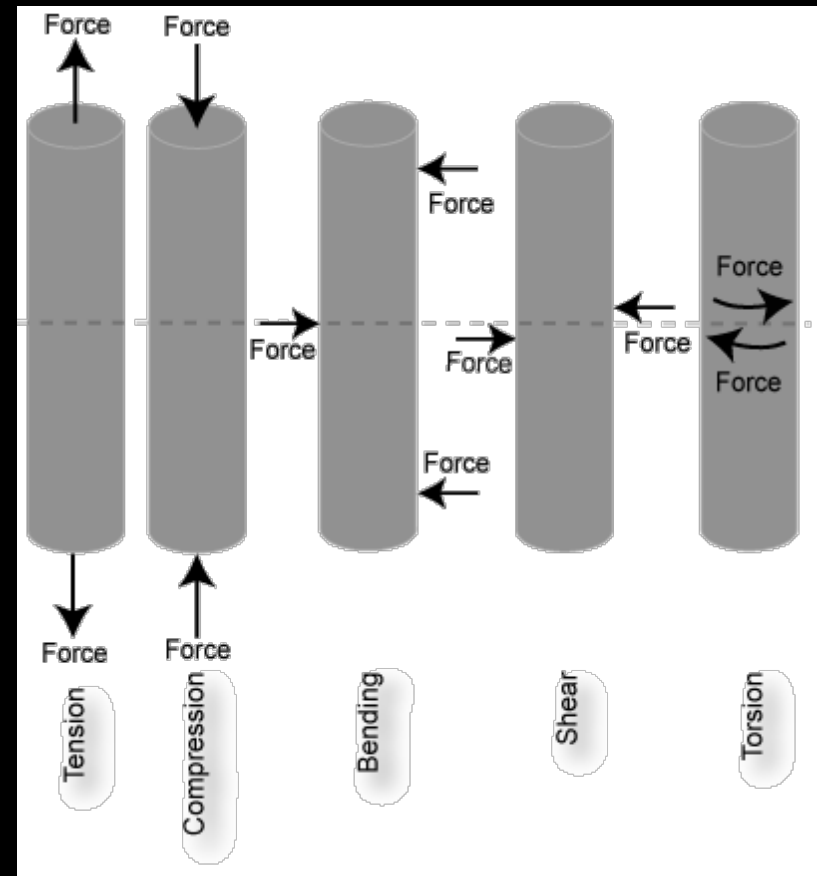
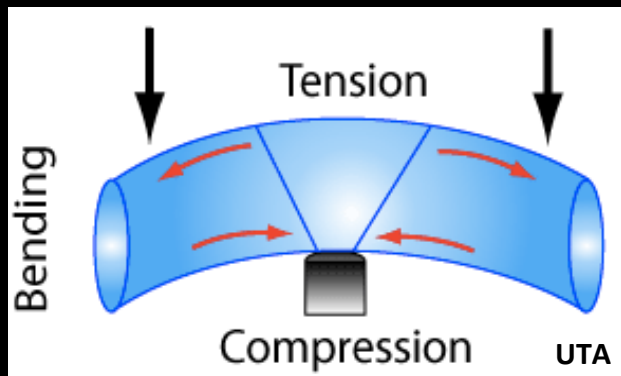


