

Dynamic Simulation of a Simulator Machine for Knee Implant Damage Prediction

Dong Zhao¹, Benjamin J. Fregly^{1,2}, and W. Gregory Sawyer¹

¹Department of Mechanical & Aerospace Engineering, University of Florida, Gainesville, FL

²Department of Biomedical Engineering, University of Florida, Gainesville, FL

SYNOPSIS

A multibody dynamic contact model predicted the damage sustained by two tibial inserts tested under different conditions on an AMTI knee simulator machine. The model required a wear factor of $7.7 \times 10^{-7} \text{ mm}^3/\text{Nm}$ to match the wear volume measured from the first insert after 0.86 million cycles of simulated gait. The model matched the medial and lateral damage depths measured from the second insert to within 0.3 mm after 5 million cycles of simulated gait and stair (10:1 ratio). Computational models may be valuable for screening new knee implant designs rapidly and performing sensitivity studies of component positioning issues.

1 INTRODUCTION

Wear of ultra-high molecular weight polyethylene remains a primary limitation in extending the longevity of total knee replacements (TKRs) (1). Consequently, knee simulator machines are commonly used to evaluate wear performance of new knee implant designs and materials (2). These machines typically have multiple stations, each providing multiaxial motion and load control of the TKR components in a physiological environment. Wear testing on a simulator machine is time consuming and expensive due to the large number of low-frequency cycles that must be run (3). Moreover, different stations on the same test machine sometimes produce different wear results.

In contrast, computer simulation can be a fast and reproducible method for predicting TKR performance (4). For example, computer simulations have been used to predict tibial insert damage under *in vivo* conditions (5). These simulations required between 10 and 20 minutes of CPU time on a typical PC workstation to predict tibial insert wear, creep, and damage (= wear + creep) for a specified number of loading cycles of gait and stair activities. While fluoroscopic measurements can provide accurate *in vivo* motion inputs to such simulations

(6,7), accurate *in vivo* load inputs are difficult to obtain and an estimated number of motion cycles must be used for each simulated activity. Simulation of a simulator machine overcomes these limitations since the motion and load inputs as well as number of loading cycles are known accurately for each simulated activity, as is the sequence of simulated activities. Thus, simulator machines provide a well-controlled test bed for evaluating computational approaches to TKR damage prediction.

This study evaluates the ability of a multibody dynamic contact model of an AMTI knee simulator machine to predict tibial insert damage in two knee implants of the same design. Wear volume was measured gravimetrically for one insert after 0.86 million cycles of simulated gait while damage depths were estimated via laser scanning for another insert after 5 million cycles of simulated gait and stair. Computer simulations were used to predict wear volume for the first insert and damage depths for the second. Sensitivity studies were also performed for the second insert to evaluate the extent to which predicted damage depths varied with changes in femoral component position and orientation in the AMTI machine.

2 METHODS

A multibody dynamic contact model of one station of an AMTI knee simulator machine was constructed to predict TKR damage in a single cruciate-retaining knee implant design (Genesis II, Smith & Nephew, Inc., Memphis, TN). The multibody model was implemented within the Pro/MECHANICA MOTION simulation environment (PTC, Waltham, MA) (Fig. 1) and used a previously reported elastic foundation contact model and a computational damage model that utilizes Archard's wear law with a constant wear factor (5). The femoral component was connected to the ground via a planar joint, the tibial tray to the machine base via another planar joint, and the machine base to the ground via a cylindrical joint. A 6 degree-of-freedom (DOF) joint between the femoral component and tibial insert was used to measure relative (i.e., joint) kinematics for contact calculations. Each DOF in the model was either motion or load controlled to mimic the function of each DOF in the AMTI simulator machine.

