

# Biomechanics 1

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- 2 **The bone system**
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# Velocity

- **velocity** in one dimension: the rate of change of the  $x$  coordinate

$$v_x(t) := \lim_{\Delta t \rightarrow 0} \frac{\Delta x}{\Delta t} =: \frac{dx}{dt}$$

- SI units of velocity:  $[v] = 1 \frac{\text{m}}{\text{s}} = 3.6 \frac{\text{km}}{\text{h}}$
- velocity in three dimensions: **the rate of change of the position vector  $\mathbf{r}$**  – can be constructed from three one-dimensional components

$$\mathbf{v}(t) := \lim_{\Delta t \rightarrow 0} \frac{\Delta \mathbf{r}}{\Delta t} =: \frac{d\mathbf{r}}{dt} = (v_x(t), v_y(t), v_z(t))$$



# Speeds in the human body

Phenomenon	speed
Walking	1.45 m / s
Running (Usain Bolt)	10.44 m / s
Propagation of AP <sup>1</sup> (myelinated fibres)	3–120 m / s
Propagation of AP <sup>1</sup> (non-myelinated fibres)	0.5–2 m / s
Blood flow (aorta)	20–25 cm / s
Blood flow (capillaries)	0.3–0.6 mm / s

<sup>1</sup>action potential



# Acceleration

- acceleration: the rate of change of the velocity vector  $\mathbf{v}$
- in one dimension:

$$a_x(t) := \lim_{\Delta t \rightarrow 0} \frac{\Delta v_x}{\Delta t} =: \frac{dv_x}{dt}$$

- in three dimensions:

$$\mathbf{a}(t) := \lim_{\Delta t \rightarrow 0} \frac{\Delta \mathbf{v}}{\Delta t} =: \frac{d\mathbf{v}}{dt} = (a_x(t), a_y(t), a_z(t))$$

- its SI unit:  $[a] = 1 \text{ m/s}^2$
- often it is expressed as a multiple of the acceleration due to gravity  $g$  ( $\approx 9.81 \text{ m/s}^2$ )



# Acceleration values

Phenomenon	acceleration
Trabant	0.12 <i>g</i>
Bugatti	1.55 <i>g</i>
Formula-1 car, braking	5.4 <i>g</i>
Roller coaster	3.5 – 6.3 <i>g</i>
Apollo 16 on reentry	7.19 <i>g</i>
Death or serious injury likely	> 25 <i>g</i>
Highest recorded ever survived	214 <i>g</i>
Handgun bullet	60 000 <i>g</i>
Proton in LHC	$1.9 \cdot 10^8 g$



# Effects on the human body





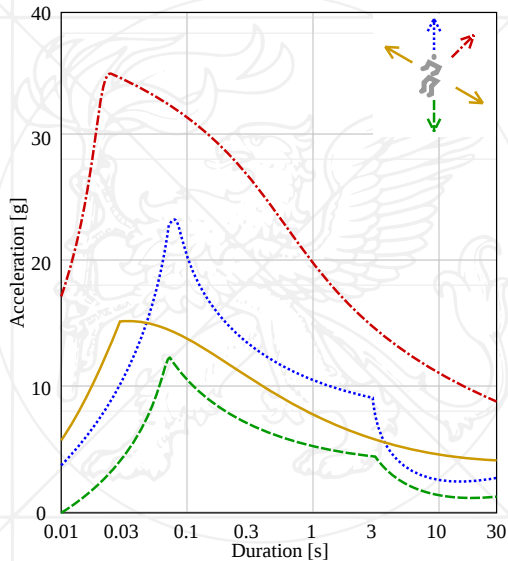
# Effects on the human body

- speed itself has no effect (relativity principle: systems in uniform motion relative to each other are equivalent)
- mechanism: in an accelerating system, **inertial forces** will act  $\Rightarrow$  organs, blood
- congestion, at other places shortage of blood; deformation of organs
- symptoms:
  - grey-out
  - tunnel vision (loss of peripheral vision)
  - blackout
  - loss of consciousness
  - death





# Human acceleration tolerance [3]



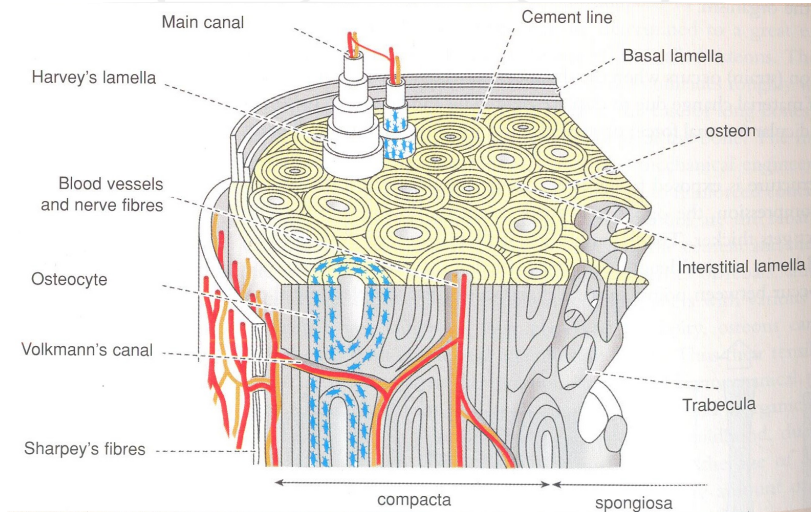


# Structure of the bone

- cells (1–5%) + structural component
- composition:  $\frac{1}{3}$  water +  $\frac{1}{3}$  organic material (collagen) +  $\frac{1}{3}$  inorganic material (hydroxyapatite,  $\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_2$ )
- structural unit: **osteon** – tubular blocks, 5–10 mm in length and 0.2 mm in diameter
- osteon types according to the orientation of collagen fibres:
  - **L**: longitudinal
  - **T**: transverse
  - **A**: alternate left and right spiral
- like steel bars in concrete → elasticity
- can be heavily loaded with tensile and compression forces

