XXII SYMPOSIUM - VIBRATIONS IN PHYSICAL SYSTEMS - Poznań-Będlewo 2006

MROZOWSKI Jerzy, AWREJCEWICZ Jan Technical University of Łódź Department of Automatics and Biomechanics Stefanowskiego 1/15, 90-924 Łódź, Poland Jerzy.Mrozowski@p.lodz.pl, Jan.Awrejcewicz@p.lodz.pl

PELVIS STRESS AND STRAIN DISTRIBUTION UNDER GRAVITATIONAL AND EXTERNAL LOAD

1. Introduction

The pelvic girdle supports and protects the contained viscera and affords surfaces for the attachments of the trunk and lower limb muscles. Its most important mechanical function, however, is to transmit the weight of the trunk and upper limbs to the lower extremities.

It may be divided into two arches by a vertical plane passing through the acetabular cavities; the posterior of these arches is the one chiefly concerned in the function of transmitting the weight. Its essential parts are the upper three sacral vertebræ and two strong pillars of bone running from the sacro-iliac articulations to the acetabular cavities. For the reception and diffusion of the weight each acetabular cavity is strengthened by two additional bars running toward the pubis and ischium. In order to lessen concussion in rapid changes of distribution of the weight, joints (sacro-iliac articulations) are interposed between the sacrum and the iliac bones; an accessory joint (pubic symphysis) exists in the middle of the anterior arch. The sacrum forms the summit of the posterior arch; the weight transmitted falls on it at the lumbosacral articulation and, theoretically, has a component in each of two directions. One component of the force is expended in driving the sacrum downward and backward between the iliac bones, while the other thrusts the upper end of the sacrum downward and forward toward the pelvic cavity [3,4].

A pelvic bone is a very important element of the hip joint. Its correct shape and load decide about human locomotive abilities. Contemporary achievements in medicine and engineering sciences allow to correct deformed or damaged bones. Knowledge of strain and stress state in a pelvic bone in both the anatomically correct state and degeneration (disease conditions) or damage allows for better diagnosis and preparation of operations.

2. Numerical model of the pelvis

In numerical investigations two main problems occur. The problems are connected with preparation of a computational model. The first problem is connected with faithful numerical imitation of real features of a natural human pelvic bone. The second one concerns modeling of the load.

Determination of the strain and stress distribution is a task of strength analysis. For bodies of complex geometry, obtaining of reliable results is possible only by applying numerical methods, in particular the Finite Element Method.

In this paper, the numerical modeling has been performed by means of Ansys 7.1 Workbench. During the analysis we ignored a complex structure of osseous tissue and assumed homogeneous elastic properties. Young's modulus is taken at 20000 MPa, and the Poisson ratio at 0.3.

In the assumed numerical model we applied the following scheme of support:

1. a contact surface of the pelvic bone and the sacral bone,

2. a contact edge of the pubic symphysis,

3. a contact surface of the acetabulum cooperating with the femur head.

Fig. 1 illustrates a numerical model of the pelvic bone with segmentation into finite elements. The assumed numerical model consists of 3917 elements of triangular shape spanned on 7226 nodes.



Fig. 1. Model of the pelvic bone with segmentation into finite elements (two projections)

3. Pelvic bone load modeling

Stress and strain state of a pelvic bone is a consequence of external load, which comes from the weight of the upper part of a body and muscle forces affecting this bone by means of tendons at attachment points (Fig. 2).

286



Fig. 2. Vectors of the muscle forces during: a) flexion, b) extension, c) abduction, d) adduction.

In the analyzed model we assumed 23 muscle actons influencing the pelvic bone as they realize their basic functions in the motion process, i.e. flexion, extension, adduction and abduction. Muscle actons are attached by one end to the pelvic bone and the second end to the femur or the shinbones. Location of the muscle relative to the bone and joints is connected with its function in the locomotive system [1, 2, 4].

Muscle forces influencing the pelvic bone by means of tendons are applied at muscle attachment points and presented in the model in a form of continuously distributed load,

inclined to the surface of the pelvic bone at the angle determined by direction cosines of action lines of appropriate muscle actons [2].

Values of direction cosines in the global coordinate system and lengths l of particular muscle actons have been evaluated on the basis of coordinates of the muscle attachment points corresponding to centers of attachment surfaces, which have been determined by outcomes of the measurements performed on the model of the hip joint. The rest length $l_0=0.8 \cdot l$ has been evaluated for each acton. This length corresponds to maximum value of muscle force under isometric conditions F_{max} .

Values of the forces F_{max} for each acton have been evaluated as a product of its physiological section A and a maximum value of stresses in the actively excited muscle, which is assumed in the literature as $\sigma_{max} = 0.5$ MPa.

