

Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

An Exploration of Alternate Materials for the Design of Hip Implant

Gupta Krishna Rampratap
M.TECH Student (VTU), Dept. of Mechanical Engineering,
Brindavan College of Engineering,
Bangalore, Karnataka, India
KRISHNA.GUPTA513@GMAIL.COM

Gunti Ranga Srinivas
Research Scholar, Dept. of CPDM,
Indian Institute of Science,
Bangalore, Karnataka, India
SRINI@CPDM.IISC,ERNET.IN

Abstract-The commonly used hip implant consists of three parts namely, one piece femoral stem and head, a polyethylene cup and acetabular cup. The polyethylene cup and the acetabular cup were fixed to the pelvis to the bone using PMMA (acrylic) bone cement. The present work involves understanding of stress shielding phases in hip arthroplasty using alternate material in various Hip-Implant designs namely, metal on polyethylene and all polyethylene for best combination for durability. The geometric models of hip implant will be generated from CT-scan using MIMICS software. After receiving hip 3D-model from MIMICS, other significant hip implant parts were generated from 3D modeling software CatiaV5 and also integrated with hip. Then the preliminary calculation for predicting the joint force is done based on free body diagram. A finite element model of hip and all implants will then be developed in HYPERMESH. The loads and boundary condition to be specified in the finite element model are based on the gait cycle loads. An implicit finite element analysis is done in ANSYS 14.5 for static analysis solution. Based on the result obtained, the comparison of various designs is made for best durability.

Keywords — Acetabular shell, Finite element analysis, Stress shielding, Implant components with alternate material combination, Implants mass, Total hip arthroplasty

1. Introduction

The hip is a true ball and socket joint surrounded with powerful and well balanced muscles, which enables a wide range of the motion in several physical planes while also exhibiting remarkable stability. As there are structural link between the lower extremities and the axial skeleton, hip not only transfer forces from the ground up but it's also carry forces from the trunk, head, neck, and upper extremities. Consequently this joint is also crucial to athletic activities in which it is often exposed to many greater than the normal axial and twisting forces. The hip joint is unique (single) physiologically, anatomically, and developmentally, and therefore the diagnosis of the pathologic condition is more difficult than for most joints in the human body. Because of these diagnostic challenges, the hip has received considerably less attention than the other joints in the past-particularly in the reference to sports medicine and the surgery literature. In the clinical setting of a plain x-ray of a pelvis exhibiting nonarthritic joints was the difficult situation; patients were potentially diagnosed erroneously with the 'groin strain 'or otherwise. With the advent of better MRI (magnetic resonance imaging) enhanced by arthrography, we now have a better comprehension of a pathological processes within the hip joint. This Accompanying increased in understanding the evolving potential to treat these problems. For single, hip arthroscopy is undergoing continued development and some excellent results have been reported treating varieties of intra-articular conditions. So now we can assess and treat patients with newer diagnoses, we should also ensure that our knowledge of hip anatomy and biomechanics also evolves in it. Only with this all fundamental understanding can the clinician or engineer can provide adequate treatment for the patient suffering from hip problem (disease or accidental case) or malfunction.



Fig 1.1: Unassembled & Assembled Total Hip Fig 1.2: Hip & Leg Implant Components

THR (Total hip replacement) surgery is most commonly used nowadays to treat joint failure caused by osteoarthritis or in accidental fracture case. As shown in fig 1.1 & fig 1.2, the most commonly used hip implant consists of three parts named; femoral stem and head made of metal (stainless steel), a plastic hemispherical component made of HDPE/UHMWPE and acetabular component made of steel. The polyethylene cup (ball-top/head-top) and acetabular cup were fixed to the pelvis to the bone using Poly-methyl Meth-acrylate (PMMA) bone cement shown in fig 1.3.



Fig 1.3: Schematic Diagram of Total Hip Replacement with Exploded View Illustrating Porous Nature of PMMA (Acrylic) Bone Cement



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

The commonly used hip implant consists of three parts namely as shown in fig 1.1 & fig 1.2, one piece femoral stem and head made of Metals(stainless steel), a plastic cup component made of UHMWPE (Ultra High Molecular Weight Polyethylene) & PEEK (Polyether ether ketone) and acetabular cup component made of HDPE(High Density Polyethylene) or UHMPE. The polyethylene cup and the acetabular cup were fixed to the pelvis to the bone using PMMA (acrylic) bone cement.