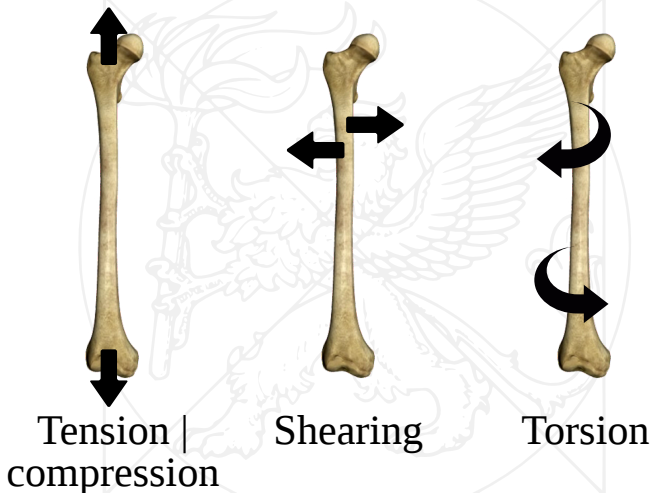


# Structure of the bone





# Deformations



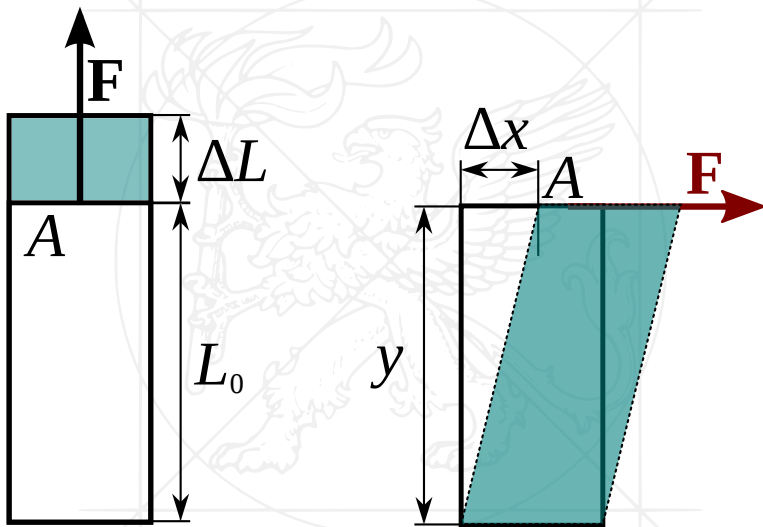


# Deformations

- **tension | compression:** the force causing the deformation is perpendicular to the displaced surface
- **shearing:** the force causing the deformation is parallel to the displaced surface
- **torsion:** a torque causes the deformation; the surfaces are not displaced but rotated – the farther they are from the fixed end, the more

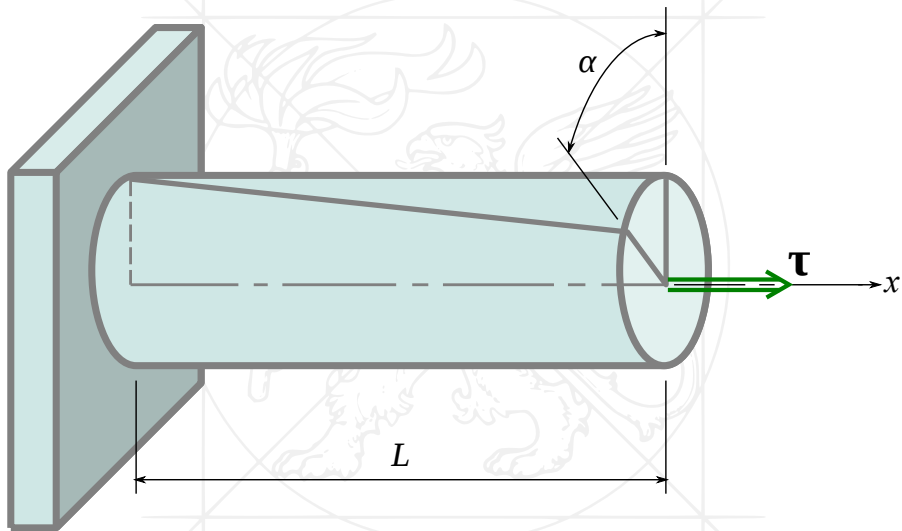


# Tension and shearing





# Torsion





# Torque

- torque ( $\tau$ ): the measure of the rotating effect of a force
- lever arm ( $d$ ): the perpendicular distance of the line of action of a force from the axis of rotation

