Principal Aim

To assess the strength changes, and associated change in fracture risk, due to structural alterations in the proximal femora of astronauts experiencing longterm weightlessness.

3-D FEA has not yet applied to bone loss in astronauts

- Greatly increased risk of fracture upon return to Earth and possibly even under strenuous loading in space or on the moon or Mars.
- Calculate change in factor of risk (Φ)
 - Φ = actual load / predicted failure load
 - hypothesis: $\Phi_{\rm pre}$ < $\Phi_{\rm post}$
 - relationship between Φ and duration of weightlessness





Research Plan



Aim 1: Hip Loading During Locomotion

3-segment model for locomotion

Lagrangian formulation



Solution of Equations for Locomotion

Initial joint velocity from hip/seg. 3

Calc. joint acceleration at each time step

Integrate to get velocity and position values

Hip force from c.m. acceleration via Jacobian

Control Scheme (locomotion)

Hip torque: PPD control

Ankle & knee torque: Impedance control



Variation of Parameters (Locomotion)

- Body Mass Properties (m, I) and Anthropometrics: Male and female, 5%, 50%, 95%
 Values derived using GEBOD
- Horizontal velocity:

 $u_{Earth} = 2 - 6 \text{ m/s}$ (He et al., 1991)

u_{Mars} = 2 - 4 m/s (Newman et al., 1994; Wickman & Luna, 1996)

• Leg stiffness:

K_{leg} = 9 - 15 kN/m (He et al., 1991; Farley & Gonzalez, 1996; Viale et al., 1998)

• Gravity:

Earth G = g, Mars G = 3/8 g (g = 9.807 m/s²)

 Initial ankle angle: iteration until lowest point of hip trajectory occurs at x=0 (initial knee angle set to 5 deg)



Joint Position (50% Male)



Joint Torque (50% Male)



Hip Force (50% Male)



Hip Locus (50% Male)



50th Percentile Male (Earth)



Male (Earth)



Male (Mars)



Aim 1: Hip Loading During Falls

- 3-segment model based on that derived by van den Kroonenberg (1995)
- 5 degrees-of-freedom



Control Scheme

- Ankle and knee: Impedance Control
 - Adjust $(K_p)_x$ and $(K_d)_x$ so that hip stays close to Y-Z plane
 - Adjust $(K_p)_z$ and $(K_d)_z$ so that body configuration at impact is close to that reported by van den Kroonenberg from kinematic studies
- Hip joints: PPD
 - Adjust control parameters to obtain appropriate trunk orientation at impact

Variation of Parameters (Fall)

- Body Mass Properties (m, I) and Anthropometry:
 - Male and female, 5%, 50%, 95%
 - Values derived using GEBOD
- Gravity: Earth G = g, Mars G = 3/8 g (g = 9.807 m/s²)
- Initial joint position and velocity values set to correspond with van den Kroonenberg (interpolated to get 50% values)
- Impact model
 - Stiffness: KEarth = 71 kN/m (Robinovitch, et al., 1991)
 KMars = 57 kN/m (20% less for space suit padding)

- Damping: B = 923 N/m-s (damping ratio = 0.2, Robinovitch, et al., 1991)

Joint Angle (50% Male — Earth) 120 100 knee Y -80 ankle X -60 Joint Angle (deg) 40 20 hip X ankle Y 0 -20 -40 -60 hip Y -80 0.1 0.2 0.3 0.4 0.5 0.6 0 0.7

Time (s)

Joint Torque (50% Male — Earth)



Hip Force (50% Male — Earth)





Hip Force during Impact (Male)



Hip Force during Impact (Female)



Applied Force Summary (Male & Female 50%)



Finite Element Analysis



Extract density distribution (trabecular area) Define element material properties

Methods: NIH Image



Results: Failure Analysis Validation

Trabecular bone specimens in torsion Similar results, r²=0.86 in bending











Element Material Properties

Cancellous elements [Ashman et al., 1989]:

 $E = (2.84 \times 10^3)\rho^{1.07}$

Cortical elements [Snyder and Schneider, 1991]:

 $E = 21,910\rho - 23,500$

Poisson's ratio: v = 0.3 for all elements

Method of Increasing Endosteal Diameter

For each curve defining endosteal boundary:

- Determine centroid
- Calculate average radius
- Calculate magnitude of point displacement (JHU results)
- Direction of displacement found by bisecting angle defined by adjacent points



Muscle Strength Loss in Spaceflight

• Start with Earth-normal muscle magnitudes and directions: for mid-stance [Cheal et al., 1992] :

	Mag (BW)	X (med-lat)	Y (post-ant)	Z (dist-prox)
Gluteus medius	0.80	-0.67	0.18	0.72
Gluteus minimus	0.30	-0.78	0.21	0.59
lliopsoas	1.30	-0.10	0.73	0.68

- Reduce muscle strength with duration of weightlessness:
 - 40% lower at 6 months, 60% lower at 12 months, based on lit.
 - 21% lower peak activated force 17 day flight [Widrick et al., 1999]
 - 120 days of HDT bed rest [Koryak, 1999] :
 - 44% / 33% (M/F) decline in isometric max. voluntary contraction (MVC)
 - 36% / 11% (M/F) decline in isometric twitch contraction (Pt)
 - 34% / 24% (M/F) decline in tetanic contraction force (Po)
 - Maximal explosive power (MEP) reduced to 67% after 31 days, and to 45% after 180 days of space flight [Antonutto et al., 1999]

Failure Analysis Algorithm



Node Failure: Maximum Principle Strain > 0.8% (tension) Minimum Principle Strain < -1.1% (compression)

Model Failure:

Reaction Force undergoes two successive decrements with increasing displacement





Z Dis placement (mm)







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Fall Configuration Loading (Pre- and Post-flight)











Conclusions

- Fall impact carries higher risk of fracture under all circumstances.
- Risk of fracture during locomotion is significantly greater for Mars EVA compared to Earth-normal and Earth-return. Reducing space suit mass is important.
- Muscles contribution during mid-stance is critical.
- Contrary to popular belief, risk of fracture during a fall on Mars (both IVA and EVA) is decreased compared to Earthnormal (lower gravity, spacesuit padding for EVA). FOR values are still close to 1.0, though, especially for males.
- Greatest risk to astronauts is from a fall occurring right after return from a long-duration mission. Use hip pads temporarily?