2. HIP MECHANISM

During walking and running a person momentarily put all of his body weight (newton) on single leg (as right leg shown in fig 2.1). The forces which entirely acting on the leg carrying the total body weight are shown in fig 2.2 during such a single-leg stance. F_M is the amount of the resultant force applied by the hip abductor muscles, F_J is the amount of the joint reaction force applied by the pelvis on the femur head, W1 is the leg weight, W is the total weight of the body applied force as a normal by the ground on the leg (all are shown in fig 2.1) [16]. The angle between the line of action of the resulting muscle force and the horizontal is denoted as θ .





Fig 2.1: Forces acting on the right Fig 2.2: Single-leg stance leg carrying the entire weight of the body

The mechanical model of the leg with the rectangular component of the forces acting on hip and the important parameters to explain the geometry of the FBD (shown in fig 2.3). O is a point along the instantaneous axis of spinning of the hip joint, A is where the hip abductor muscles are attached to the femur, B is a center of gravity of the leg, and C is where the ground response (reaction) force is applied on the foot. The distance between A and O, B and C are all named by a, b, and c, respectively. α is the angle of inclination of the femoral neck to its horizontal, and β is the angle of the long axis of the femoral shaft makes with horizontal. So, $(\alpha + \beta)$ is almost equal to the total neck to shaft angle of the femur [16].

Determination for the force exerted by hip abductor muscles and joint reaction force at the hip to support the leg and the hip in the position as shown in fig 2.1 & 2.2

2.1 Free Body Diagram (FBD) of the Leg.

For the solutions of the hip problems, we might utilize the free body diagram of the right leg (Note: approximately we can get same for left leg, like mirror image) supporting the entire weight of a person. As shown in fig 2.3a, the muscles and joint reaction forces are shown in terms of their component in the x & y directions. The resultant muscles force has a line of action that makes an angle θ with the horizontal [16]. Therefore:

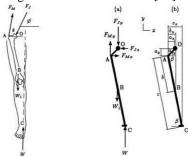


Fig 2.3: (a) free body diagram of right leg& (b) geometric parameters Muscles force [16]:

$$F_{M} = \frac{(cW - bW_{1})\cos\beta - a(W - W_{1})\cos\alpha}{a(\cos\alpha\sin\theta - \sin\alpha\cos\theta)}$$
 (a)

Joint force [16]:

$$F_{j} = \sqrt{(F_{jx})^{2} + (F_{jy})^{2}}$$
 (b)

Geometric parameters are (where h is height):

$$a = 0.05h, b = 0.20h, c = 0.52h,$$

 $\alpha = 45^{\circ}, \beta = 80^{\circ}, \theta = 70^{\circ}.$

And also leg weight 'W₁' with respect to total weight 'W' is

 $W_1 = 0.17W$. As shown in fig 2.3, the joint reaction force making an angle $\emptyset = \tan^{-1}(F_{Jy}/F_{Jx}) = 74.8^{\circ}$.

2.2 Gait Cycle

Bipedal walking is a significant characteristic of the human beings. This present data about the different phases of the gait cycle and significant functions of the foot while walking.

Gait speed concludes the involvement of each body parts. Walking at normal speed mainly includes the lower extremities, with trunk and the arms providing steadiness and balance. Faster the speed more of the body depends on the upper extremities and trunk for thrust as well as balance and steadiness. The legs remain to do most of the work as the joints produce bigger ranges of motion trough larger muscle responses. In bipedal system the three major joints of the lower body and pelvis work with each other as muscles and momentum move the body onward. Degree to which the body's center of gravity moves throughout forward translation describes efficiency. The body's center moves equally both side to side and up and down throughout gait.

2.2.1 Sequences for Walking and Phases Gait Cycle

We have some sequences for normal walking that occurs is summarized as follows:

- a) Registering and beginning of the gait command within the central nervous system
- b) Transmission of gait systems to the exterior (peripheral) nervous system
- c) Generation of numerous forces
- d) Contraction (Shrinkage) of muscles
- e) Regulation of joint forces and moments across skeletal segments and synovial joints



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

f) Generation of floor (ground) reaction forces

Sorting of the gait cycle includes two main phases: stance phase and swing phase. The stance phase lives in 60% of the gait cycle however the swing phase lives in only 40% of gait cycle. Gait cycle contains a combination of open- and close-chain actions.