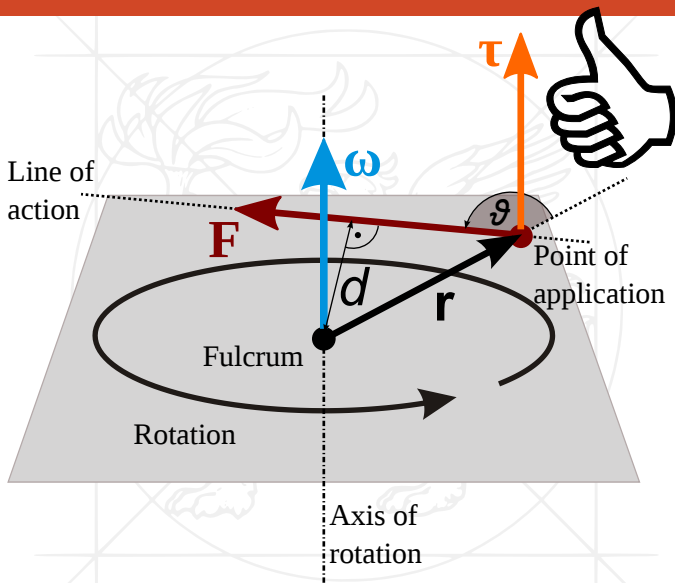
$$\tau = Fd = Fr \sin \vartheta$$

- SI unit:  $[\tau] = 1 \text{ N m} \neq 1 \text{ J}$





# Torque as a vector





# Torque as a vector

- torque vector: the vector product of the position vector from the fulcrum to the point of application of the force and the force itself

$$\boldsymbol{\tau} = \mathbf{r} \times \mathbf{F}$$

- if the thumb of the right hand points to the direction of the torque vector, the other fingers curl in the direction of rotation



# Elasticity

- **strain** ( $\varepsilon$ ); for tension or compression  $\varepsilon = \Delta L/L_0$
- **stress** ( $\sigma$ ): the ratio of the force causing the deformation to the area of the surface displaced

$$\sigma = \frac{F}{A}, \quad \text{SI unit: } [\sigma] = 1 \frac{\text{N}}{\text{m}^2} = 1 \text{ Pa}$$

- **elastic solids**: when the external forces cease to act, they regain their original shape and volume



# Hooke's law

- for relatively low strains, under the so-called **limit of proportionality**, stress is proportional to strain
- **elastic modulus**: the constant of proportionality
- Hooke's law (for tension | compression):

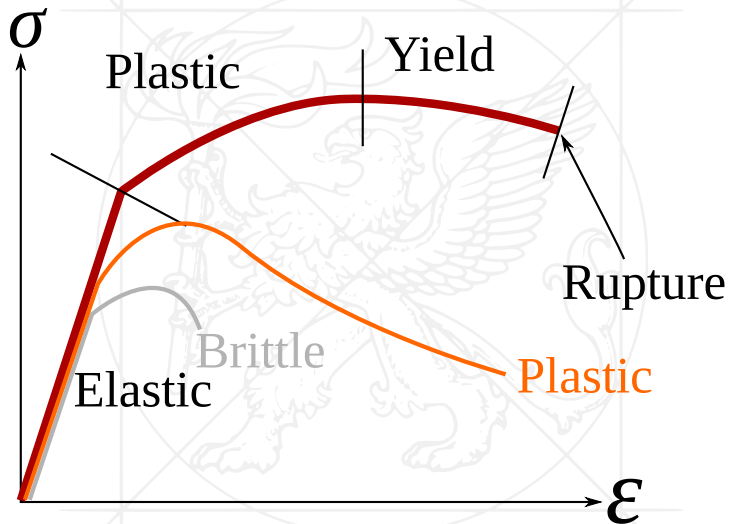
$$\sigma = E\varepsilon$$

- $E$  : Young's modulus
- special case: spring law

$$F = \sigma A = EA \frac{\Delta L}{L_0} = k\Delta L$$



# Elastic limits





# Elastic limits

- **elastic limit:** the maximum stress for which the elastic solid does not suffer permanent deformation
- **limit of proportionality:** the maximum stress for which Hooke's law is still valid
- **tear strength:** the ratio of the force required for fracture to the original cross section

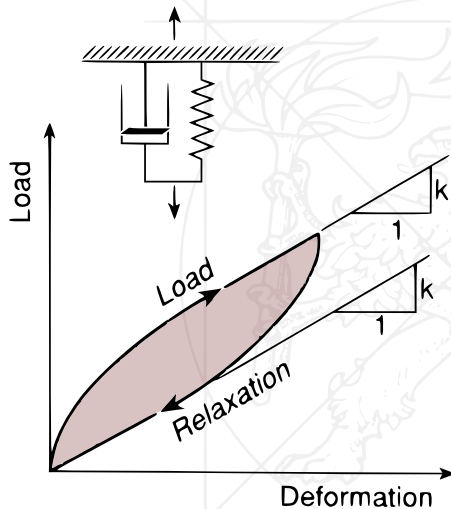


# Viscoelasticity

- external forces cause not only elastic deformation but also permanent deformation, depending on how long they act
- after each load-relaxation cycle, the tissues retain some of the energy; after relaxation, they will not return to their original state
- model: Kelvin body – a spring (Hooke body) connected in parallel to a cylinder containing some fluid with a piston (Newton body)
- the Newton body slows down both deformation and relaxation; it consumes energy
- in addition to bones, the ligaments attached to them also have viscoelasticity