Simple Loads



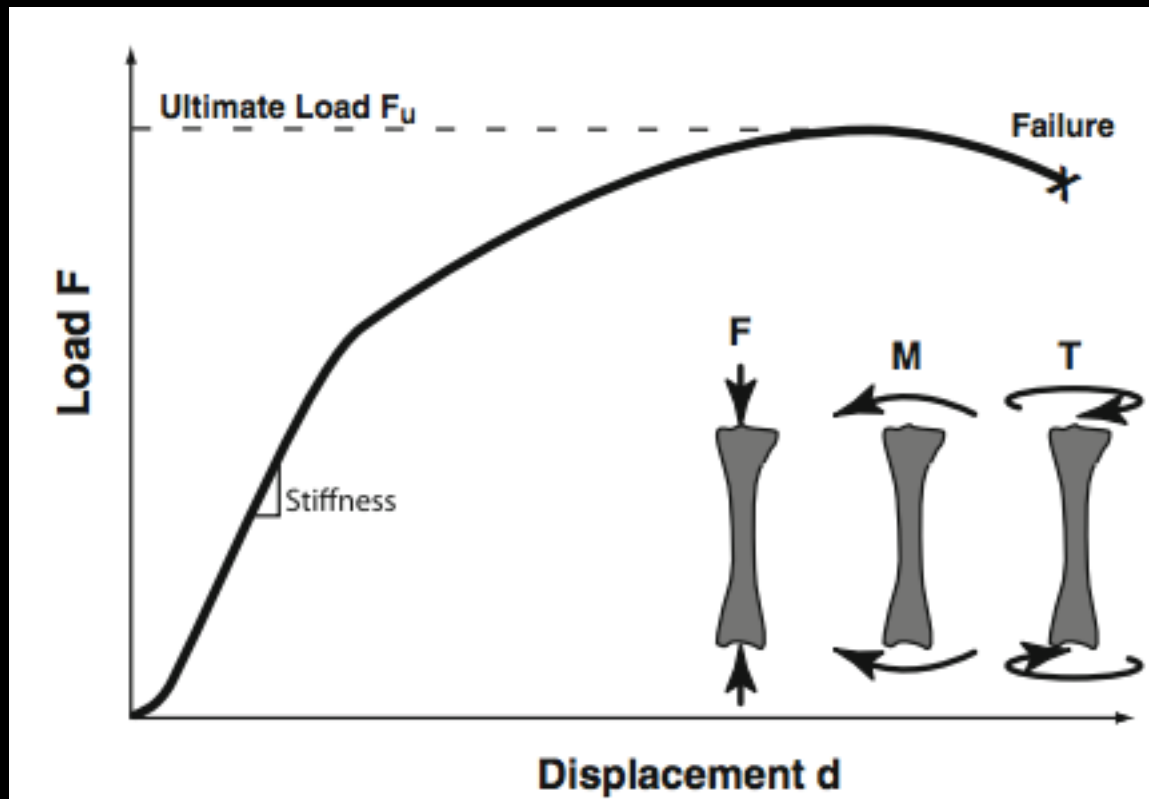
Types of mechanical loading

- Compression/Tension
- Bending
- Shear
- Torsion



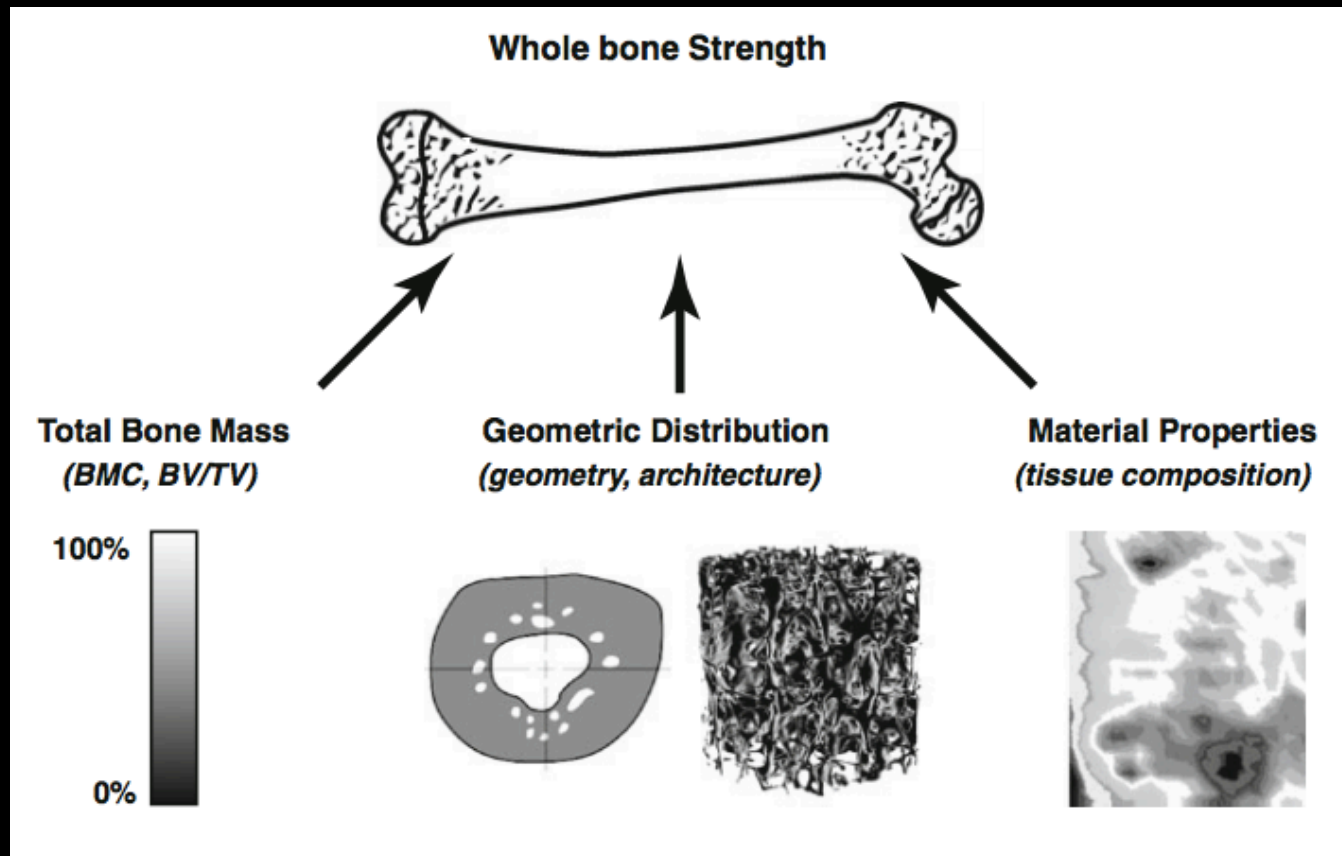
Bone Mechanical Properties

- **Strength** – load bone can bear before breaking
- **Stiffness** – deformation under load



Bone Mechanical Properties

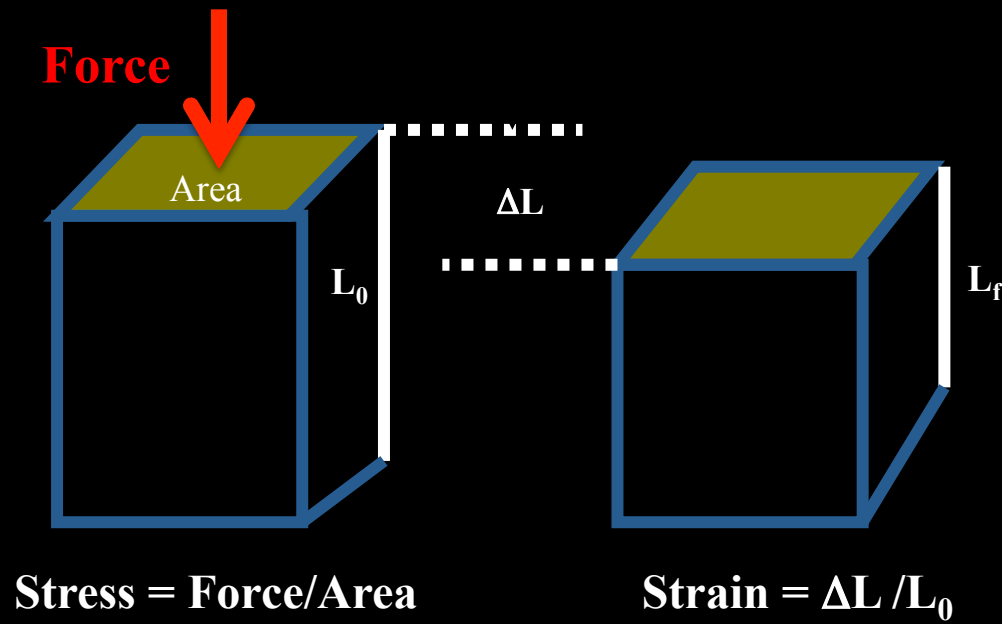
- **Strength** – load bone can bear before breaking