Detailed sorting of the gait cycle (100%) distinguishes six phases shown in fig 2.4 as B:

There is some alternative sorting of gait contains the following eight phases shown in fig 2.4 as A:

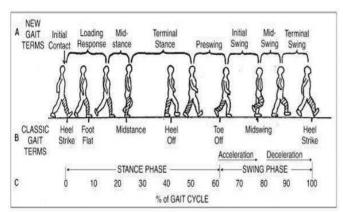


Fig 2.4: Stance Phase and Swing Phase (Single Gait Cycle)

Table 2.1 Analytic estimates of peak hip forces [5]

Activity	Magnitude/Total weight 'W'
Walking slowly with/without a cane	2.2/3.4
chair raising	3.3
Walking	4.8–5.5
stair ascending/climbing	7.2–7.4
stair descending	7.1

3. MATERIAL SPECIFICATION FOR HIP IMPLANT

In this present work main component on which we are going to focus is UHMWPE as hemispherical cup component which has moving contact with stem head component. If u focus on the assembly u can notice the component other than hemispherical cup and stem head are just fixed to respective places. As per the function of the hip joint the moving contact zone will have wear and also peak stress will be induced on stem head as it is holding total load of upper body as a reaction force plus moment on leg will generate the wear phenomenon after some cycle of fatigue life.

As per the earlier research were done on hip implant combination based on hemispherical cup and stem head are like MoM (metal on metal), CoC (ceramic on ceramic), MoC (metal on ceramic) and some combination with polymers. Material selections in present work are shown in table 3.1. Wear volumes and particles size for various material combinations (determined by hip simulator testing with one million simulated gait cycles) can be seen in Total Hip Arthroplasty [21].

Table 3.1: Material selection for THA components					
Component	Material	Most used material			
	class	Wost used material			
		Stainless Steel, CoCrCo-			
Femoral Stem	Metal	wrought, Ti-alloy (Ti-6Al-			
		4V), Tantalum			
Femoral Head	Metal	Stainless Steel, CoCrMo-cast			
	Polymer	PEEK			
	Ceramic	Alumina(Al ₂ O ₃), Zirconia			
	Polymer	UHMWPE &PEEK			
Acetabular Cup Liner (Head Top)	Metal	Stainless Steel, CoCrMo-			
		cast,			
	Ceramic	Alumina(Pure Or Zirconia-			
		Toughened), Zirconia			
Acetabular Cup Shell	Metal	Stainless Stell, Titanium -			
(Metallic Backup Cup)	Metal	Foam, Tantalum-Foam			

3.1 Material property

In this present work test are done only on MoP (metal on polymer) as there are very less risk of any biological problem and also it has good hold on life of implant, as polymer gives which light weight combination due to polymer and give longest experience. Also it's an economic device to be used in THA.

Polymer like UHMWPE and PEEK is used in present work as a combination with SS316L, Co-Cr-Mo, Titanium alloy and Tantalum to obtain the alternate combination with UHMWPE and PEEK. In present work taking total weight of implant and stress shielding on hip is focused to get better combination as per the static analysis. We obtain six better and good combinations for MoP combination.

Also we work in reducing total weight of implant by using alternate material for acetabular shell which is a metal backup which is fixed with hip. Alternate materials for cup were like SS316L, porous titanium (Ti-foam) and porous tantalum (Ta-foam). Then we obtained 18 combination of alternate material for THA. On all 18 combinations analyses were done to understand the stress phase and stress shielding on hip.

Table 3.3: Mechanical properties of biomaterials used in THA in comparison with cortical and cancellous bone of hip as a host

Material/ Properties	Young's modulus "E" (Mpa)	Density "p" (Kg/m3)	Poisson Ratio "υ"	Yielding stress (Mpa)	
Cortical bone	16200	1990	0.36	120	[6]
Cancellous bone	382	500	0.3	3.89	[6]
Stainless steel	200000	8000	0.29	182	[5]
Titanium foam	5200	4540	0.32	82	[21]
Tantalum foam	1800	16654	0.33	68	[21]
UHMWPE	550	933	0.4	21	Test
PEEK	3600	1320	0.4	80	[21]
Ceramic (Al ₂ O ₃)	380000	3900	0.22	350	[5]
Co-Cr-Mo (ASTM F-75)	220000	8200	0.3	450	[5]
Titanium alloy (Ti-6Al-4V)	110000	4700	0.33	850	[5]
Tantalum	186000	16690	0.35	1060	[21]



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

Also for test on UHMWPE we followed Reliance Technical Data for Relene Ultra 2504 (UHMWPE) and followed the test result as mechanical data for UHMWPE young's modulus as 550MPa, density 0.933 g/cc and Poisson ratio 0.4. Also PEEK mechanical data were used from the test and analysis.