# Viscoelasticity







# Fatigue

- even stresses much less than the tear strength can cause permanent damage if they act repeatedly
- we apply a repetitive force and count how many cycles are needed to cause damage
- empirical law: if  $5 \cdot 10^6$  cycles do not break the material, it is deemed permanently resistant to fatigue
- the fibrous architecture of bones slows down the spreading of fatigue-induced fracture; the laminar structure of osteons stops cracks
- march fracture: fatigue-induced fracture on the metatarsal bones of marching soldiers



# Physical investigation of bone tissue

- hardness test: pressing a very hard tip of defined geometry perpendicularly into the sample; the surface of the dent is then assessed
- fracture test: we determine the fracture limit with a clockwork pendulum; decreasing the applied force on subsequent samples
- load-deformation analysis: we record the stress-strain curve and determine the elastic limit, tear strength, &c
- using modern methods, elastic properties can be determined also on a microscopic scale, on the level of osteons

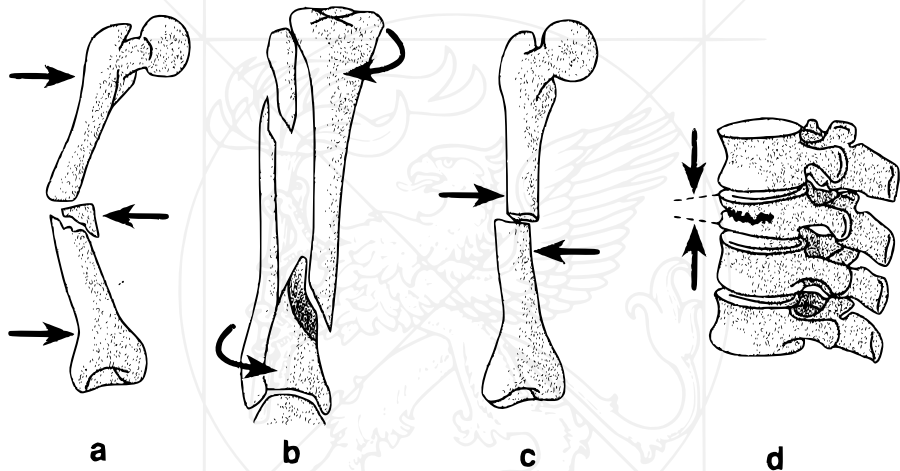


# Elastic properties of bone tissue

- due to osteons, bone structure shows similarity to fibreglass and carbon fibre materials
- **microfractures** → **wound healing mechanisms**: bone structure is adapted to the load
- the compressive yield strength of cortical bone is 140 MPa (that of steel is 200 MPa); that of spongiosa is 20 times less
- its tensile strength is nearly as much; its resistance to shear and torsion is much less
- properties of osteons
  - L: resistant mostly to tension
  - T: resistant mostly to compression
  - A: average resistance against every type of load



# Fractures



Fractures: a) bending with wedge fracture; b) torsion with spiral fracture; c) shear with transverse fracture; d) compression with impacted fracture [1, p. 369.]



# Centre of mass

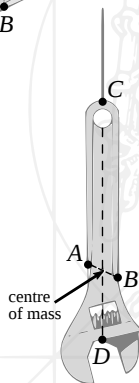
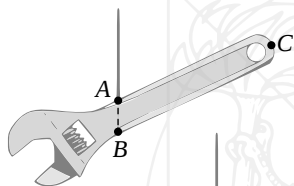
- the position vector of the centre of mass of a system consisting of  $N$  particles:

$$\mathbf{R} = \frac{1}{M} \sum_{k=0}^{N-1} m_k \mathbf{r}_k$$

- the centre of mass of a system behaves as if the whole mass of the system were concentrated there as a particle
- the centre of mass can be considered as the point of application of the force of gravity



# Determining the centre of mass



- we hang the object from two different points
- line of gravity: a vertical line passing through the point of suspension
- the centre of mass is located at the intersection of the two lines of gravity

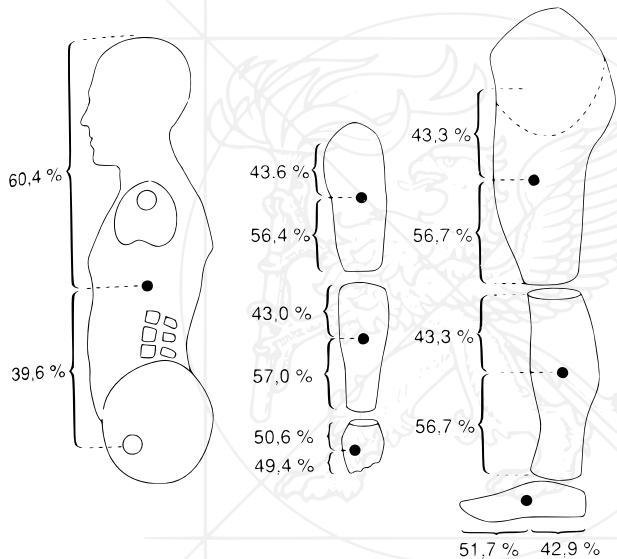


# Determining the centre of mass

- we cannot apply the previous method to a human body
- **Dempster method:** we determine the centre of mass for the body parts individually; the centre of mass of the whole body is the centre of mass of the particle system consisting of the centres of mass of the individual body parts
- capable of taking individual peculiarities into consideration:
  - types of obesity
  - lack of limbs



