

# Computer system for determination of hip joint contact stress distribution from antero-posterior pelvic radiograph

Aleš Iglič<sup>1</sup> and Veronika Kralj-Iglič<sup>2</sup>

<sup>1</sup>Laboratory of Applied Physics, Faculty of Electrical Engineering, Ljubljana, Slovenia

<sup>2</sup>Institute of Biophysics, Medical Faculty, Ljubljana, Slovenia

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**Background.** A computer system HIPSTRESS is described. The system can be used for the determination of the contact stress distribution in the hip joint for a known body weight and some characteristic pelvic and hip geometrical parameters which can be determined directly from the standard antero-posterior radiograph.

**Conclusions.** The system can be applied in clinical practice to predict an optimal stress distribution in different operative interventions in the hip.

**Key words:** antero-posterior radiograph, hip joint contact stress, pelvis

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## Introduction

The studies of the distribution of the contact stress<sup>1-4</sup> in the hip joint are important to explore the pathomechanics of the degenerative joint diseases<sup>4-6</sup> as well as to predict an optimal stress distribution after certain operative interventions in order to improve their efficiency.<sup>2,6,7</sup>

In this work, we describe the computer system HIPSTRESS which can be used for the determination of the hip joint contact stress distribution for individual patients<sup>2,3,8,9</sup>. The system needs, as the input data, the body weight of the patient and some characteristic geometrical parameters of the pelvis and hip which can be determined from the antero-posterior (AP) radiograph of the pelvis with both hips.<sup>10-12</sup>

terior (AP) radiograph of the pelvis with both hips.<sup>10-12</sup>

## Material and methods

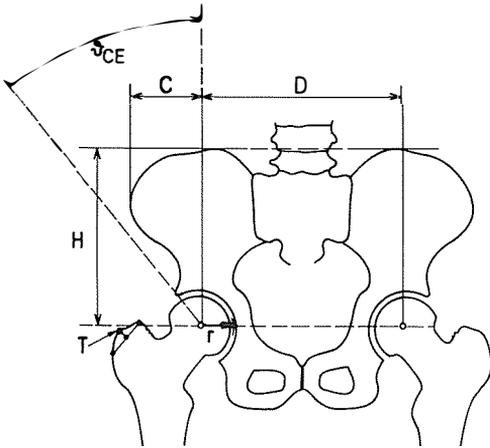
The system HIPSTRESS<sup>2,3,8,9</sup> is suitable to use on any personal computer with installed TURBO PASCAL. The system consists of two programs; one for the determination of the hip joint contact stress distribution<sup>2,3</sup> and the other for the determination of resultant hip joint force  $\mathbf{R}$ .<sup>8,9</sup>

The hip joint contact stress distribution can be calculated by solving a relatively simple single non-linear algebraic equation.<sup>2,3</sup> The program for the determination of the hip joint contact stress distribution<sup>2,3</sup> requires, as the input data, the magnitude and the direction of the resultant hip joint force  $\mathbf{R}$ , the center-edge angle of Wiberg ( $\vartheta_{CE}$ ) and the radius of the hip joint articular surface ( $r$ ) (Figure1).

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Correspondence to: Assist. Prof. Aleš Iglič, Ph.D., Laboratory of Applied Physics, Faculty of Electrical Engineering, Tržaška 25, SI-1000 Ljubljana, Slovenia.



**Figure 1.** Schematic presentation of the pelvic and hip geometrical parameters that are used in corrections of the reference coordinates of the model muscle attachment points and in calculation of the contact stress distribution in the hip joint articular surface.

The resultant hip joint force  $\mathbf{R}$  is calculated by the program based on the mathematical model of the hip joint in the one-legged stance body position<sup>8,9,13-15</sup> which requires, as the input data, the distance between the two femoral head centers ( $D$ ), the coordinates of the greater trochanter (point  $T$ ), the height of the pelvis ( $H$ ), the horizontal distance between the most lateral point on the crista iliaca and the femoral head center ( $C$ ) (Figure 1) and the body weight. The values of the model muscle attachment points are adapted for each patient individually where the measured values of  $D$ ,  $H$  and  $C$  and the position of the greater trochanter (point  $T$ ) from AP radiographs for each patient are taken into account. The reference values of the model muscle attachment points were taken from Dostal and Andrews.<sup>16</sup>