Basic Mechanics

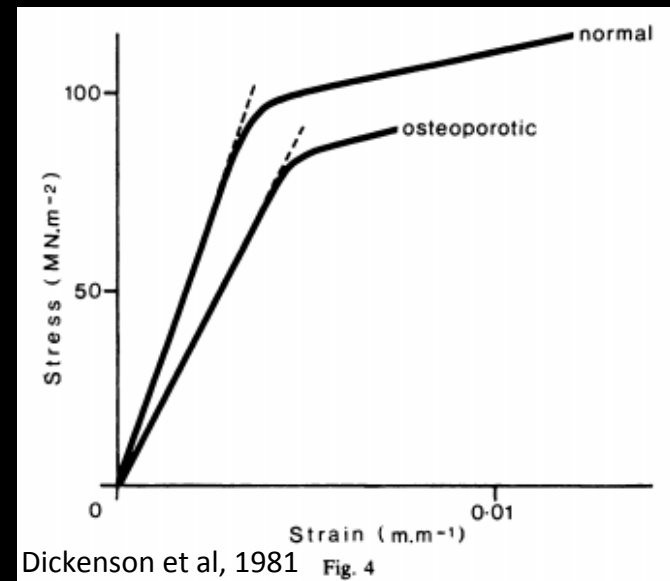
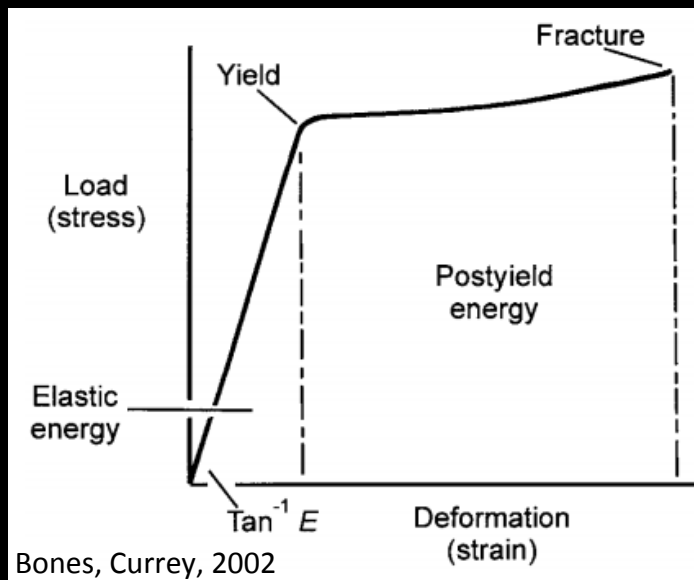
Stress & Strain

- Account for the geometry



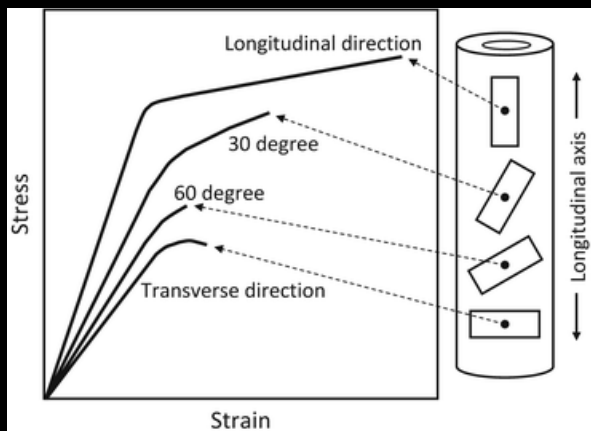
Stress-Strain Curve

- Standardized curves used to help quantify how a material will respond to a given load
 - Yield Stress
 - Ultimate Stress

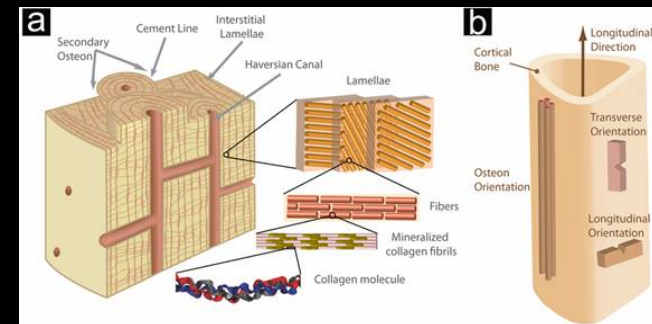
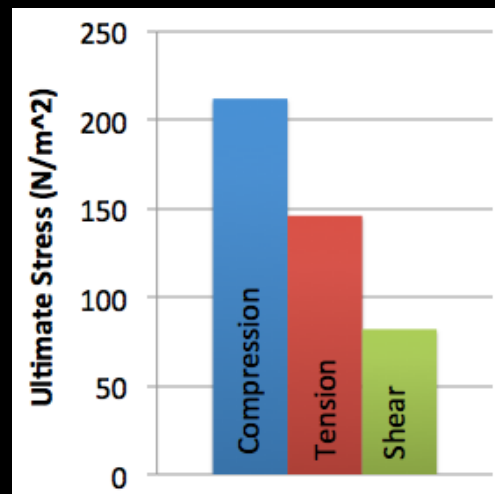


Anisotropy

- Isotropic
 - Same mechanical properties in all directions
 - Metals - stainless steel, titanium
- Anisotropic
 - Mechanical properties dependent upon direction of loading
 - Musculoskeletal tissues: bone, cartilage, muscle, ligament
 - Specifically oriented components



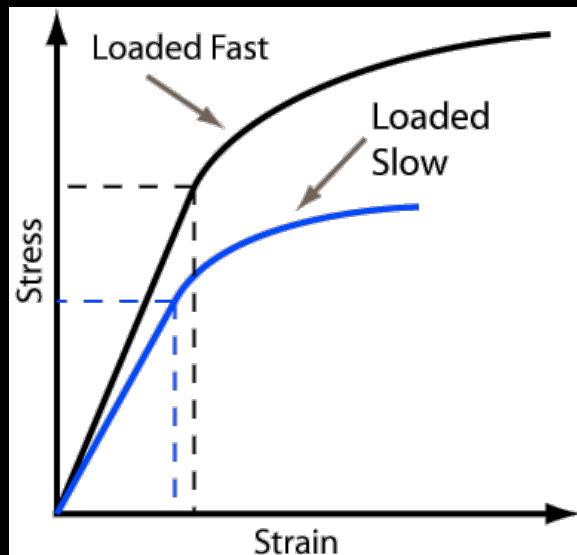
Franklin & Nordin, 1989



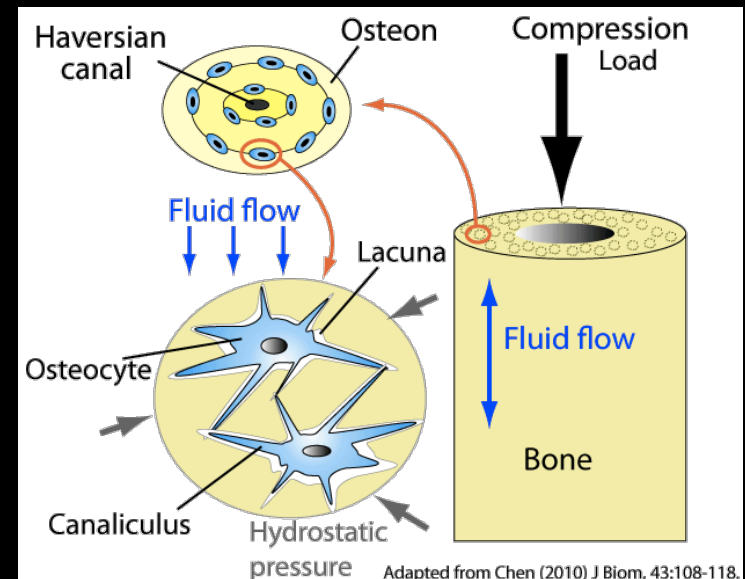
Ritchie, UC Berkeley

Viscoelasticity

- Stress-Strain character dependent upon rate of applied strain (time dependent)
- Viscous and elastic characteristics when undergoing deformation
↑ strain rate = ↑ stiffness, ↑ strength, ↑ energy