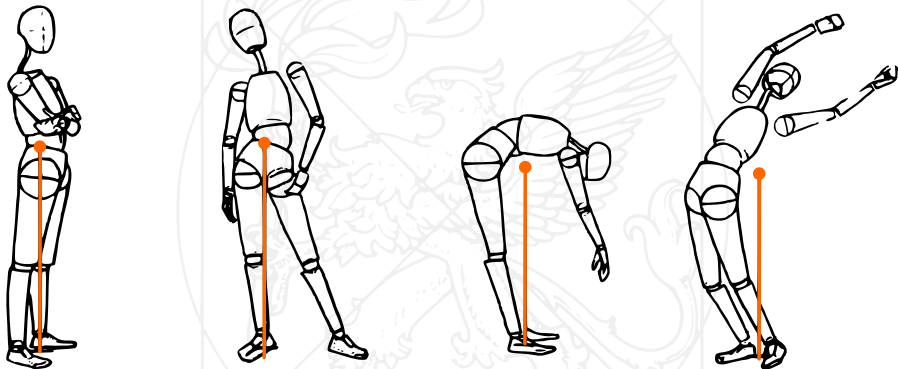
# The Dempster method







# Centre of mass



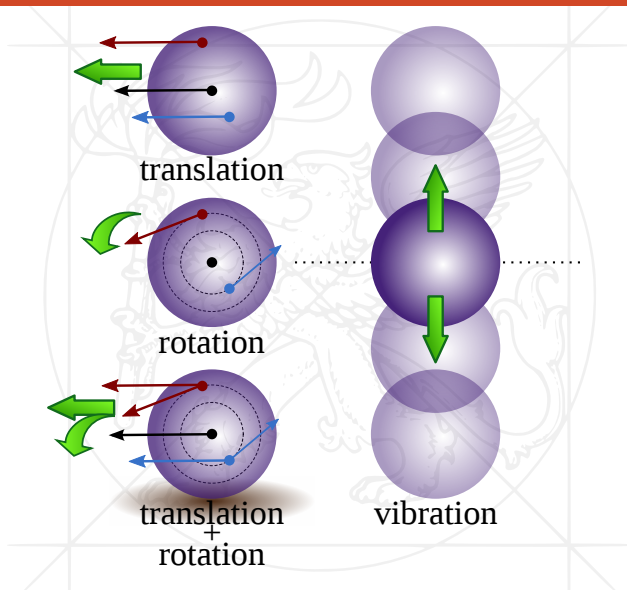


# Statics of the human body

- different postures can only be achieved through the active exertion of muscles
- when one stands on two legs, there exists a posture in which only a minimal muscular force is needed: energy-sparing body position
- every other posture requires more muscle exertion
- double S curvature of the spine: → greater supporting elasticity
- a rod with  $N$  bends has  $(N^2 + 1)$  times greater supporting elasticity than a straight rod



# Types of motion





# Conditions for equilibrium

- **equilibrium**: the state of motion of the body (including translation and rotation) does not change (ie, does not accelerate)
- conditions for equilibrium:
  - 1 the vector sum of external forces is zero

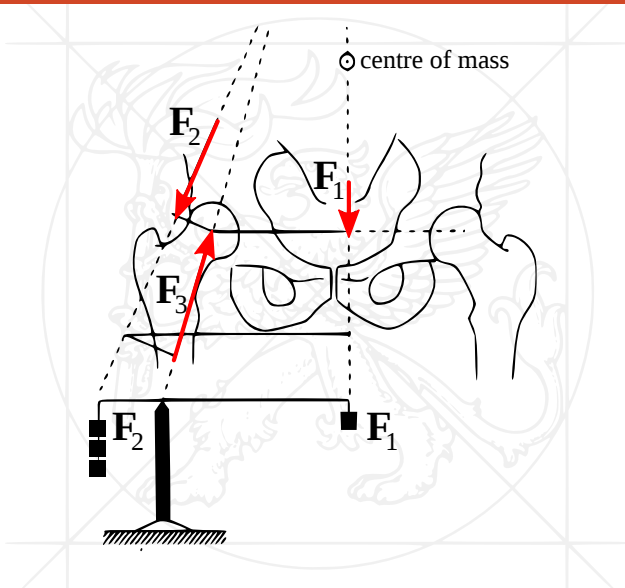
$$\sum \mathbf{F} = 0$$

- 2 the vector sum of external torques **about any axis** is zero

$$\sum \tau = 0$$



# Statics of standing on one leg





# Statics of standing on one leg

- the weight  $\mathbf{F}_1$ , whose point of application is in the centre of mass, has a torque that would rotate the torso about the femoral head of the supporting leg
- to counter this, muscles around the hip tighten  $\rightarrow \mathbf{F}_2$
- condition for equilibrium for the torques about an axis passing through the femoral head (for simplicity, we approximate the forces as vertical):

$$F_1 d_1 = F_2 d_2$$

- since the lever arm  $d_1$  of the force  $\mathbf{F}_1$  is much greater, the magnitude of  $\mathbf{F}_2$  must be much greater than that of the weight (about thrice as much)