The described geometrical parameters of the pelvis and the hip ( $D$ ,  $H$ ,  $C$ , point  $T$ ,  $\vartheta_{CE}$ ,  $r$ ) can be determined directly from the AP radiographs or by computer systems.<sup>11,17,18</sup> The magnification rate should be taken into account. The computer systems HIJOMO<sup>17</sup> and ANXRAY<sup>18</sup> use a digitized profile of standard AP radiograph of the pelvis and both proxi-

mal femurs as input data. The curves that represent the head of the prosthesis and the femoral head were fitted by the circles using the least squares method.<sup>17</sup>

## Results and conclusions

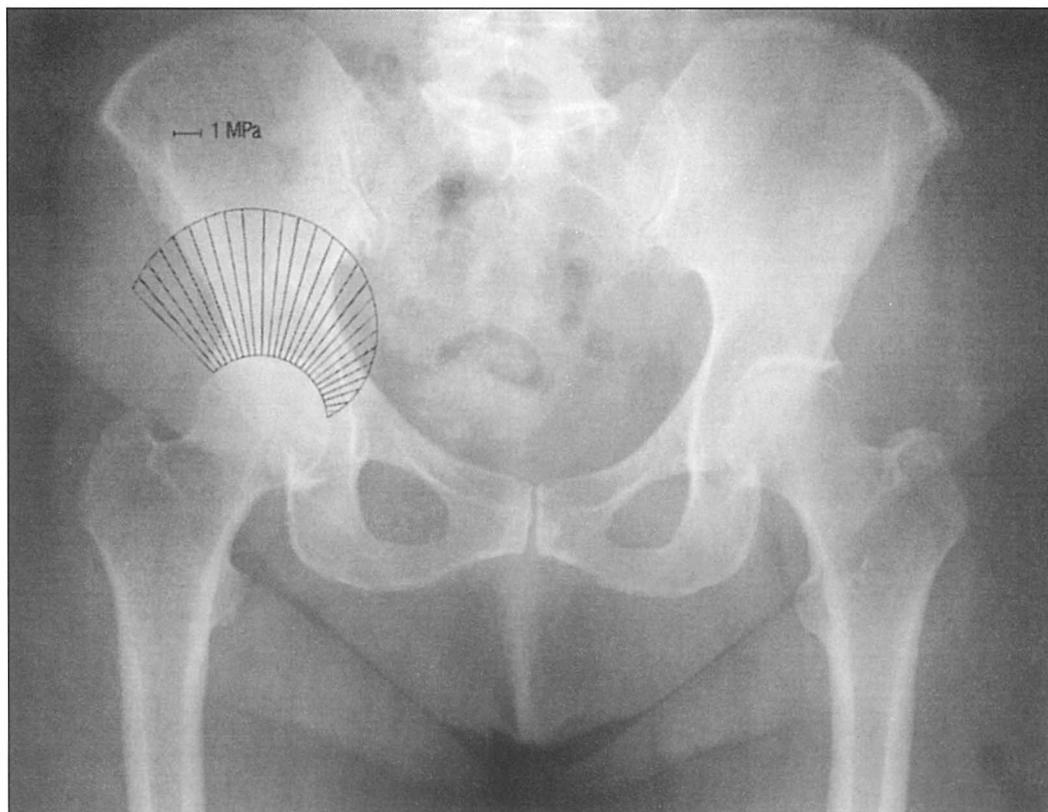
Figure 2 shows the calculated hip joint contact stress distribution in the female hip (age 76). The AP radiograph was taken from the archives of the authors.

Due to the simplifications in the mathematical models<sup>2,3</sup> we cannot accurately predict the contact stress in the hip joint in detail or give an absolute stress distribution. However, the model predicts global averages which are in accordance with the relevant experimental in vivo data in the literature.<sup>19-21</sup>

In order to establish the clinical relevance of the determination of the hip joint contact stress distribution the computer system should be applied to various populations of patients where the correlation between the clinical status and the hip stress should be studied.

Recently, the system HIPSTRESS has been used in order to determine the peak contact stress in the articular surface of the hip joint from standard AP radiographs for 37 male and 44 female healthy hips of patients subject to trauma of the other hip.<sup>12</sup> It was shown that the peak contact stress is considerably higher (cca 20%) in the female population than in the male population. The results are in favor of the hypothesis that the increased hip joint contact stress in the female population could contribute to greater incidence of arthrosis in the female population relative to the male population.

To conclude, the described computer system HIPSTRESS can be used for the determination of the contact stress distribution from standard AP radiographs. The system can be applied in clinical practice to predict an optimal stress distribution in different operative



**Figure 2.** The hip joint contact stress distribution of the 76 year old female person (body weight 800 N,  $\vartheta_{CE} = 44^\circ$ ,  $r = 2.27$  cm) determined by the computer system HIPSTRESS.

interventions in the hip and to analyze the short and long term outcome of treatment of various conditions of the hip.

