Biomechanical testing of osteotomy plates

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How to analyze biomechanics of High Tibial Osteotomy (HTO) plates

- a) by experiment (SAWBONE) ?
- b) by simulation ?



<u>Some tested implant for HTO</u>: (A) TomoFix Standard, (B) plaque TomoFix "small", (C) plaque PEEKPower HTO, (D) Plaque Contour Lock HTO et (E) implant iBalance HTO.

Artificial compositeTibia (4th generation Sawbones)





Conflict of Interest

Disclosure of Conflict Of Interest (COI) /Funding

References

PhD thesis of Arnaud Diffo Kaze https://www.shaker.de/de/content/catalogue/index.asp?lang=de&ID=8&ISBN=978-3-8440-4599-4

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Static and fatigue strength of a novel anatomically contoured implant compared to five current open-wedge high tibial osteotomy plates, A. Diffo Kaze, S. Maas et al., JEO-ESSKA, https://jeo-esska.springeropen.com/articles/10.1186/s40634-017-0115-3



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Requirements for the testing procedure: it should

- a) be as close as possible to known standards
- b) investigate static strength
- c) analyze cyclic or fatigue strength
- d) be as simple as possible to implement in experimental set-up
- e) be standardized & repeatable
- f) define precise failure criteria
- g) assess correction loss
- h) reflect real loading of implant and tibia during slow walking

➔ Design of experiment



Contact Forces during Slow Walking Bergmann et al.



Knee Loads during Level Walking (In Vivo Measurements, www.ortholoads.com)

→ Vertical forces are dominating

→ Vertical contact forces of 250%- 400% x Body-Weight due to muscles actions



Standardised specimens' preparation



- (a) Middal Open Wedge High Tibial Osteotomy performed by an experienced surgeon
- (b) Tibia was cut (300 mm from tibial plateau) and positioned in cylindrical mould
- (c) Fixation by 2-component (Isocyanate + polyol in a 1:1 volume ratio) polyurethane resin (FC 52)
- (d) Helm of tibia plateau by casting with pre-insertion of sensor attachments





Horizontal free move of support







Failure criteria

Failure type	Criteria		
1	Medial or lateral displacements of the tibial head in relation to the tibial shaft of more than 2 mm . This criterion can only be checked in the unloaded condition (" correction loss ")		
2	Visible collapse of lateral cortex . Small hairline cracks are not considered as failure.		
3	Maximal displacement range of more than 0.5 mm within one hysteresis loop in the case of cyclic testing only (" stability " or " degree of wobbling ")		
4	Cracks of the screws of more than 1 mm		





Force vs. displacements



Failure 2



Failure 4





Experimental cyclic testing

No standard found! Definition of own procedure similar to testing protocol for hip implants (ISO 7206). Stepwise increased compression with sinusoidal forces (5Hz)

Load-controlled pulsating cyclical charging until failure



Experimental cyclic testing

Measured displacement amplitudes (force control, 20 000 cycles per step)



Experimental cyclic testing

Failure 3: stiffness & wobbling, stability

Decrease of stiffness $k = \Delta F / \Delta X$ \rightarrow indicator for crack growth



Maximal displacement range > 0.5mm → failure 3 (stability, wobbling)





Measured hysteresis during cyclic testing



Here, below threshold for Failure 3



Does our experimental testing reflect slow walking?



Simplified pure vertical loading up to 400% x Body Weight = 2500N



Musculoskeletal model for inverse dynamics **AnyBody**







Consideration of **33 muscle forces** at 5 different positions of level walking in software AnyBody







Comparison of AnyBody & ANSYS for verification

	Section forces at the femoral head			
	AnyBody	ANSYS	Rel. Diff.	
Position 1	765 N	873 N	14%	
Position 2	1498 N	1566 N	4.5%	
Position 3	998 N	1054 N	5.6%	
Position 4	2077 N	2095 N	0.8%	
Position 5	586 N	678 N	15.7%	



Section passing through the transepicondylar axis of the femur

→Section forces in the knee are approx. the same in ANSYS and AnyBody

→Inertia forces are negligible for slow daily motions



Stresses in the implants (ANSYS)

Simplified experimental loading



Fype: Equivalent (von-Mises) Stress Jnit: MPa 97,238 97,327 61,372 49,416 37,46 Section (a-25,505 13,549 1,5938 Min σ_{max} = 109 MPa

Muscles included (position 2)

Plate TomoFix Small



(+): similar stress distribution, stresses below material strength

(-): higher stresses in simplified case due to muscles attached at tibia head, section forces above tibia head = 400% BW in position 4

→ our experimental testing procedure is conservative, i.e. on safe side



Stresses in the lateral cortex of tibia head

Experimental loading



- + : same ranking of implants
- : 3 x higher stresses (200%-300%) in experimental case due to muscles attached at tibia head
- → our experimental testing is conservative, i.e. on the safe side!



<u>Realistic loading with 33 muscles (position 2)</u>

Numerical studies vs. experimental testing



Conclusions

All failure criteria confirmed by static and cyclic testing

Combined musculoskeletal & finite elements simulations were used to prove our approach and to verify that our simplified experiments are on safe side

Experimental testing with purely vertical loading makes sense in this case





Thank you !

Questions?

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