# Statics of standing on one leg

- the condition for equilibrium for the forces acting on the torso balanced on the femoral head must also be met
- for this, a support force  $\mathbf{F}_3$  is needed at the femoral head
- balance of the forces:

$$\mathbf{F}_1 + \mathbf{F}_2 + \mathbf{F}_3 = 0$$

- approximating the forces as vertical, this means the following for the magnitude of  $\mathbf{F}_3$  :

$$F_3 = F_1 + F_2$$



# Walking and the centre of mass





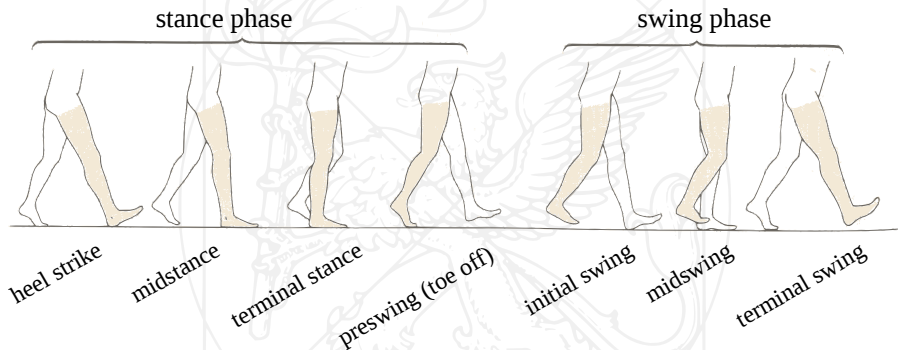


# Walking and the centre of mass

- if the forces propelling the body forwards do not pass exactly through the centre of mass, torques will act that would rotate the body left or right
- this is critical for quadrupeds (cf galloping horse v monitor lizard), less critical for bipeds
- here the limbs are not located behind and ahead of the centre of mass, but below, close to the line of gravity → the lever arm is small
- there still exist lateral torques; to counter this, we keep relocating the centre of mass



# Phases of walking



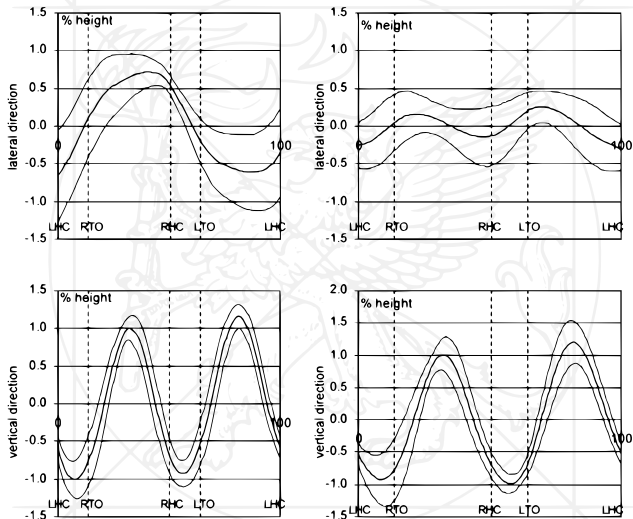


# Trajectory of the centre of mass

- energetically, the most efficient way for the centre of mass would be moving in a straight line
- this is not the case in walking: the centre of mass follows a sinusoidal trajectory both vertically and laterally
- this needs extra energy; the greater the displacement, the more
- badly fixed or weighted lower-limb prostheses: the patient can only walk at the expense of significant extra work

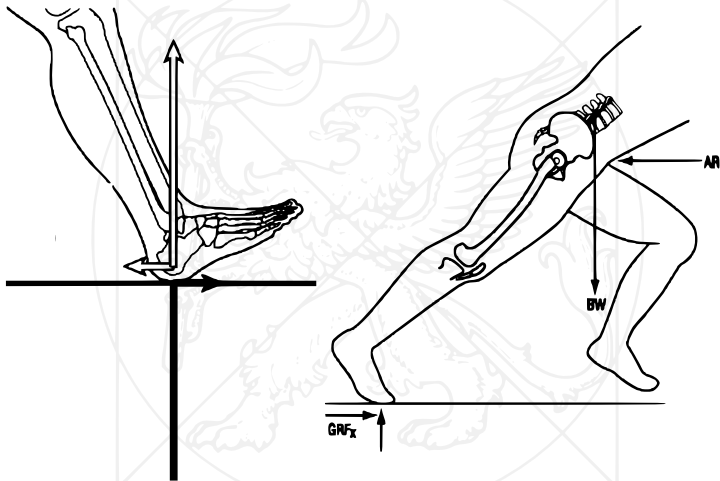


# Trajectory of the centre of mass





# The role of friction in walking





# Kinetic friction

- **force of friction:** a force that acts between surfaces in motion or in impending motion relative to each other
- if the surfaces actually move relative to each other: **kinetic friction**

$$F_{kf} = \mu F_N$$

where  $F_N$  stands for the normal force pressing the surfaces together and  $\mu$  is the coefficient of kinetic friction



