

**CHARACTERIZATION OF THE MECHANICAL
ENVIRONMENT OF A HEALING BONE-IMPLANT
INTERFACE**

By

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ABSTRACT

There are three main types of failure modes of orthopaedic implants: accumulation of metallic and/or polymeric wear debris, overloading after a healing period, and excessive implant motion relative to the interface. This thesis work is part of a larger study that is testing the hypothesis that strain fields resulting from implant motion affect the type of tissue present around the implant using a mouse model. The aim of this thesis was to characterize the mechanical environment at bone-implant interfaces being tested in the *in vivo* study.

An implant system with a screw implant or a pin implant with ridges and a motion application system were designed to generate controlled and measurable implant micromotion during healing. This implant system was placed within a mock interface and the strain fields were quantified *in vitro*. An axisymmetric finite element model was developed and validated against the *in vitro* strains and was modified to model the *in vivo* interface in an effort to predict *in vivo* strain levels. The mechanical properties for the FEM of the *in vivo* interface were determined iteratively using the *in vivo* interfacial stiffness values measured for day 1 and day 7.

In vitro analysis of the strain found no difference in the magnitude of strain between a pin and screw implant, however, there was a difference in the distribution of strain. The average *in vivo* interfacial stiffness was found to be 0.01 N/ μ m and 0.03 N/ μ m for days 1 and 7, respectively. The mechanical properties of the FEM of the *in vivo* study were determined to be $E=1$ to 5 MPa and $\nu=0.3$ for day 1 and $E=10$ to 15 MPa and $\nu=0.3$ for day 7. The FEM predicted high principal strains in the area of the first cortex and at the base of the implant ($>50\%$ and $<-30\%$), while lower strains (8%) were predicted within the marrow cavity. This model resulted in the characterization the mechanical environment of the bone-implant interface, thus improving our knowledge of the interfacial strain levels and allowing more detailed tests of relationships between strain and healing responses.