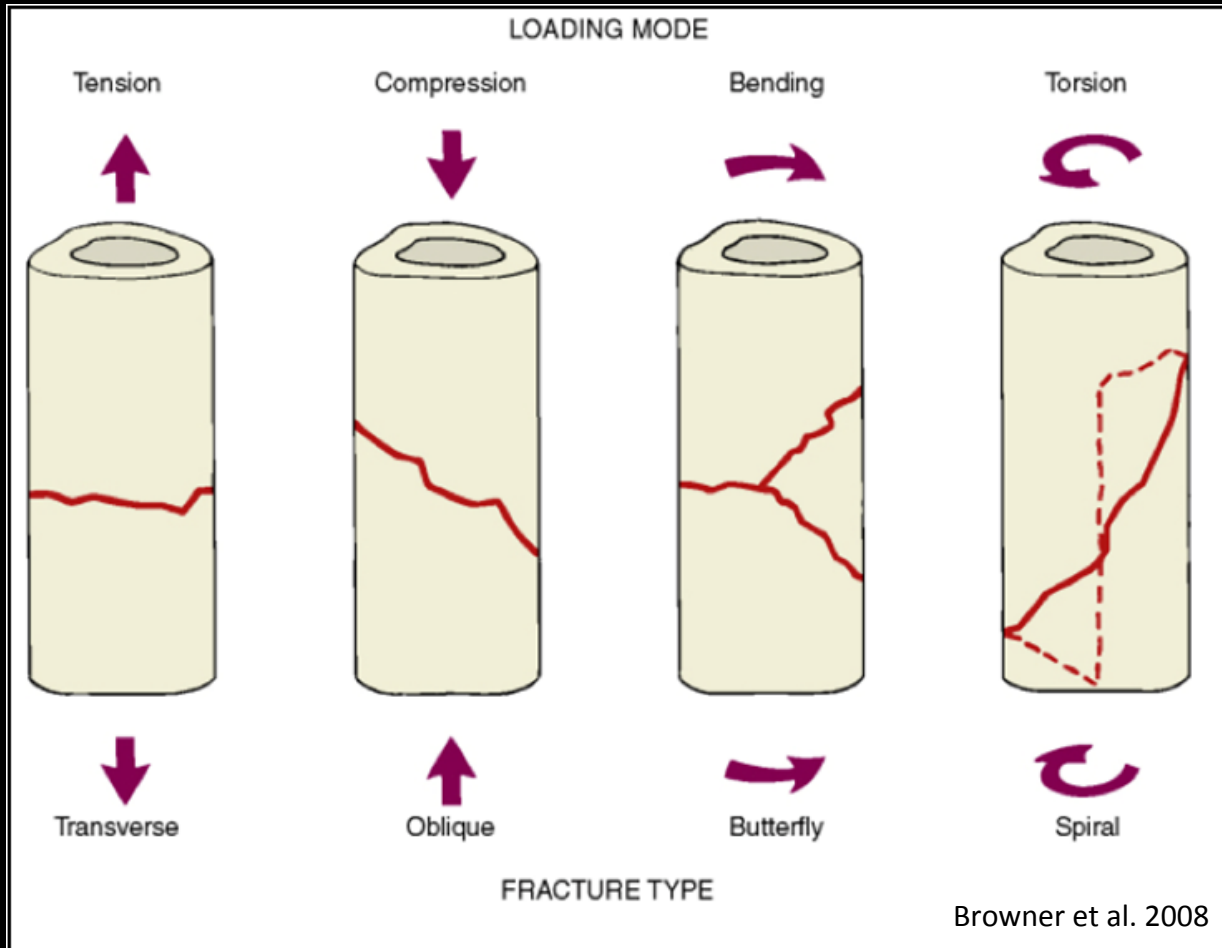
UT Arlington



Adapted from Chen (2010) J Biom, 43:108-118.

Bone Fractures

Simple Fracture Patterns



Common Causes of Fracture

1. Trauma
2. Fatigue
3. Pathologic

Traumatic Fracture

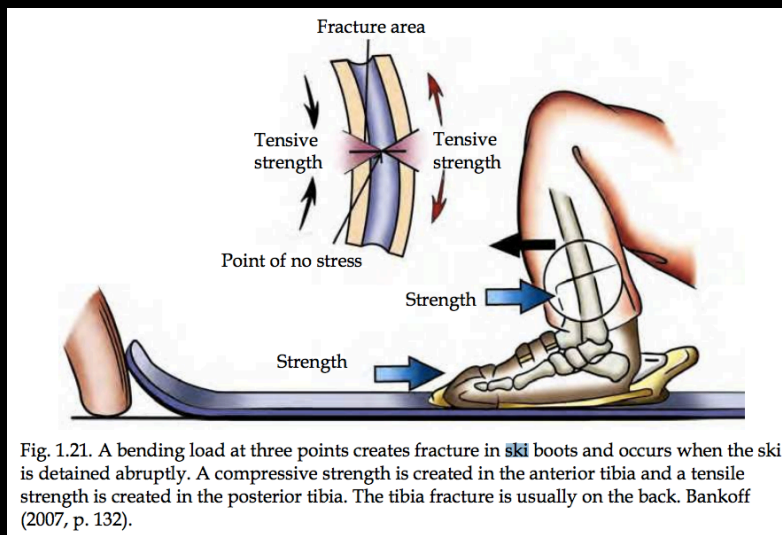
- Acute
- High energy
- Load exceeds strength of bone