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The computer system HIPSTRESS is available from the authors only to be used for scientific purposes and according to ethical principles.

#### References

1. Genda E, Konishi N, Hasegawa Y, Miura T. A computer simulation study of normal and abnormal hip joint contact pressure. *Arch Orthop Trauma Surg* 1995; **114**: 202-6.
2. Iglič A, Kralj-Iglič V, Antolič V, Srakar F, Stanič U. Effect of the periacetabular osteotomy on the stress on the human hip joint articular surface. *IEEE Trans Rehab Engr* 1993; **1**: 207-12.
3. Ipavec M, Brand RA, Pedersen DR, Mavčič B, Kralj-Iglič V, Iglič A. Mathematical modelling of stress in the hip during gait. *J Biomechanics* 1999; **32**: 1229-35.
4. Pauwels F. *Biomechanics of the normal and diseased hip*. Berlin, Heidelberg, New York: Springer; 1976.

5. Brinckmann P, Frobin W, Hierholzer E. Stress on the articular surface of the hip joint in healthy adults and persons with idiopathic osteoarthritis of the hip joint. *J Biomechanics* 1981; **14**: 149-56.
6. Kummer B. Die klinische Relevanz biomechanischer Analysen der Hüftregion. *Z Orthop* 1991; **129**: 285-94.
7. Baker KJ, Brown TD, Brand RA. A finite-element analysis of intertrochanteric osteotomy on stresses in femoral head osteonecrosis. *Clin Orthop* 1989; **249**: 183-98.
8. Iglič A, Srakar F, Antolič V, Kralj Iglič V, Batagelj V. Mathematical analysis of Chiari osteotomy. *Acta Orthop Jugosl* 1990; **20**: 35-9.
9. Iglič A, Srakar F, Antolič V. Influence of the pelvic shape on the biomechanical status of the hip. *Clin Biomech* 1993; **8**: 223-4.
10. Antolič V, Srakar F, Iglič A, Kralj-Iglič V, Zaletel-Kragelj L, Maček-Lebar A. Changes in configuration of the hip due to Chiari osteotomy. *Orthopedics* 1996; **4**: 183-6.
11. Kersnič B, Iglič A, Kralj-Iglič V, Srakar F, Antolič V. Increased incidence of arthrosis in female population could be related to femoral and pelvic shape. *Arch Orthop Trauma Surg* 1996; **116**: 345-7.
12. Smrke D, Jaklič A, Stankovski V, Iglič A, Kralj-Iglič V. Peak contact stress in articular surface of healthy hip joint in male and female population - a comparative study. *Arch Orthop Trauma Surg*; (in print).
13. Srakar F, Iglič A, Antolič V, Herman S. Computer simulation of the periacetabular osteotomy. *Acta Orthop Scand* 1992; **63**: 411-2.
14. Iglič A, Antolič V, Srakar F. Biomechanical analysis of various operative hip joint rotation center shifts. *Arch Orthop Trauma Surg* 1993; **112**: 124-6.
15. Iglič A, Antolič V, Srakar F, Kralj-Iglič V, Maček-Lebar A, Brajnik D. Biomechanical study of various greater trochanter positions. *Arch Orthop Trauma Surg* 1995; **114**: 76-8.
16. Dostal WF, Andrews JG. A three-dimensional biomechanical model of the hip musculature. *J Biomechanics* 1981; **14**: 803-12.
17. Jaklič A, Pernuš F. Morphometric analysis of AP pelvic and hip radiographs. In : Zajc B and Solina F, editors. *Proceedings of the third Slovenian electro-technical and computer science conference*. Ljubljana; 1994. p. 352-5.
18. Stankovski V, Smrke D, Kocjančič B, Kralj-Iglič V, Iglič A. Quantitative determination of geometrical parameters of the human femur and pelvis. *Med Biol Eng Comput* 1999; **37 Suppl 1**: 189-90.
19. Hodge WA, Fijan RS, Carlson KL, Burgess RG, Harris WH, Mann RW. Contact pressures in the human hip joint measured in vivo. *Proc Natl Acad Sci USA* 1986; **83**: 2879-83.
20. Hodge WA, Carlson KL, Fijan RS, Burgess RG, Riley PO, Harris WH, et al. Contact pressures from an instrumented hip endoprosthesis. *J Bone Joint Surg* 1989; **71A**: 1378-2883.
21. Krebs DE, Elbaum L, Riley PO, Hodge WA, Mann RW. Exercise and gait effects on in vivo hip contact pressures. *Phys Ther* 1991; **71**: 301-9.