IN-SILICO ANALYSIS OF ALIGNMENT OF HUMAN KNEE JOINT USING FINITE ELEMET METHOD FOR DESIGNING OF ARTIFICIAL KNEE

A Major Project submitted in partial fulfillment of the requirements for the award of the degree

MASTER OF TECHNOLOGY

IN

BIOMEDICAL ENGINEERING

Submitted by ATUL TIBREWAL (2K13/BME/04)



Under the supervision
Prof. B. D. Malhotra
Department of Biotechnology
Delhi Technological University
Delhi-110042, INDIA

CERTIFICATE

This is to certify that the M.Tech. dissertation entitled "In-Silico Analysis of Alignment of Human Knee Joint Using Finite Element Method for designing of Artificial Knee", submitted by Mr. Atul Tibrewal (2K13/BME/04) in partial fulfillment of the requirement for the award of the degree of Master of Technology of Delhi Technological University, Delhi (Formerly Delhi College of Engineering, University of Delhi), is an authentic record of the candidate's own work carried out by him under our joint guidance and supervision. The information and data enclosed in this dissertation is original record of his work which has not been submitted elsewhere for the award of any other degree or diploma in India or abroad for the purpose other than the first above mentioned.

Date:	Atul Tibrewal
Date.	nui inicwai

Dr. Sadaf FatimaAssistant professor
Department of Biotechnology
Faculty of Natural Sciences
Maulana Mohammed Ali Jauhar Marg
Jamia Millia Islamia
New Delhi- 110025

Prof. B. D. MalhotraDepartment of Biotechnology
Delhi Technological University
Delhi-110042, INDIA

Prof. (Dr.) D. Kumar Head Department of Biotechnology Delhi Technological University Delhi- 110042

DECLARARTION

I hereby declare that the work presented in this dissertation titled "In-silico Analysis of Alignment of Human Knee Joint Using Finite Element Method for Designing of Artificial Knee" is an authentic record of my own work carried out under the joint supervision of Dr. Sadaf Fatima, Assistant Professor, Department of Biotechnology, Jammia Millia Islamia, Delhi and Prof. B.D. Malhotra, Department of Biotechnology, Delhi Technological University, Delhi- 110042.

I further declare that to the best of my knowledge, this dissertation does not contain any work or part thereof which has been earlier submitted for any award either in this university or in any other university/institute.

Atul Tibrewal

ACKNOWLEDGEMENT

By the grace of almighty, I express my profound sense of reverence of gratitude to my mentors, Prof. B. D. Malhotra, Department of Biotechnology, Delhi Technological University and Dr. Sadaf Fatima, Assistant professor, Department of Biotechnology, SR Block, Jamia Millia Islamia, New Delhi- 110025, for their valuable guidance and discussion, constructive criticism and constant encouragement throughout this investigation right from the beginning of the work till the finalization of manuscript.

I am highly indebted to all my friends and colleagues for their guidance and constant support as well as for providing necessary information regarding the instruments and experiments and also for their support in completing the report. At last but never the least, words are small trophies to express my deep sense of gratitude and affection to my parents who gave me infinite love to go for this achievement.

Atul Tibrewal

(2K13/BME/04)

ABSTRACT

The finite element (FE) model of knee joint is extremely useful tool for orthopedic surgeon while evaluating the biomechanics of joint of a patient when suspecting an injury, especially in case of sports injury. To begin with this study, the 3-D FE model of human healthy knee was reconstructed using CT-DICOM images with image algorithms that included the main structures of knee joint bones.

Total Knee Arthroplasty (TKA) is a surgical procedure to replace the weight bearing surfaces of the knee joint with metal and plastic components in order to relieve pain and disability. It is most commonly performed for osteoarthritis and also for other diseases such as rheumatoid arthritis and psoriatic arthritis. Longevity of TKA depends to a greater extend on its alignment during surgery. Most of the current alignment methods rely upon the knee surfaces the morphology of knee in average patients. In normal knee, the femur is oriented inwards and the alignment of the tibia is directed outwards to provide a foot alignment that is parallel to the ground, this alignment is known as Genu- Valgum. In this case, an even distribution of the subject's weight is inserted in the knee. For obese patients, the thighs are naturally abducted (directed outwards), which creates a case of Genu Varum. Even with this variation in the alignment of the femur and tibia, these patients receive the same alignment of average patients.

TABLE OF CONTENTS

S.NO.	CONTENTS	PAGE NO.
1.	Acknowledgement	iv
2.	Abstract	V
3.	List of Figures	viii
4.	List of Tables	X
5.	List of abbreviations	xi
6.	CHAPTER-1 INTRODUCTION	1-3
7.	1.1 Introduction	1
8.	1.2 Research objective	2
9.	CHAPTER-2 LITERATURE REVIEW	4-17
10.	2.1 Anatomy of the knee joint	4
11.	2.2 Osteoarthritis on knee	7
12.	2.3 Total Knee Replacement (TKR)/Total Knee Arthroplasty (TKA)	10
13.	2.4 Femorotinial Alignment during Total Knee Arthoplasty (TKA)	11
14.	2.5 Alignment Changes Due to Effect of Genu Valgum and Genu Varum Deformity in Knee	13
15.	2.6 3D active contour segmentation of anatomical	15
1.0	structures (Femur & Tibia) from CT Images	17
16.	2.7 Selection of Image Data from Different Imaging Systems	17
17.	CHAPTER-3 SOLID MODEL GENERATION OF KNEE JOINT	9-34
18.	3.1 Image Acquisition	20
19.	3.2 Preparing the Acquired CT Data	21
20.	3.2.1 Computing the histogram	21
21.	3.2.2 Resampling	22
22.	3.2.3 Cropping	23
23.	3.3 Image Processing	24
24.	3.3.1 Image processing filter	24
25.	3.3.2 Segmentation	25
26.	3.3.2.1 Region Growing	25
27.	3.3.2.2 Manual segmentation	27
28.	3.3.2.3 Smoothing filter	28
29.	3.4 Solid Model Generation of Bone Morphology	30
30.	3.4.1 Generating and exporting a NURBS surface from a model	31
31.	3.4.2 Preview the Surface Model and Launch the NURBS	33
	Algorithm	
32.	CHAPTER-4 SIMULATION METHODOLGY	35-44
33.	4.1 Finite Element Analysis in Orthopedic Biomechanics	35
34.	4.1.1 Purpose	35
35.	4.1.2 Principles	35
36.	4.1.3 Outcome Measures	36
3.	4.1.4 Software and Hardware Required	36
37.	4.1.5 Data Assessment	37