Once a prefect assembly is obtained then material properties is assigned to the entire component respectively. Using alternate component for different component 18 combination was obtained. Each analysis will be done with alternate material assigning to each component.

Like this after analysis of all 18 combinations is done then study of stress shielding on hip and stress distribution will be compared with all combination to get the best and better combination for the hip-implant application.

4 FINITE ELEMENT MODEL

Meshing is the procedure of converting a part or a model into small pieces or elements called discretization. HYPERMESH tool is used to achieve fine meshing. This meshed model will be filled with elements and nodes. The field can be meshed by using numerous type of elements, here in the present work only TETRA mesh with tri elements are used, since the TETRA is the best suitable element for the 3D meshing. In present work we have 5 components which all are 3D meshed model. Full hip implant is using only TETRA mesh model for discretization. Using element type for the component is SOLID45. Finite element meshing is carried out for all the components of the hip with implants. Fine meshing is done at all the critical sections where the stresses are expected to be more, probable at the thin layer of hip and corner of all elements, since it creates the discontinuity.

Extracting geometry is the first phase (step) involved in the stress analysis process. In the next sections the details of the finite element mesh created on each part of the hip and implants using HYPERMESH are described. Fig 4.1 shows the global finite elements mesh of hip with implants. Fig 4.2 shows separately meshed model of Hip bone and implant component.

FE model of the hip and implants, meshing is completed by using only TETRA elements. Fine-meshing is at the thin layer of hip and corner of all elements, since all are the stress concentrated location; granular meshing is done at rest of the locations. Precaution has been taken during meshing the node of the adjacent part. Global analysis consist of Tetra type element, no. of elements used 1460011 and Nodes 310960

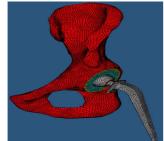


Fig 4.1: Global FEA model of a hip with Implant meshed with Solid 45

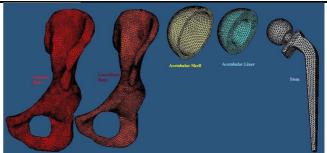


Fig 4.2: Distinguished FEA model for Hip and Implants

4.2 Loads and boundary conditions for static analysis

Once after completion of meshing of the wing box, loads & Boundary conditions are defined. As in the practical case wings are subjected to bending load like a cantilever beam i.e. one end is fixed & other side transverse load is applied.

4.2.1 Load Calculation for the Joint Force Acting on the Stem Head [16]

As per the section 2.2 free body diagram and fig 2.3 we can calculate the joint force and the angle of joint force.

Also, we have simplified formula to find hip joint force and muscles force with respect total body weight (W). $F_{IJ} = 3.4W \quad \text{ and } \quad F_{IM} = 2.6W$

$$F_1 = 3.4W$$
 and $F_M = 2.6W$

Considering a person with mass (m) = 75 KgTotal body weight

$$W = 75 \times 9.81 = 735.75$$
 Newton

Using simplified formula to find joint force, we get

$$F_{\rm J} = 3.4 \times 735.75 = 2501.55 \cong \textbf{2502 Newton}$$

. $F_{\rm M} = 2.6 \times 735.75 = 1912.95 \cong \textbf{1913 Newton}$

As shown in fig 2.3, the joint reaction force making an angle

$$\sum F_{v} = 0$$
: $F_{tv} = F_{Mv} = F_{M} \cos \theta$

 $\sum F_x = 0; \qquad F_{Jx} = F_{Mx} = F_M \cos \theta$ Where, resultant muscles forces angle is $\theta = 70^\circ$ $F_{jx} = 1913 \times \cos 70^{\circ} = 654.267 \cong 655$ Newton Also we have

As we know all the resultant forces in x and y direction, now we can find the angle of joint force using above formula.

$$\emptyset = \tan^{-1}(2409/655) = 74.789 \cong 74.8^{\circ}$$

Therefore, as per the load calculation the load is acting on the joint with an angle of 74.8° with load of 2502 N. as shown in fig 4.3. Therefore the UDL acting on the neck of stem head with 33 nodes, so each node is carrying load of,



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

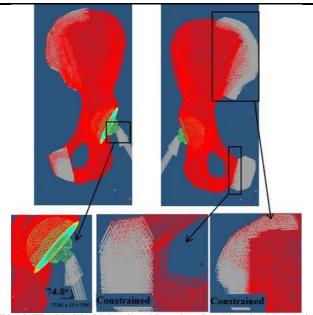


Fig 4.3: FEA Model with Loads and Boundary Condition (Static Analysis)