Children's Orthopaedics of Atlanta

Common Examples

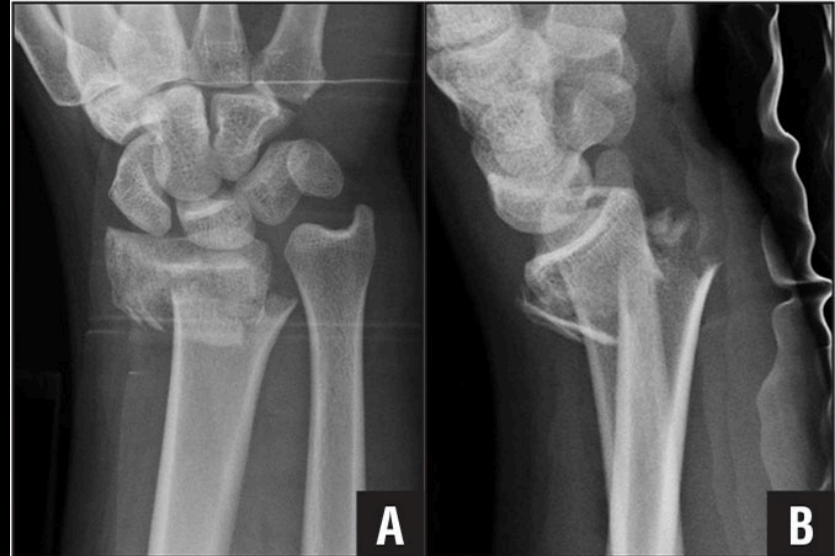
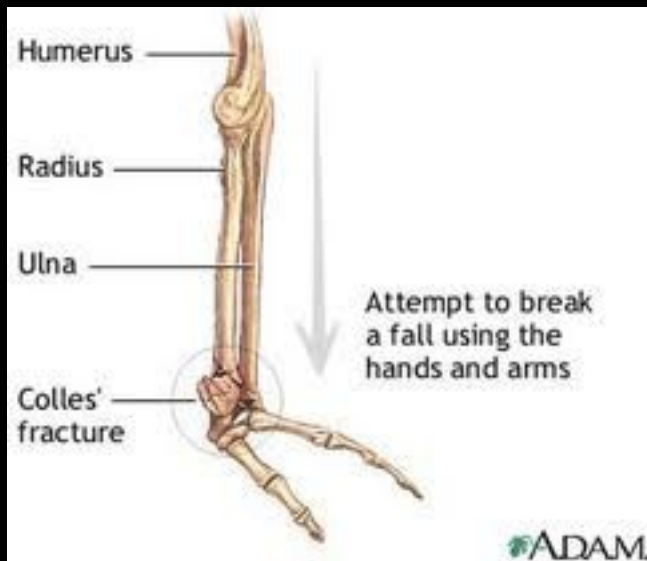
- Ski Boot Fracture
 - Falling forward
 - Binding malfunction
 - Loading Mechanism?
 - Bending? Shear?
 - 90% non-contact



Tibial Fractures in Alpine Skiing and Snowboarding.
Stenroos et al, 2016

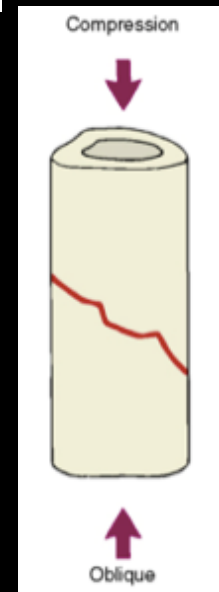
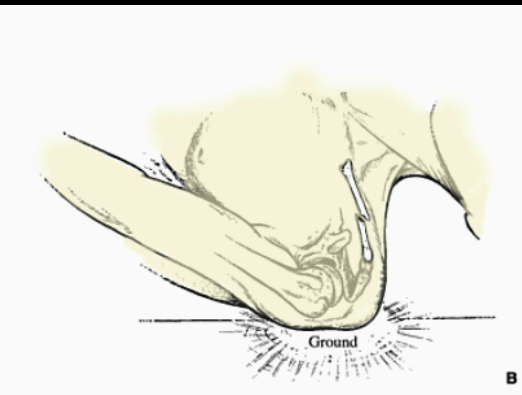
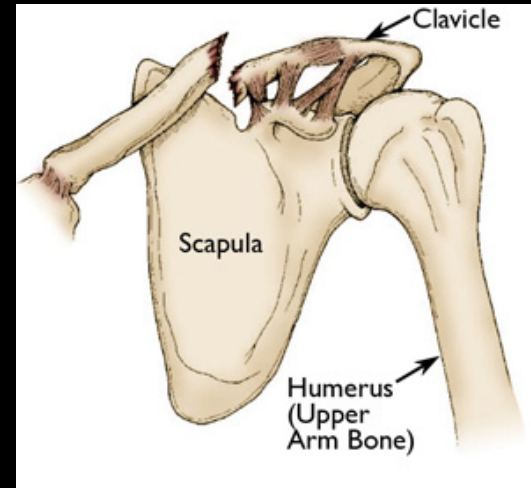
Common Examples

- Distal Radius
 - Falling on an outstretched hand
 - Loading Mechanism?
 - Compression



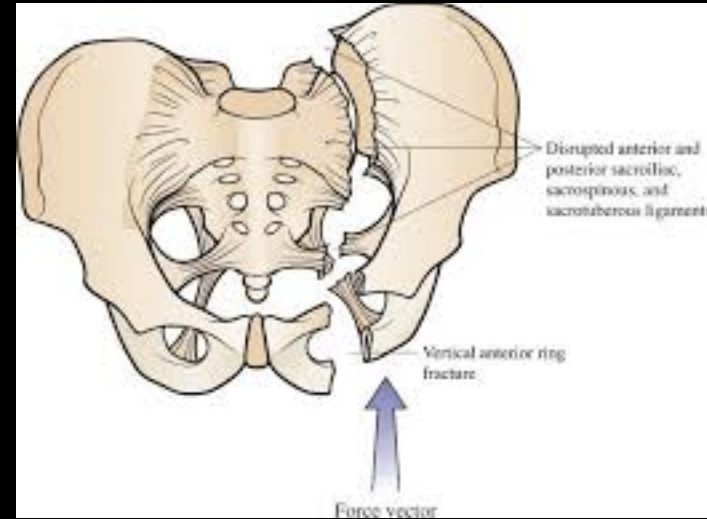
Common Examples

- Clavicle Fracture
 - Loading Mechanism?
 - compression (oblique pattern)



Common Examples

- Pelvis
 - Loading Mechanism?
 - Shear

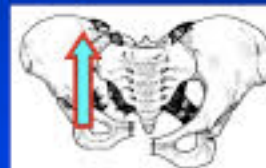


Vertical shear (VS)

- The innominate bone on one side is displaced vertically, fracturing the pubic rami and disrupting the sacroiliac region on the same side. This is typically occurs when falls from a height on one leg. These are severe unstable injuries with gross tearing of the soft tissues and associated with retroperitoneal hemorrhage.

