

Statistical Finite Element Analysis for Bone Modeling

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Introduction

Current implant design techniques in orthopedics are based on manual fitting and fixation procedures applied on cadaver bones; in this way it is difficult to assess whether implants will fit most of the population.

Here a framework is proposed to evaluate biomechanical performances of an implant across a given population: after the creation of a statistical model that describes bone shape and mechanical properties in a given population, the 41-B1 tibia fracture (A.O. classification) was propagated from the mean bone to each new instance. Subsequently the implant was fitted to the bone in a semi-automatic way and finally biomechanical simulations were performed to evaluate the implant design.

Methods

Statistical Shape Model

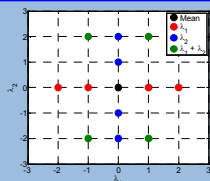
Dataset: CT images from different populations



Registration: deformation fields

Principal Component Analysis: creation of new instances

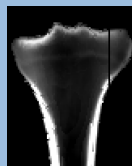
$$X = \mu + \alpha_1 \phi_1 + \alpha_2 \phi_2 + \dots$$



Fracture Creation

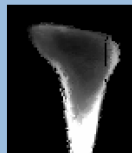
Fracture creation:

vertical cut
in the mean bone

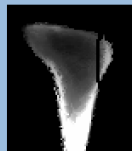
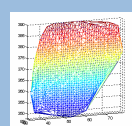


Registration:

fracture propagation
to the instances

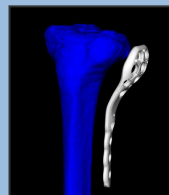


Surface creation:

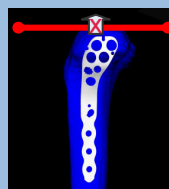


Implant Fitting

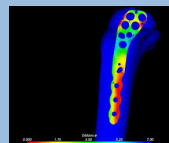
Manual
initialization:



Implantation
constraints:



Iterative
Closest Point:
placement
optimization



Finite Element Model

Bone:

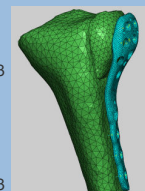
$E=6.95\rho^{1.49}$

Poisson's ratio=0.3

Implant:

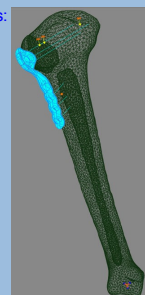
$E=110\,000\text{ MPa}$

Poisson's ratio=0.3



Loading conditions:

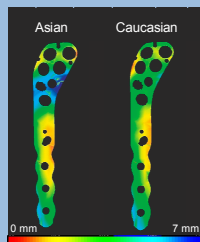
1600 N



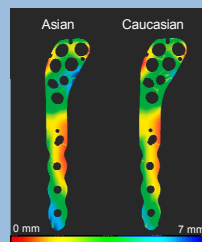
Results

Implant Fitting

Maximum
distances:



Average
distances:



No statistical differences between Asian and Caucasian.

Finite Element Model

	Caucasian	Asian
von Mises stress in the plate (MPa)	61	69 (+12%)
Max principle stress in the screws (MPa)	61	80 (+31%)

Both in plate and screws stresses are significantly higher ($p<0.05$) for Asian than for Caucasian.

Discussion

We presented a framework for statistical biomechanics assessment including a combined statistical model of shape and finite element analysis. Future developments will combine shape and intensity information into the statistical model; moreover different implant positions and loading conditions will be evaluated.