5 RESULTS AND DISCUSSION

5.1 Static Results

The understanding of the result for the separate group component is possible at ANSYS software since it is a post processor. The exact stress distribution can be observed after once solution is done. The stress like principal stress, normal stress, coordinate stress and von-mises stress can be seen in post processor of ANSYS software. Also stress can be seen in each component by hiding other components. And fig 5.1 shows the stress distribution in the hip with implants. The stress values are verified for the group of each combination to check the maximum stress concentration part of the implants. The maximum principal stress theory (von Mises stress theory) result mode was selected to review the analysis results.

The stress distribution for the given loads has been observed and that exposes, the stress is distributed uniformly to the stem head and head top (hemispherical cup/Acetabular liner). Also we can see the stress shielding phenomenon on hip which is also necessary for bone to be strong and tough as shown in in fig 5.1.

The main objective of this work is to use alternate material for combination of hip with implants. Main reason for using alternate material is to obtained better implant combination with less mass (gram), also implant should have better stress shielding on hip so that hip does not become weaker. Static analysis was done on all the combination with alternate material. Alternate combination was made by changing acetabular shell to achieve better stress shielding, changing of stem with head to achieve low mass combination with best life span (durability).

Whereas acetabular liner is kept constant for first three combinations as UHMWPE, other three combinations were using PEEK. As in this present work we are just focusing on metal on polyethylene (MoP), wear rate is to be control by using alternate material with less deformation wear. Also if

wear is obtain it will be of polyethylene which does not have any biological reaction inside the human body.

In this present work totally 18 combinations were made for hip-implant, on which the analysis was done to find the better and good combination which have all the good and suitable result which fulfill the objective of this present work. After all the analysis we are having all combination masses in table 5.1 and all peak stress for the differenent materials and stress shielding value which is shown in table 5.1 and also in fig 5.7. One thing was common in all the combination that maximum stress induced only on stem head and neck and also it was ranging 75MPa to 79MPa. Therefore as per the durability point of view all the combination were good and also can be used for THR.

When we observe all 18 combination in terms of mass (weight) then one can notice that where there is tantalum metal used in implant has high mass then other combination as shown in table 5.1. Therefore when there is a need of less mass implant, implant with tantalum will be rejected. Also one can notice that implant combination with Ti- alloy and Ti-foam has significantly very less mass which is very good so that it can be used for more life span also due to less weight it can be preferred first for THR. Otherall combination has average mass of 250-300 grams.

Finally we also know stress shielding on hip is also very necessary so that hip can't go weak due to less or no stress shielding occurring because of some tough and elastic material implant. But in present work we had focused on stress shielding to so as one can observe the stress distribution on hip with alternate combination as shown in table 5.1. One can notice that implant with Ti-foam and Ta-foam has very good stress shielding effect on hip stress value ranges from 21Mpa to 26MPa and it's a very needful for hip bone. Therefore in stress shielding cases 2nd& 3rd combination are best suited. Other all combination has average stress shielding with average stress value ranging 15Mpa to 18MPa.

The maximum deflection or displacement is carried on stem with head as it is moving joint. In present work the maximum deflection 1.536 mm is observed at the lower end of stem which is just due to moving contact part. As stem head is moving in result to gait cycle for normal walk. This deflection indicated just displacement for moving stem head.

Analysis is carried out by using joint force with joint force with joint force angle acting on hip joint. Static analyses were done for all the combination and above following results were found.

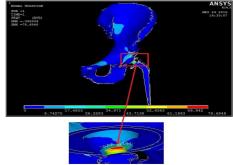


Fig 5.1: Stress contour on the hip with implants with critical stress location



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

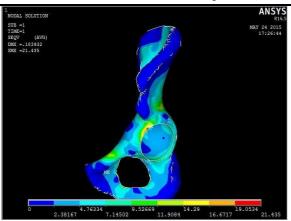


Fig 5.2: Stress Shielding on Hip Cortical Bone

Once global analysis is done, then maximum stress location and deformation in each component of assembly model is examine. One by one single component are seen from the global analysis and check out stress distribution on each parts of implants and stress shielding on hip. All components are separately shown from fig 5.2 to 5.6.