Vertical Shear

- Always unstable
- Ant. symphysis or vertical rami fractures-post. Injury variable
- Vertical displacement



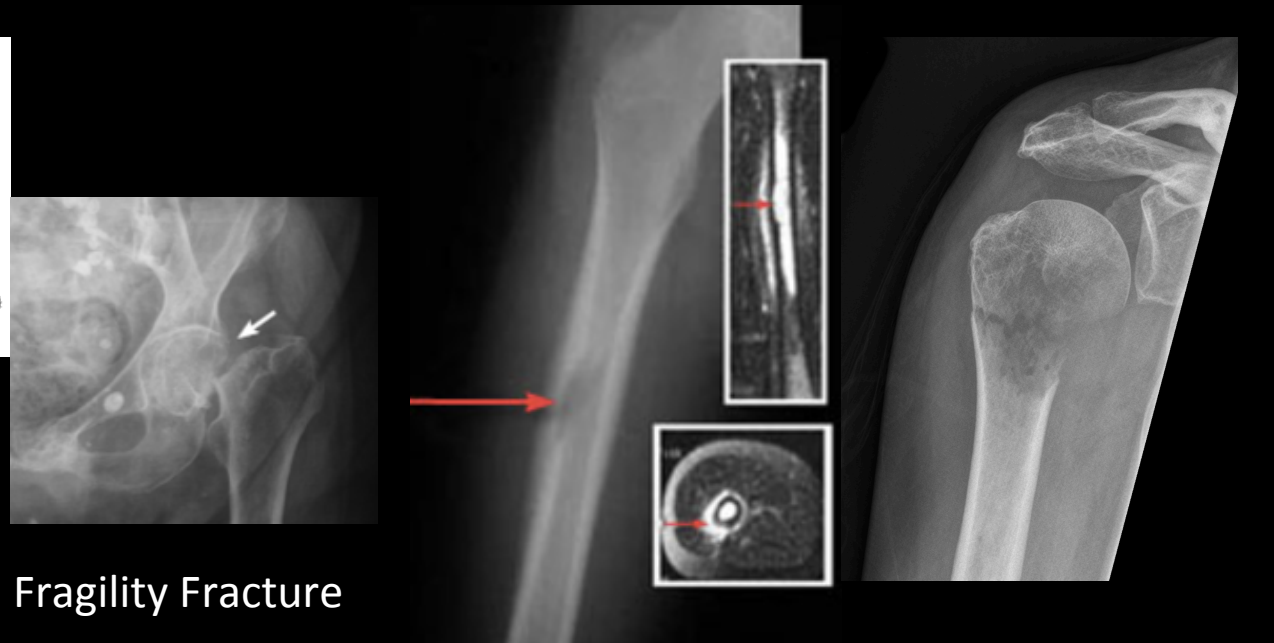
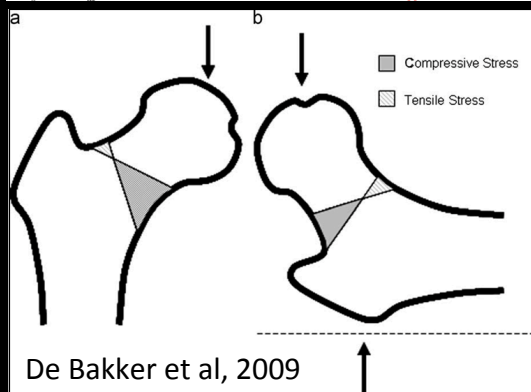
Stress Fractures

- Hairline/Fissure/Fatigue-induced fracture
 - Overuse injury
 - FATIGUE - result of accumulated trauma from repeated loading (less than strength of bone)
 - Not accidental loads



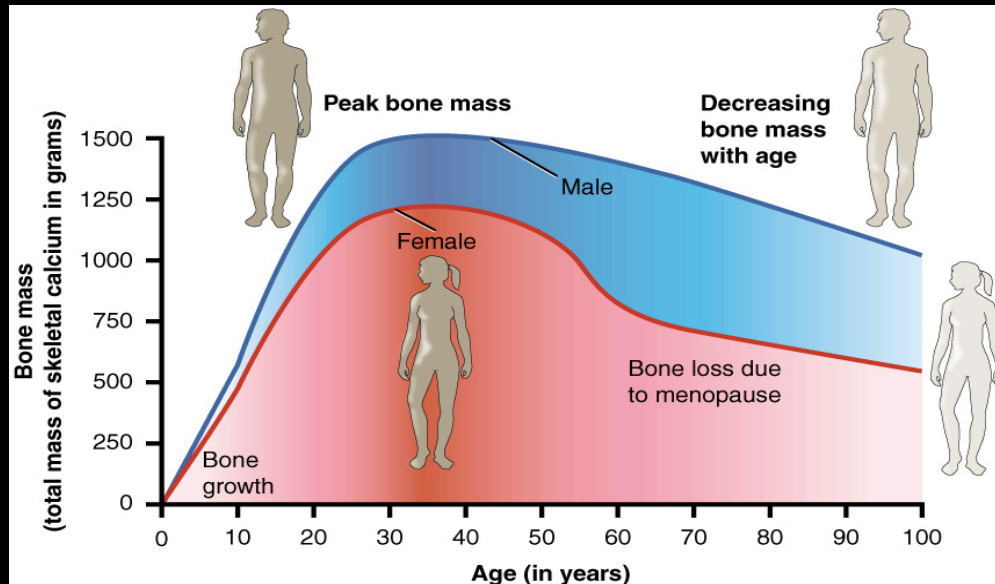
Pathologic Fractures

- Caused by condition/disease that led to weak bone
 - Low energy
 - Most common cause – Osteoporosis
 - Other conditions: cancer, infection, bone disorders, bone cyst



Aging

- \downarrow bone mass, \downarrow strength, \uparrow brittle = \uparrow fracture risk