Basing on the values of maximum shortening of the actons, measured on a model of a correct hip joint in ranges of flexion and extension movements in saggital and frontal planes, one determined limiting values of unit shortening of each acton $\Delta l/l_0$. We also evaluated values of unit elongation of the actons after pelvis osteothomy $(\Delta l_1+l_0)/l_0$, $(\Delta l_1 - elongation of the acton after the treatment for the osteotome angle <math>\alpha=30^{\circ}$).

4. Numerical results

For the assumed model of the pelvic bone, loaded by weight of the body and by forces coming from the muscle actons, one has determined the total strain, vector strain, maximum principal stress, normal stress and the safety factor. Computations have been performed for particular functions of the locomotive system: flexion, extension, adduction and abduction.

In Fig. 3, one presented an exemplary distribution of strains and stresses in the human pelvic bone for flexion. A place of the largest strains is iliac spine in this case. The largest values of the maximum normal stresses occur in the vicinity of iliac crest and they equal 11,13 MPa.

Maximum principal stresses, during flexion, are located in a region of contact between the acetabulum and the femur head and they equal 9,88 MPa.

The largest strains during the abduction occur in the vicinity of ischium and equal 0,13 mm. It should be noted that these are the largest strains of all the presented functions of motion. In the neighborhood of the support, namely in the acetabulum, next to the sacral bone and the pubic symphysis, displacements are nearly zero.

Vectors of muscle actons interactions have a significant influence on the direction of strains. Direction of these strains approximately coincides with directions of vectors coming from the muscle forces.

288



Fig. 3. Stress and strains in the pelvic bone during the flexion: a) total deformation, b) vector deformation, c) maximum principal stress, d) normal stress

Maximum principal stresses occur during the abduction in a region of ischium and reach 22,33 MPa, whereas the smallest value of these stresses equal 9,88 MPa. Thus, a ratio of maximum to minimum stresses is 225%. It should be noted that a region of occurrence of maximum stresses is not big.

Analyzing the maximum values of normal stress we can observe that they are largest during the abduction, like maximum principal stresses. The maximum values of normal stress reach 15,78 MPa and occur on pubic symphysis.

The value of the safety factor in each of motion function did not go down below 15. This means that the pelvic bone subjected to typical loads occurring during the calm gait is not liable to any damages. High value of the safety factor shows that it is possible to load

the pelvic bone by significant dynamical forces (running, jumps) without anxiety about its damage.

The goal of the above results was to present the influence of load, acting on the pelvic bone. It should be emphasized that the investigation did not refer to each function of motion alone, and forces coming from the muscles had a maximum value.

5. Concluding remarks

By the analysis of the stress and strain of the pelvic bone we can investigate phenomena running under physiological loads of bones stimulating biotic processes of tissues as well as incorrect loads, which are consequences of abnormality in bones structures, hip joint and the muscle system. This issue is an interesting problem and object of interests of orthopedists, especially with regard to results of surgical interventions.

The most important conclusions following the strength analysis can be formulated as follows:

- the largest strains occur during the adduction in the vicinity of ischium;
- the smallest strains of the pelvic bone occur at the following contact points: the pelvic bone and the sacral bone, the pubic symphysis and the acetabulum;
- maximum principal stresses occur during the abduction in a region of ischium;
- maximum value of normal stresses occur on the pubic symphysis during the adduction;
- change of value of Young's modulus and the Poisson ratio for the pelvic bone have not a significant influence on the change of value of stresses and strains;
- during the human gait the maximum principal stresses and total strains occur in the initial phase of the contact between a foot and a ground.

The performed analysis does not cover all problems connected with stresses and strains of a pelvic bone. Widely understood dynamical aspects occurring e.g. in some sport disciplines (running, jumping) require further investigations. Moreover, one needs to make a thorough study of situations, in which the pelvic bone is liable about a very large impact-like load, e.g. car accidents. It also seems that continuous improving of imaging techniques of a human body CT scanning, nuclear magnetic resonance (NMR) should have find the reflection in the improvement of the model itself of the pelvic bone in geometry, load modeling and materials characteristics.

References

- 1. Dalstra M., Huiskes R., *Load transfer across the pelvic bone*, Journal of Biomechanics, **28** (1995) 715-724.
- 2. Dostal W. F., Andrews J. G., *A three-dimensional biomechanical model of hip musculature*, Journal of Biomechanics **14** (1981) 802-812.
- 3. Mrozowski J., Awrejcewicz J., *Introduction to Biomechanics*, TU Łódz Press, Łódź 2004 (in Polish).
- Oonishi H., Isha H., Hasegawa T., Mechanical analysis of human pelvis and its applications to the articular hip joint - by means of three-dimensional finite element method, Journal of Biomechanics, 16 (1983) 427-444

290