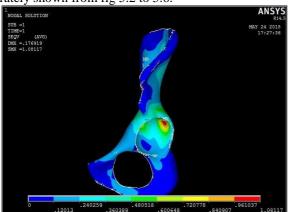


Fig 5.3: Stress Shielding on Hip Cancellous Bone

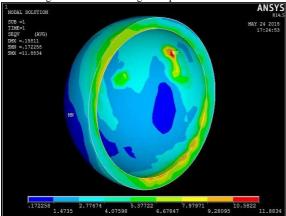


Fig 5.4: Stress Contour on the Acetabular Shell (Metal Backup cup)

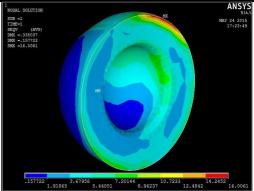


Fig 5.5: Stress Contour on the Acetabular Liner (Hemispherical Cup)

This work has exploded much material and many combinations with good results in any one objective and average in other, some combination gave best result in the entire objective which shows it was a great approach toward the biomechanical part which together has a very vital role in the future.

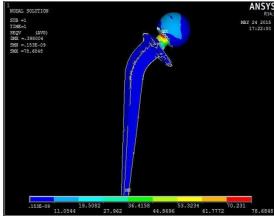


Fig 5.6: Stress Contour on the Stem with Head (Femoral component)

5.2 Stress Shielding

Stress shielding is one of the important aspects to be studied for better understanding of bone needs. As we know bone is solid element in human body which actsas connecting bones to bone with much different type of joints like hip joint, knew joint, shoulder joint, elbow and many more. Stress shielding is a phenomenon which means how much stress is applied to the bone so that bone accept it in good form which helps bone to become strong and strong. If there are no stresses acting on the bone, the bone will become weak and it will lead to many bone problem and become reason for many type of pain. Fig 5.7 shows the stress shielding value in all 18 combination which helps to decide which combination will give better stress shielding so that bone does not become weaker.



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

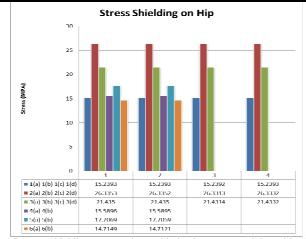


Fig 5.7: stress shielding stress acting on hip in alternate material combination

6. RESULTS & CONCLUSION

For this present work model created by modeling software and then the stress analysis for hip-implant was carried out by doing static analysis. The result from FEA was the only support for the development of an integrated procedure based on analytical methods.

Present work was done on many important objectives like stress shielding on hip, reducing implant mass and mainly using UHMWPE and PEEK as the combination with metals for metal on polyethylene (MoP) combination. And we got 18 good combination models. From which some are best in stress shielding on hip, some are very light weight and some are with low stress compare to other combination. but we have only few model which are best in all the objective such as 3rd combination which is having good stress shielding as well as less stress and also very less implant weight compare to all combination, after that combination 2nd combination is very good in stress shielding but comparatively high weight, and 1st, 4th, 5th& 6th combination is average.

If we arrange combination in stress shielding case combination will be in shown as,

$$2^{\text{nd}} > 3^{\text{rd}} > 5^{\text{th}} > 4^{\text{th}} > 1^{\text{st}} > 6^{\text{th}}$$

Same as, if we arrange combination in implant mass case combination will be shown as

$$3^{rd} \le 6^{th} \le 1^{st} \le 4^{th} \le 2^{nd} \le 5th$$

These present works illustrate how stress analysis and alternate material design combination can be used for the hip implant application. This work has exploded much material and many combinations with good results in any one objective and average in other, some combination gave best result in the entire objective which shows it was a great approach toward the biomechanical part which together has a very vital role in the future.



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

Table 5.1: Static Analysis Results Showing Peak Stresses, Deformation (DMX) and Total Implant Mass