39.	4.2 Universal Setup for Finite Element Bodies Used In	38
	Study	
40.	4.3 Material Assignment	40
41.	4.4 Loading and Boundary Conditions	41
42.	4.5 Virtual restrictions in reconstructed femerotibial joint	42
43.	4.6 The theoretical validation of this technique was done as follows	43
44.	4.7 Meshing and convergence	44
45.	CHAPTER-5 RESULTS & DISCUSSION	
46.	CONCLUSIONS AND RECOMMENDATIONS	49
47.	REFERENCES	50-54

LIST OF FIGURES

S.NO.	FIGURE	PAGE NO.
1.	Anatomy of the Knee Joint	4
2.	Bones of knee joint. A. anterior view B. posterior view	5
3.	A. Menisci and blood supply of the knee, B. three vascular zones	6
4.	Ligaments of the knee A. Anterior view, B. Posterior view.	6
5.	Illustration of how loss of the meniscus creates pressure points on the articulating surfaces.	8
6.	Illustration of removal of degraded surfaces for Total knee replacement.	10
7.	Components of Total Knee Arthroplasty	11
8.	Representation of TKR steps	11
9.	Diagram showing mechanical axes of the lower limb	12
10.	A. graphic representation of Genu Valgum. B. graphic representation of Normal Knee in the left leg. C. A graphic representation of Genu Varum.	14
11.	Representation of the software pipeline and its associated file	19
12.	Visualization of the acquired CT image of complete lower extremity of patient.	21
13.	Histogram of the acquired DICOM images	22
14.	Window representing resample parameters in SCAN IP software	22
15.	Snapshot of femur bone being cropped from CT scan image of complete lower extremity of the patient.	23
16.	Snapshot of tibia bone being cropped from CT scan image of complete lower extremity of the patient	23
17.	Effect of applying gradient magnitude filter so as to differentiate between cortical and cancellous region of bone	24
18.	Effect of partial automatic segmentation (region growing) in (A) proximal tibia, (B) tibial shaft (C) distal tibia compared to the effect of complete manual segmentation in (D) proximal tibia, (E) tibial shaft (F) distal tibia.	26
19.	Front view of the segmented tibia and femur bone to clearly represent the cortical and cancellous region	27
20.	Result of application of image smoothing (Recursive Gaussian) filter	29
21.	Result of smoothing operation showing data loss in cortical regions at (a) proximal portion of tibia (b) distal portion of tibia (c) proximal portion of femur (d) distal portion of femur (e, f, g, h) Illustration of manual segmentation of tibia & femur	30
22.	Preparation of the segmented region for NURBS fitting	31
23.	Window showing surface fitting parameters in Model Configuration tool	32
24.	Window showing the NURBS fitting parameters in Model Configuration tool	33
25.	Preview of the NURBS surface model and quality inspection parameters	33

26.	Solid (NURBS) model of (a) Tibia (b) Femur with	34
	NURBS mesh in IGES format	
27.	Reconstruction of the femerotibial joint from	39
	developed solid model of femur and tibia	
28.	Illustration of the femerotibial joint exported to	43
	ANSYS Workbench for Analysis.	
29.	Figure displays the components used in constructing	44
	the genu varum alignments	
30.	Representation of the new mechanical axis for each	44
	body and the femerotibial angle constructed	
31.	Graph displaying the curves of maximum von-mises	45
	stress	
32.	Graph displaying the curves of median von-mises stress	46
33.	Graph displaying the curves of average von-mises stress	47

LIST OF TABLES

S.NO.	TABLE	PAGE NO.
1.	Comparison between X-ray CT system and MRI system	17
2.	Table of the material properties of bone used for the simulations (from CESselector).	40

LIST OF ABBREVIATIONS

S.N.	BMI-	Body Mass Index
1.	CAD-	Computer Aided Design
2.	CES-	Cambridge Engineering Selector
3.	CT-	Computed Tomography
4.	FEA-	Finite Element Analysis
5.	FBD-	Free Body Diagram
6.	GRF-	Ground Reaction Force
7.	LCL-	Lateral Collateral Ligament
8.	MCL-	Medial Collateral Ligament
9.	NURBS	Non-Uniform B-Splines
10.	OA	Osteoarthritis
11.	PCL	Posterior Cruciate Ligament
12.	STL	Stereo Lithography
13.	TKA	Total Knee Arthroplasty
14.	TKR	Total Knee Replacement