# Static friction

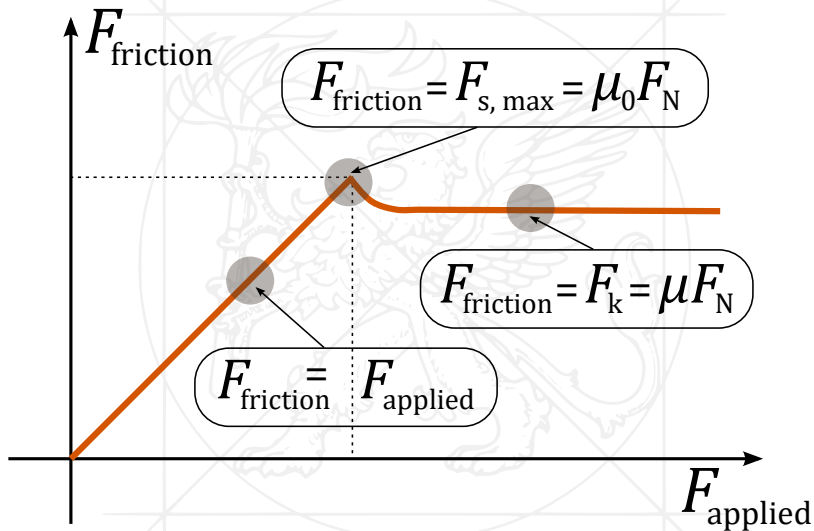
- if there is no actual motion, only impending motion (motion would occur if not for friction): **static friction**
- up to a limit, it is always of the magnitude to stop the surfaces from moving relative to each other
- but it cannot exceed a maximum value

$$F_{\text{sf, max}} = \mu_0 F_N$$

where  $\mu_0 > \mu$  is the coefficient of static friction



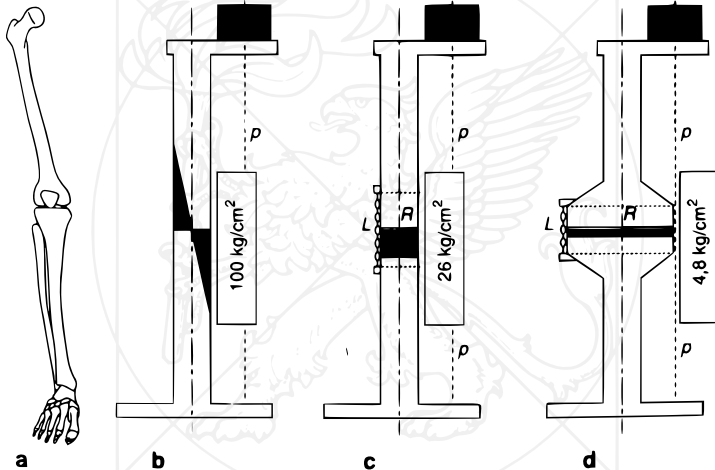
# Forces of friction





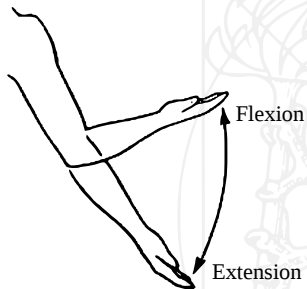


# Static load on joints

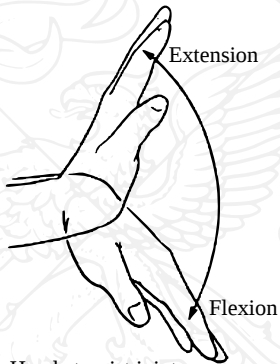




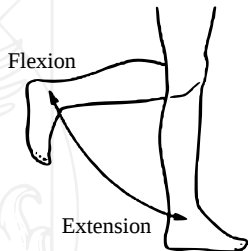
# Flexion and extension [4]