	Components Materials Used		Peak Stresses Induced (Mpa)					DMX		
Combination No Metal Backup (Cup)	Backup Cup	Stem with Head	Hip Bone Cortical Cancellous		Hip Implants Cup Ball Top Stem		Stem	mm	Implant grams	
	(Cup)	(Ball Top)	Ticau	Cortical	Cancendus	Cup	Dan Top	Stem		
			1	st combinati	on					
1(a)	SS316L	UHMWPE	SS316L	15.2393	0.684	47.1559	13.519	78.7152	0.370475	0.29246
1(b)	SS316L	UHMWPE	CoCrMo	15.2393	0.68404	47.1559	13.5184	78.2813	0.370052	0.29636
1(c)	SS316L	UHMWPE	Ti alloy	15.2392	0.684045	47.1519	13.5295	76.8699	0.374296	0.2266-
1(d)	SS316L	UHMWPE	Tantalum	15.2393	0.684044	47.1538	13.522	75.8108	0.370822	0.46560
30-70	A-51		2'	^{id} combinati	on					
2(a)	Ta-foam	UHMWPE	SS316L	26.3353	1.27898	10.4285	17.0213	78.6763	0.41476	0.41350
2(b)	Ta-foam	UHMWPE	CoCrMo	26.3352	1.27894	10.428	17.0209	78.2426	0.414334	0.41740
2(c)	Ta-foam	UHMWPE	Ti alloy	26.3313	1.27937	10.4343	17.0293	76.8322	0.418598	0.3477-
2(d)	Ta-foam	UHMWPE	Tantalum	26.3332	1.27903	10.4296	17.0239	75.7735	0.415102	0.58676
		*	31	^d combinati	on	SV.				
3(a)	Ti-foam	UHMWPE	SS316L	21.435	1.08117	11.8834	16.0061	78.6848	0.59086	0.24401
3(b)	Ti-foam	UHMWPE	CoCrMo	21.435	1.08114	11.8828	16.0057	78.251	0.397579	0.24791
3(c)	Ti-foam	UHMWPE	Ti alloy	21.4314	1.08137	11.8906	16.0149	76.8405	0.401835	0.17819
3(d)	Ti-foam	UHMWPE	Tantalum	21.4332	1.08119	11.1725	16.0089	75.7817	0.398347	0.41721
			4'	^h combinati	on					
4(a)	SS316L	PEEK	SS316L	15.5896	0.687029	40.4085	16.6793	78.6916	0.174764	0.30110
4(b)	SS316L	PEEK	CoCrMo	15.5895	0.68703	40.4061	16.6772	78.2581	0.174764	0.30500
~ ~		.	5	^h combinati	on		16			
5(a)	Ta-foam	PEEK	SS316L	17.7069	1.07844	9.8905	27.1517	78.7227	0.199987	0.4222
5(b)	Ta-foam	PEEK	CoCrMo	17.7059	1.07835	9.89117	27.1522	78.2899	0.199623	0.42610
2 %			6	^h combinati	on					
6(a)	Ti-foam	PEEK	SS316L	14.7149	0.953737	10.714	25.1057	78.7106	0.188588	0.2527
6(b)	Ti-foam	PEEK	CoCrMo	14.7121	0.953644	10.7125	25.1058	78.2777	0.18823	0.2566

REFERENCES

- [1]. Stephen Richard Knight, RandeepAujla, and Satya Prasad Biswas, "Total Hip Arthroplasty - over 100 years of operative history", PMC, Orthop Rev (Pavia). 2011 Sep 6.
- [2]. Mark E. Nadzadia, Douglas R. Pedersena, H. John Yack, John J. Callaghana, Thomas D. Browna, "Kinematics, Kinetics, And Finite Element Analysis Of Commonplace Maneuvers At Risk For Total Hip Dislocation", Journal of Biomechanics 36 (2003), pp. 577-591.
- [3]. EhsanAskari , Paulo Flores , Dane Dabirrahmani, Richard Appleyard, "Study Of The Friction-Induced Vibration And Contact Mechanics Of Artificial Hip Joints", Tribology International 70 (2014), pp.1-10.
- [4]. F. Liu, I. Leslie, S. Williams, J. Fisher, Z. Jin, "Development Of Computational Wear Simulation Of Metal-On-Metal Hip Resurfacing Replacements", School Of Mechanical Engineering, University Of Leeds, UK, sep 2007.
- [5]. Hai-bo Jiang, "Static and Dynamic Mechanics Analysis on Artificial Hip Joints with Different Interface Designs by the Finite Element Method", Journal Of Bionic Engineering 4(2007), pp. 123-131.
- [6]. H.F. El'Sheikh, B.J. MacDonald, M.S.J. Hashmi, "Finite Element Simulation Of The Hip Joint During Stumbling:A Comparison Between Static And Dynamic Loading", Journal