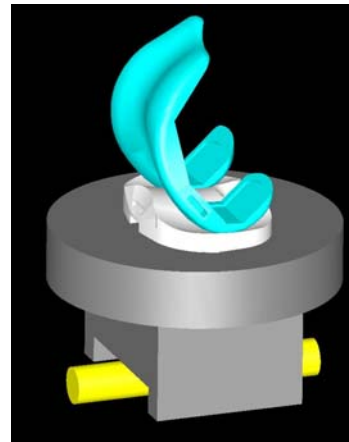


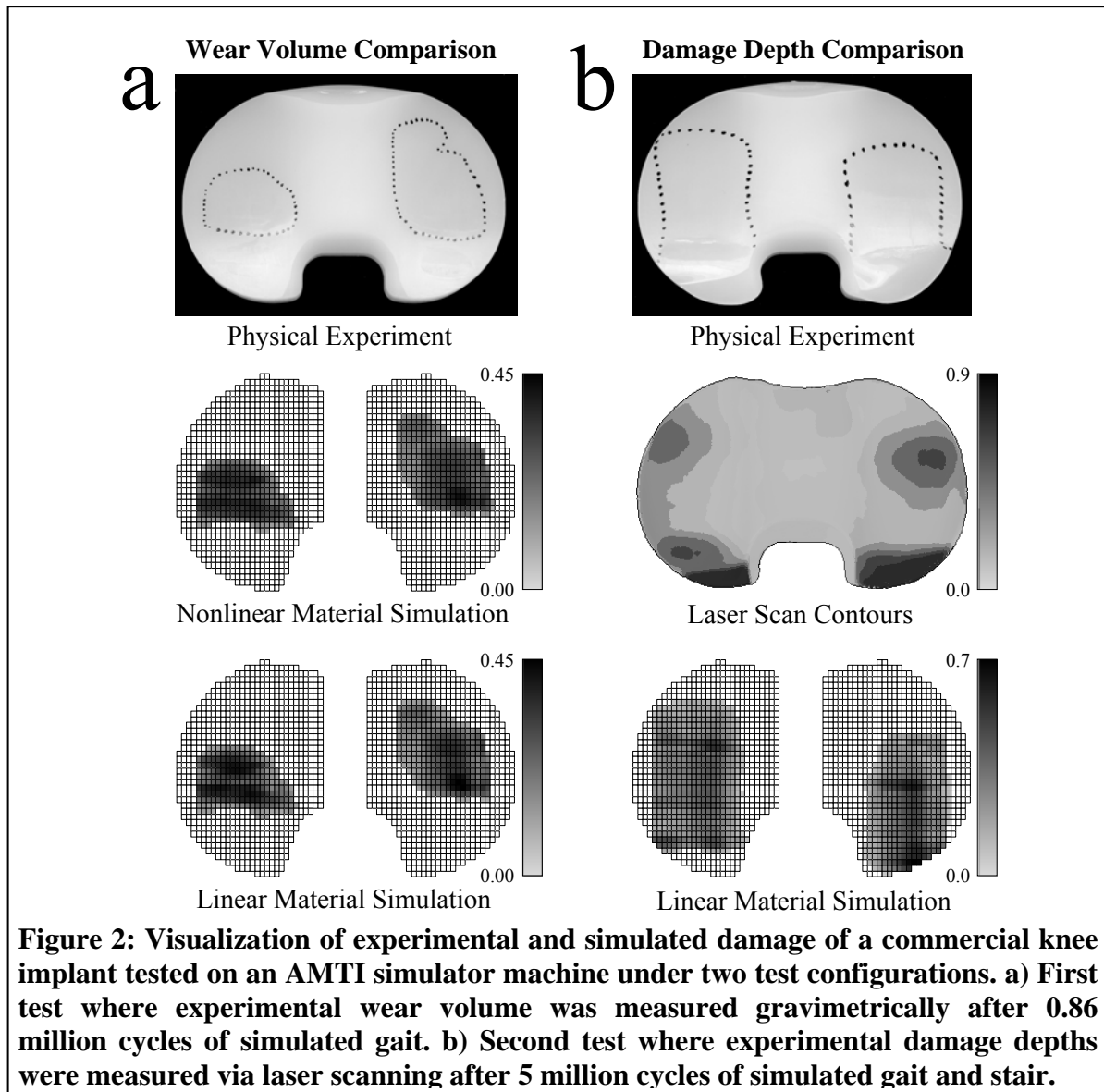
Figure 1: Multibody dynamic contact model of the AMTI knee simulator developed within the Pro/MECHANICA MOTION simulation environment.

Two sets of simulations were performed with the model to emulate the conditions experienced by the two Genesis II implants tested on the AMTI machine. The first set was configured to mimic component positioning and loading during 0.86 million cycles of simulated gait. Linear ($E = 463$ MPa) and nonlinear ($\epsilon_0 = 0.0257$, $\sigma_0 = 15.9$, $n = 3$; see (8)) material models ($\nu = 0.46$ for both models) were used in the elastic foundation contact model to investigate the influence of material properties on wear area and volume predictions. The predicted wear volume for a range of wear factors was compared to the actual wear volume measured gravimetrically. The second set of simulations was configured to mimic different component positioning and loading during 5 million cycles of simulated gait and stair (10:1 ratio). Only the linear material model was used and the wear factor was set to 1×10^{-7} mm³/Nm based on