Anatomy & Physiology, 2013

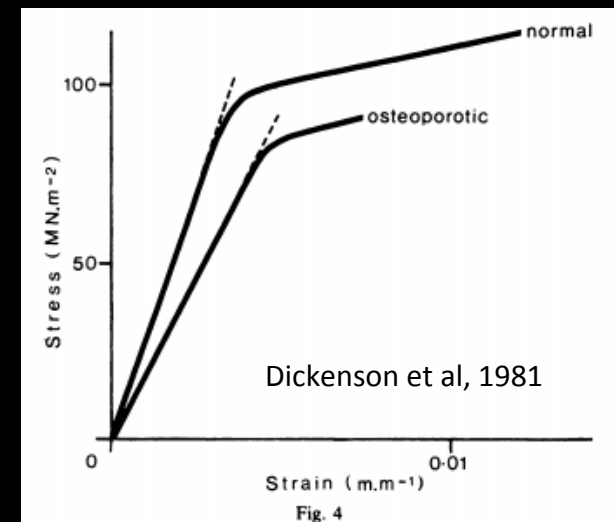
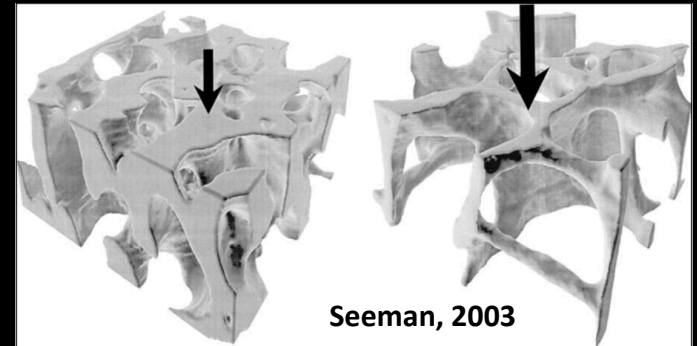
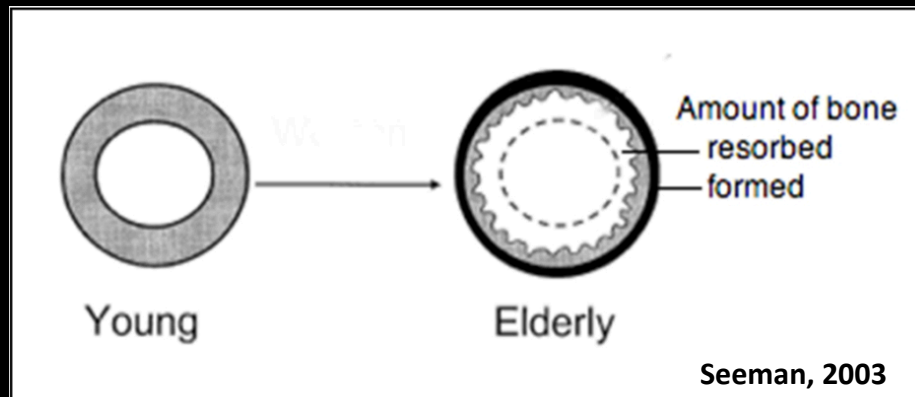


Fig. 4

Aging

- Bone remodeling = mechanical compensation
 - shifting effective bone to periphery
 - \uparrow moment of inertia as the cortex thins
 - \uparrow resistance to bending and torsion (Bouxsein & Karasik, 2006)



Osteoporosis & Fragility Fractures

- Osteoporosis
 - Disease characterized by low bone mass + structural deterioration
 - ↑ bone fragility & fracture risk
 - > 25% of women 80+ yrs old (NIH, 2011)
 - Leads to 9 million fragility fractures annually worldwide (Johnell & Kanis, 2006)
- Most common fragility fractures - spine, hip, wrist



Bone Fracture Risk

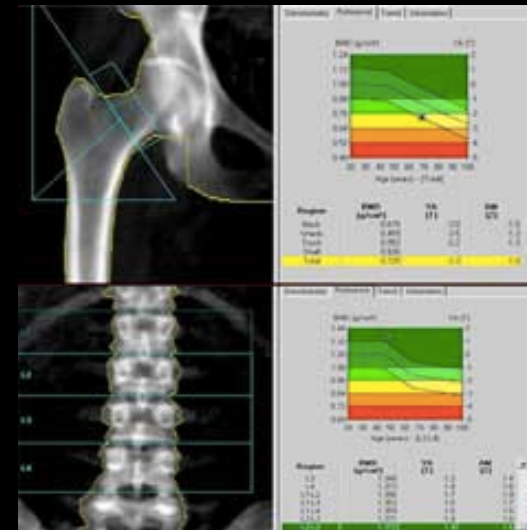
- Factors increasing risk of fragility fractures
 - Age
 - Gender - 70% of hip fractures occur in women
 - **Physical inactivity – weight-bearing exercise is good!**
 - Nutritional problems – lack of calcium and Vitamin D
 - Chronic medical conditions – endocrine & intestinal disorders
 - Glucocorticoids (Cortisone)
 - Tobacco & alcohol use
 - Previous fracture
 - Family history of osteoporosis

Osteoporosis

- Bone Density Test

- Clinical standard:
Dual-energy X-ray absorptiometry (DXA)
- Uses X-rays to measure bone mineral density & determine if you have osteoporosis
- Anatomic locations: hip, spine, forearm
- Results: T-score and Z-score

- T-score ≥ -1 **Normal**
- T-score: -1 to -2.5 **Osteopenia**
- T-score ≤ -2.5 **Osteoporosis**



Bone Fracture Risk

FRAX® Fracture Risk Assessment Tool

- Developed by WHO in 2008
- Prediction tool for assessing individual's risk of bone fracture

The screenshot shows the FRAX WHO Fracture Risk Assessment Tool interface. The header includes the FRAX logo and the text "WHO Fracture Risk Assessment Tool". Below the header is a navigation bar with links for Home, Calculation Tool, Paper Charts, FAQ, and References, along with a language dropdown set to English. The main content area is titled "Calculation Tool" and contains a questionnaire. The questionnaire includes fields for Country (US (Caucasian)), Age, Sex, Weight (kg), Height (cm), and various risk factors such as Previous Fracture, Parent Fractured Hip, Current Smoking, Glucocorticoids, Rheumatoid arthritis, Secondary osteoporosis, Alcohol consumption, and Femoral neck BMD. There are also conversion tools for weight (Pounds to kg) and height (Inches to cm). A counter at the bottom right shows "03709131 Individuals with fracture risk assessed since 1st June 2011".

FRAX® WHO Fracture Risk Assessment Tool

Home Calculation Tool Paper Charts FAQ References English

Calculation Tool

Please answer the questions to

Country: US (Caucasian) About the risk factors

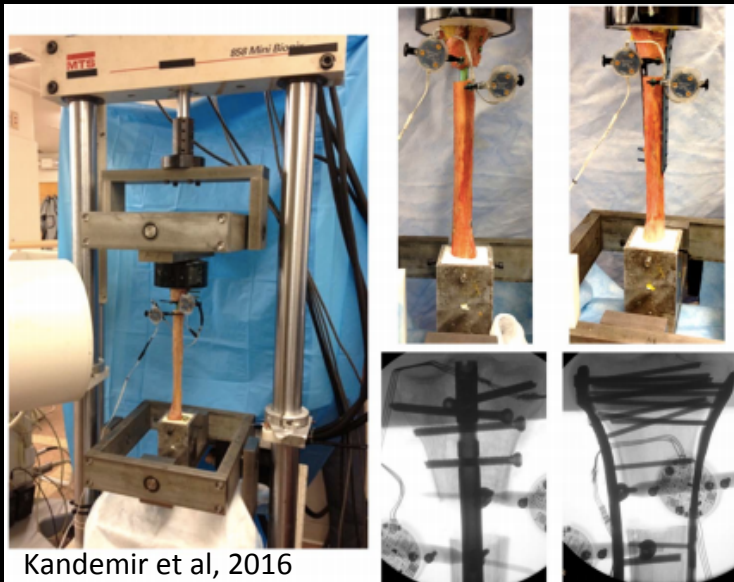
Questionnaire:

1. Age (between 40 and 90 years) or Date of Birth
Age: Y: M: D:
2. Sex Male Female
3. Weight (kg)
4. Height (cm)
5. Previous Fracture No Yes
6. Parent Fractured Hip No Yes
7. Current Smoking No Yes
8. Glucocorticoids No Yes
9. Rheumatoid arthritis No Yes
10. Secondary osteoporosis No Yes
11. Alcohol 3 or more units/day No Yes
12. Femoral neck BMD (g/cm²)
Select BMD
Clear Calculate

US (Caucasian)
US (Black)
US (Hispanic)
US (Asian)
version
Pounds → kg
Convert
Height Conversion
Inches → cm
Convert
03709131
Individuals with fracture risk
assessed since 1st June 2011

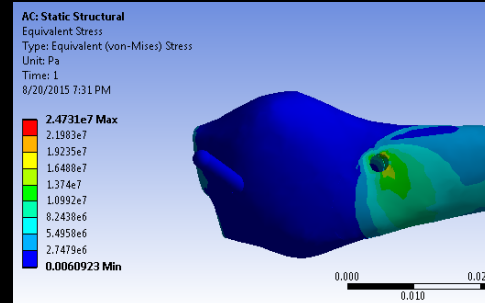
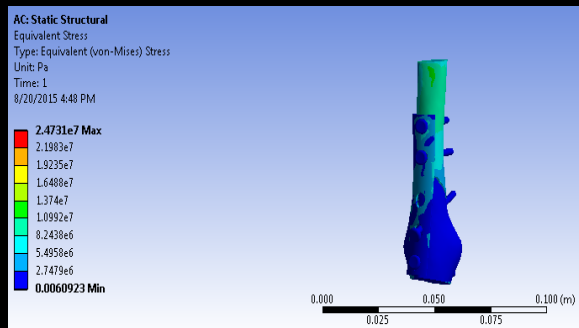
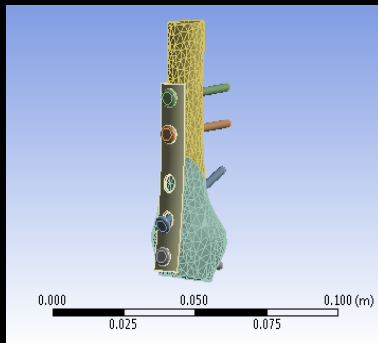
Research

- Biomechanical evaluation of fracture fixation strategies
 - Experimental testing
 - Using artificial or cadaveric bones
 - Create physical fracture fixation constructs
 - Apply physiologic loads
 - Measure strength, stiffness, fatigue life



Research

- Biomechanical evaluation of fracture fixation strategies
 - Finite element analysis
 - Virtual surgery
 - Simulation of mechanics

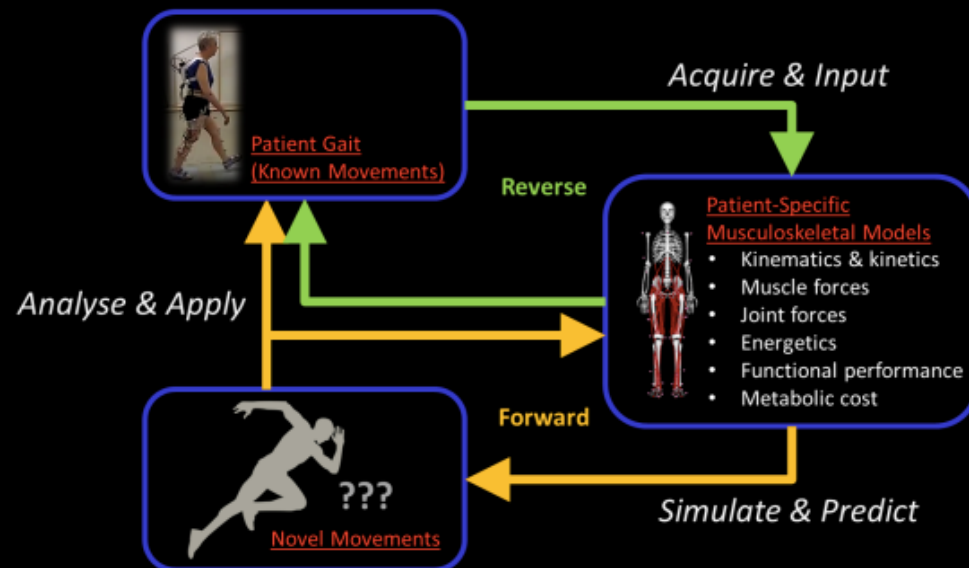
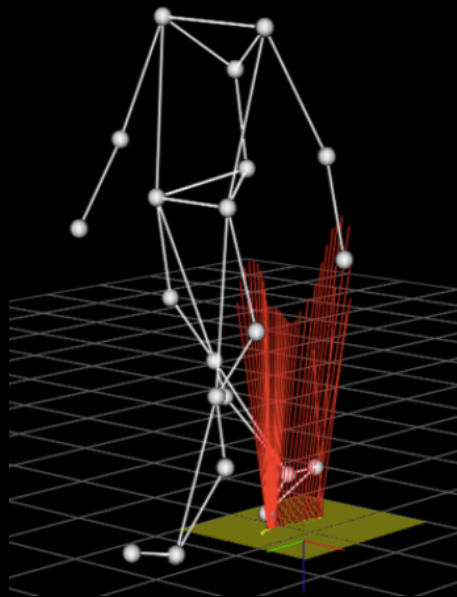
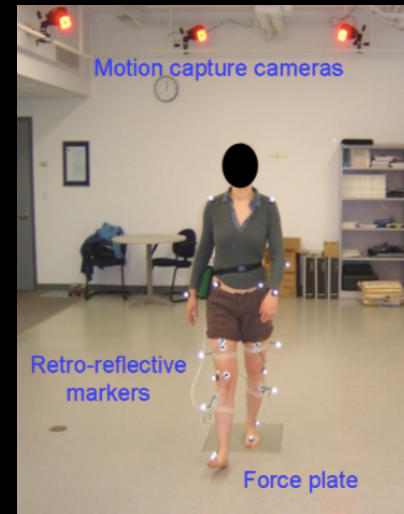


Thank You



Calculation of Joint Loads from Gait Lab Measurements

- 3D Motion Analysis (Kinematics)
- Ground reaction forces (Kinetics)
- Use Inverse Dynamics to calculate joint loads
- Musculoskeletal Modeling



Direct Measurement of Joint Loads Using Instrumented Implants