Forearm at elbow joint



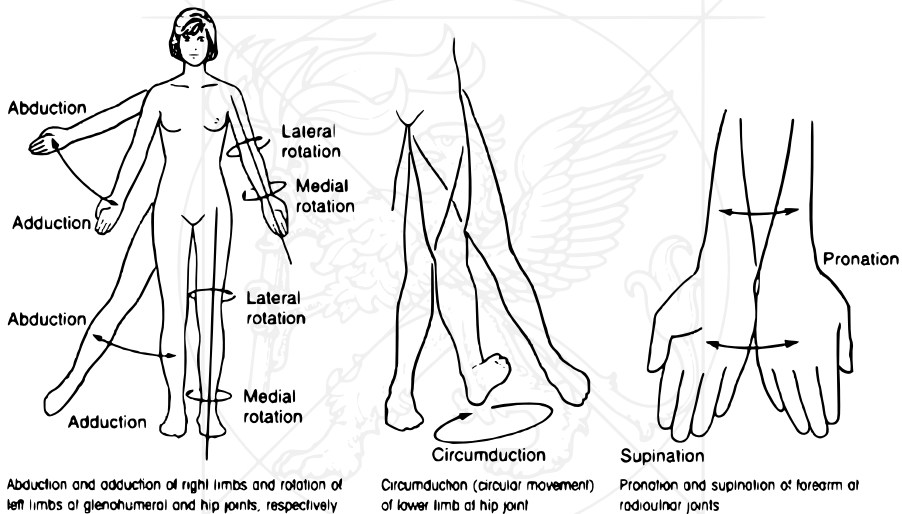
Hand at wrist joint



Leg at knee joint

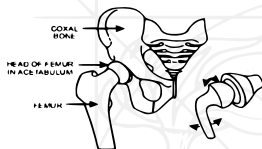


# Rotation of joints [4]





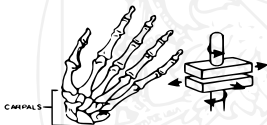
# Joint types



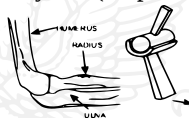
ball-and-socket joint (3D)



condyloid (ellipsoidal) joint (2D)



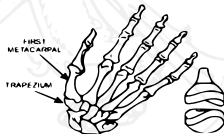
plane joint (2D)



hinge joint (1D)



pivot joint (1D)



saddle joint (2D)

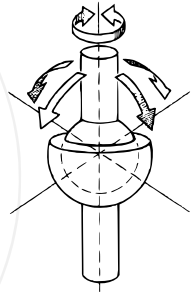
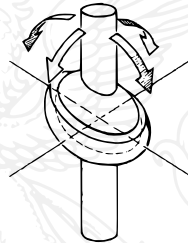
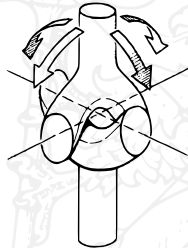
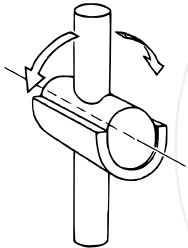


# Degrees of freedom

- **degree of freedom:** an independent type of motion through which a body can possess energy
- examples:
  - train: 1 degree of freedom
  - car in a parking lot: 2 degrees of freedom
  - aeroplane: 3 degrees of freedom
- there are also degrees of freedom associated with rotation
- as many rotational degrees of freedom as there are independent axes about which the body can freely rotate



# Degrees of freedom for joint types



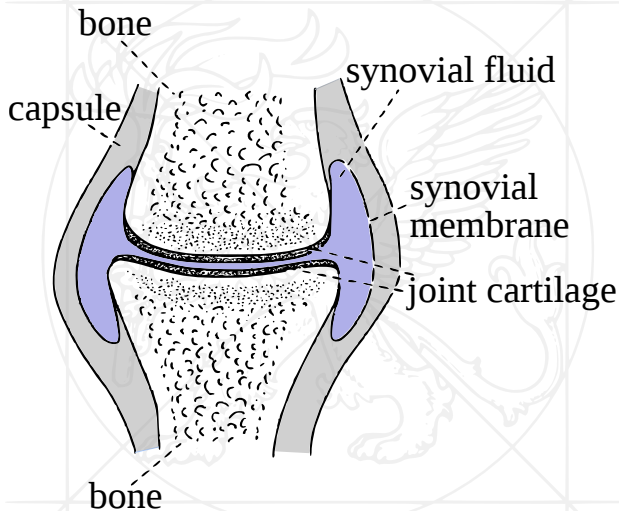


# Tribology

- technical discipline dealing with the damage at the contact surfaces of bodies in relative motion
- mechanisms for wear and surface damage:
  - abrasion
  - adhesion
  - fatigue
  - chemical (eg, corrosive)
- decreasing wear: lubrication
- lubrication in joints: **synovial fluid** → thin liquid film



# Schematic structure of a joint







# Prostheses

- **biomaterials:**
  - metals: stainless steel, titanium, alloys of cobalt, chrome, nickel, vanadium and aluminium
  - plastics: polyethylene of ultra-high molecular mass
  - bone cement: polymethyl methacrylate
- anchoring to bone tissue: mechanically (tension or bolts) or cementing with polymethyl methacrylate
- surface treatment: eg evaporating bone material and depositing it upon the surface → faster bone formation around the implant

# Sources and recommended reading I



- [1] Sándor Damjanovich, Judit Fidy, and János Szöllősy, editors. *Medical biophysics*. Medicina, Budapest, 3<sup>rd</sup> edition, 2009.
- [2] Attila Fonyó et al. *Principles of Medical Physiology*. Medicina, Budapest, 2002.
- [3] [https://commons.wikimedia.org/wiki/File:Human\\_linear\\_acceleration\\_tolerance.svg](https://commons.wikimedia.org/wiki/File:Human_linear_acceleration_tolerance.svg).
- [4] Irving P Herman. *Physics of the Human Body*. Springer-Verlag, Berlin–Heidelberg, 2007.

# Sources and recommended reading II



- [5] T Jurcevic Lulic and O Muftic. Trajectory of the human body mass centre during walking at different speed.

[https://www.designsociety.org/download-publication/29655/trajectory\\_of\\_the\\_human\\_body\\_mass\\_centre\\_during\\_walking\\_at\\_different\\_speed](https://www.designsociety.org/download-publication/29655/trajectory_of_the_human_body_mass_centre_during_walking_at_different_speed).