measurements of the average femoral component surface roughness (not available for the first implant) and data reported in (9). The predicted damage depths for this one wear factor were compared to actual damage depths estimated by laser scanning the worn and a matched unworn insert and measuring the deviation between the two sets of contact surfaces with commercial software (Geomagic Studio, Research Triangle Park, N.C.). Changes in wear, creep, and damage depths for variations in femoral component position and orientation in the AMTI machine (± 3 mm or $\pm 3^\circ$ in each direction) were also predicted. All simulations used a contact element grid of 40×30 in both compartments and required less than 20 minutes of CPU time on 2.0 GHz Xeon workstation.

3 RESULTS AND DISCUSSION

For the first insert, a wear factor of 7.7×10^{-7} mm³/Nm was needed in the wear model to match the gravimetrically measured wear volume of 21.7 mm³ (Fig. 2a). This value corresponds to an average femoral component surface roughness of approximately 0.1 μ m which is likely higher than that of the component used in the test. Wear areas and volumes



predicted using the two material models (linear and nonlinear) were nearly identical, indicating that choice of material model had little influence on these quantities. Damage regions predicted by the simulations were in excellent agreement with those observed on the central portion of each insert contact surface. However, small posterior damage regions observed experimentally were not reproduced by the simulation, possibly due to problems with component positioning or input kinematics in the model. Posterior damage would have increased the predicted wear volume and caused a corresponding decrease in the wear factor necessary to match the experimentally measured wear volume.

For the second insert, the predicted damage depths of 0.6 and 0.8 mm on the medial and lateral sides, respectively, were within 0.3 mm of the measured depths of 0.9 and 0.9 mm (Fig 2b). Increasing the wear factor to $2 \times 10^{-7} \text{ mm}^3/\text{Nm}$, consistent with the roughest regions on the femoral component, increased the predicted damage depths to 0.7 and 0.9 mm. The predicted damage regions were in good agreement with the actual damage regions, though the predicted locations of maximum damage did not correspond well with reality. Modifying the femoral component position by $\pm 3 \text{ mm}$ or orientation by $\pm 3^\circ$ created a standard deviation of at most $\pm 0.06 \text{ mm}$ in predicted wear depth, $\pm 0.10 \text{ mm}$ in predicted creep depth, and $\pm 0.13 \text{ mm}$ in predicted damage depth on either side, indicating that predicted damage was not highly sensitive to femoral component malalignment.

These results suggest that a multibody dynamic model can produce reasonable predictions of TKR damage generated in a knee simulator machine. Such models may prove valuable in the future for screening new knee implant designs rapidly or performing sensitivity studies that would be too time consuming to complete with physical simulator machines.

4 REFERENCES

- (1) Sharkey, P.F. *et al.* (2002) Why are knee replacements failing today? *Proceedings of the Knee Society*, February 16, Dallas, TX.
- (2) Walker, P.S. *et al.* (1997) Knee simulating machine for performance evaluation of total knee replacements. *Journal of Biomechanics* **30**, 83-89.
- (3) Muratoglu, O.K. *et al.* (2003) Metrology to quantify wear and creep of polyethylene tibial knee inserts. *Clinical Orthopaedics & Related Research* **410**, 155-164.
- (4) Godest, A.C. *et al.* (2002) Simulation of a knee joint replacement during a gait cycle using explicit finite element analysis. *Journal of Biomechanics* **35**, 267-276.
- (5) Fregly, B.J. *et al.* (2005) Computational wear prediction of a total knee replacement from in vivo kinematics. *Journal of Biomechanics* **38**, 305-314.
- (6) Banks, S.A. and Hodge, W. A. (1996) Accurate measurement of three-dimensional knee replacement kinematics using single-plane fluoroscopy. *IEEE Transactions on Biomedical Engineering* **43**, 638-649.
- (7) Hoff, W.A. *et al.* (1998) Three-dimensional determination of femoral-tibial contact positions under in vivo conditions using fluoroscopy. *Clinical Biomechanics* **13**, 455-472.
- (8) Fregly, B.J. *et al.* (2003) Experimental evaluation of an elastic foundation model to predict contact pressures in knee replacements. *Journal of Biomechanics* **36**, 1659-1668.
- (9) Fisher, J. *et al.* (1994) The effect of sliding velocity on the friction and wear of UHMWPE for use in total artificial joints. *Wear* **175**, 219-225.

This study was supported by an NSF CAREER award and by Smith & Nephew Orthopaedics.