- Of Materials Processing Technology 143-144 (2003), pp. 249-255.
- [7]. Adam A. Liudahl BS, Steve S. Liu MD, Devon D. Goetz MD, Craig R. Mahoney MD, John J. Callaghan MD, "Metal On Metal Total Hip Arthroplasty Using Modular Acetabular Shells", The journal of arthroplasty 28 (2013), pp. 867-871.
- [8]. M.O. Hellera, G. Bergmann, G. Deuretzbacher, L. D. urselen, M. Pohl, L. Claes, N.P. Haas, G.N. Duda, "Musculo-Skeletal Loading Conditions At The Hipduring Walking And Stair Climbing", Journal Of Biomechanics 34 (2001), pp. 883-893.
- [9]. ValentinaAgostini, PhD, DariaGanio, MD, Katia Facchin, PT, Luciano Cane, MD, Susana Moreira Carneiro, MSc, Marco Knaflitz, PhD, "Gait Parameters And Muscle Activation Patterns At 3, 6 And 12 Months After Total Hip Arthroplasty", The journal of arthroplasty 29(2014), pp. 1265-1272.
- [10].G. Bergmann, G. Deuretzbacher, M. Heller, F. Graichen, A. Rohlmann, J. Strauss, G.N. Duda, "Hip Contact Forces And Gait Patterns From Routine Activities", Journal of Biomechanics 34 (2001), pp. 859–871.
- [11].Douglas R. Pedersen, Richard A. Brand and Dwight T. Davy, "PELVIC MUSCLE AND ACETABULAR CONTACT FORCES DURING GAIT", ELSEVIER, J. Biomechanical, Vol-30, pp. 959-965, 1997.



Website: www.ijeee.in (ISSN: 2348-4748, Volume 2, Issue 7, July 2015)

- [12].M.S. Uddin, L.C.Zhang, "Predicting The wear of hard-On-Hard hip joint prostheses", ELSEVIER, Journal of Wear 301 (2013), pp. 192-200.
- [13]. Tina A. Maxian, Thomas D. Brown, Douglas R. Pedersen, and John J. Callaghan, "Adaptive Finite Element Modeling Of Long-Term Polyethylene Wear In Total Hip Arthroplasty" Journal Of OrthopaedicResearch.
- [14] Daniel Kluess, Wolfram Mittelmeier, Rainer Bader, "An Explicit Finite-Element-Analysis Of Principal Stresses In Ceramic Vs. Cobalt-Chromium Femoral Components", Department Of Orthopaedics, University Of Rostock, D-18057 Rostock, Germany.
- [15].SjoerdKolk, Michiel J.M. Minten, Geert E.A. van Bon,Wim H. Rijnen, Alexander C.H. Geurts, NicoVerdonschot, Vivian Weerdesteyn, "Gait and gait-related activities of daily living after total hip arthroplasty: A systematic review", clinical biomechanics 29 (2014), pp. 705-718.
- [16].NihatOzkaya, Margareta Nordin, "FUNDAMENTAL OF BIOMECHANIC Equilibrium, Motion, and Deformation", (Textbook) Springer International Edition, Second Edition.
- [17].Scott L. Bevill, Grant R. Bevill, Janaki R. Penmetsa, "Finite Element Simulation Of Early Creep And Wear In Total Hip Arthroplasty", Journal Of Biomechanics 38(2005), pp.2365-2374.
- [18].Junyan Li, Anthony C. Redmond, ZhongminJina, John Fisher, Martin H. Stone, Todd D. Stewart, "Hip Contact Forces In Asymptomatic Total Hip Replacement Patients Differ From Normal Healthy Individuals: Implications For Preclinical Testing", Journal of Clinical Biomechanics 29 (2014), pp. 747– 751.
- [19] S.H. Teoh, W.H. Chan, R. Thampuran, "An Elasto-Plastic Finite Element Model for Polyethylene Wear In Total Hip Arthroplasty", Journal of Biomechanics 35 (2002), pp. 323– 330
- [20].Madeline Vann, "A Guide to Hip Anatomy-Hip Pain Center", EverydayHealth.com files.
- [21]. UweHolzwarth&GiulioCotogno, "Total Hip Arthroplasty", JRC Scientific and Polict Reports, July 2012.
- [22]. Reliance Technical Data for Relene Ultra 2504(UHMPE).

About authors

Author 1:

Name: Gupta Krishna Rampratap Email: <u>Krishna.gupta513@gmail.com</u>

Designation: (Student) Master of Machine Design

Department: Mechanical Engineering

Name of College: Brindavan College of Engineering

Place of College: Bangalore-63



Author 2:

Name: Gunti Ranga Srinivas

Email: <u>SRINI@CPDM.IISC.ERNET.IN</u> GUNTIRANGA@SSIT.EDU.IN

Research Scholar, Dept. of CPDM Indian Institute of Science Bangalore, Karnataka, India

