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# In silico dynamic characterization of the femur: physiological versus mechanical boundary conditions E. Reina-Romo, J. Rodríguez-Vallés, J.A. Sanz-Herrera School of Engineering, University of Seville, 41092 Seville (Spain)

5

#### 6 Abstract

7 It is established that bone tissue adapts and responds to mechanical loading. Several 8 studies have suggested an existence of positive influence of vibration on the bone 9 mass maintenance. Thus, some bone regeneration therapies are based on vibration of 10 bone tissue under circumstances of disease to stimulate its formation. Frequency of loading should be properly selected and therefore a correct characterization of the 11 dynamic properties of this tissue may be critical for the success of such orthopedic 12 13 techniques. On the other hand, many studies implement vibration techniques with in silico models. Numerical results are exclusively dependent on properties of bone 14 tissue, i.e. geometry, density distribution and stiffness, as well as boundary conditions. 15 In the present study, the influence of boundary conditions and material properties on 16 17 the dynamic characteristics of bone tissue was explored in a human femur. Bone shape 18 and density were directly reconstructed from computer tomographies, whereas 19 natural frequencies and modes of vibration were obtained for different boundary 20 conditions including physiological and mechanical ones. Results of this study show the 21 moderate effect of material properties compared to the much substantial effect of 22 boundary conditions. A factor of 2 in the natural frequency was obtained depending on 23 imposed boundary conditions, highlighting the importance in the selection of 24 appropriate conditions in the analysis of the bone organ.

25 *Keywords:* Bone Mechanics, Finite Element Method, Natural Frequency, Modal 26 Analysis.

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#### 28 **1. Introduction**

29 It is established that bone tissue adapts and responds to mechanical loading. The 30 characteristics of the mechanical loads, such as peak magnitude of ground reaction 31 force, peak rate of force production, and repetition rate of these loads, are known to 32 be important in regulating bone regeneration [1]. According to experimental studies, maximum bone formation directly depends on loading frequencies and targeted 33 locations of bones [2-6]. Zhao et al. [7] have demonstrated in an in vivo study 34 performed on mice that the application of loads with frequencies near the natural 35 frequency of bone favors bone formation. Rubin et al. [8] have shown that very-low-36

37 magnitude, frequency vibration of 30Hz, increases significantly (by 34.2 %) the density of the trabecular bone in the proximal human femur compared to controls. Therefore, 38 39 a possible application to increase bone mass under circumstances of disease would be to apply vibration loading stimulation: whole-body vibration, bone bending, axial 40 41 loading, and joint loading [10-13]. Whole-body vibration seems to prevent/reverse 42 sarcopenia and possibly osteoporosis [9]. Vibration analysis techniques have been 43 used successfully to determine mechanical properties of human bone [14], to monitor fractures [15-16], to quantify the stability of dental implants [17-18] and to detect 44 45 forms of femoral prosthesis loosening [19]. In the orthopaedic field, this technique may have potential due to apparent benefits it offers. 46

47 The vibration characteristics of bone have been analyzed both experimentally [10,20-48 21] and numerically [7,14,19,22-23]. Although Weiss et al. [24] have shown the 49 importance of the boundary conditions in vibration studies in a hip endoprothesis system, the most commonly used boundary conditions are the free ones [14,22], 50 51 which are known to be far from the in vivo environment. For example, Campoli et al. 52 [22] already analyzed by means of finite element analysis how the natural frequencies changed by varying the density and shape of the human femur in free boundary 53 54 conditions. The behavior of the femoral head prosthesis has also been analyzed in 55 silico with modal analyses assuming free boundary conditions and constant mechanical 56 properties [23]. Pérez & Seral-García [19] used other boundary conditions to simulate 57 numerically the change in the resonance frequency during the osseointegration 58 process of a cementless human hip system. In that study mechanical properties were 59 assigned based on the level of Hounsfield Unit (HU).

A number of studies have already shown that geometry and material properties at 60 61 boundaries and spatiotemporal distributions within bone have a profound effect on bone mechanobiology variables such as fluid velocities and pore pressures [25-26]. 62 63 However, as far as the authors know, there is no vibration study that has numerically 64 analyzed the influence of the properties of bone tissue, i.e. geometry, density distribution and stiffness, as well as boundary conditions on the dynamic 65 characteristics of bone. Therefore, the aim of this study is to analyze in silico the 66 dynamic characteristics of a human femur under different boundary conditions and 67 assumptions found in the literature. Different numerical set-ups of the femur, which 68 differed in the material properties assignment and boundary conditions, have been 69 70 analyzed. On the one hand, either constant material properties or a technique based 71 on HU was used. On the other hand, four different boundary conditions are 72 implemented and analyzed: free, diaphysis, condyle and physiological boundary 73 conditions with the purpose of determining the dynamic characteristics of the femur as closely as possible as they can be found in vivo. Using the information provided in 74 75 this study, a proper determination of bone resonance frequencies could be conducted, which in turn may be of special relevance to calibrate existing vibration therapies 76

performed clinically and to help to improve the treatment of some diseases such asthe osteoporosis.

79

## 2. Materials and Methods

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## 81 *2.1. Geometry*

A set of 664 computer axial tomographies (CATs) of a cadaveric adult male human 82 83 femur were selected. CAT resolution includes a pixel size of 0.78x0.78 mm and a slice thickness of 0.8 mm. Geometry was built by means of the software MIMICS 10.0<sup>®</sup> as 84 follows: outer (cortical) and inner (marrow) regions were selected manually at 85 diaphyseal region attending to the grey scale level of pictures, as well as spongy bone 86 87 at proximal areas. Other regions of non interest in the study, such as hip, knee or tibia were not included in the geometry. Then, 3D geometry of the right femur was 88 reconstructed by using the above mentioned software. 89

## 90 2.2 Boundary conditions

Four different boundary conditions are implemented and analyzed in the paper, namely, free, diaphysis (fig. 1a), condyle (fig. 1b) and physiological boundary conditions (fig. 1c) [27]. They are explained next.

#### 94 Free boundary conditions

In this case, femur was free of loading and displacement restrictions. This is the most
suitable boundary conditions used both in experimental modal analysis [14,20] as well
as numerical modal analysis of the bone tissue [14,22-23], due to both reliability and
simplicity at the laboratory level and finite element analysis.

#### 99 Diaphysis boundary conditions

Displacements are prescribed at nodes in the mid-diaphysis where the cut was performed (see fig. 1a) [27,28]. Both nodes at exterior (cortical) and interior (marrow) regions were considered.

#### 103 Condyle boundary conditions

104 All the displacements are prescribed at the three nodes shown in fig. 1b in the distal 105 condyles.



106

Figure 1. Finite element model of different implemented boundary conditions: (a) diaphysis,
(b) condyle and (c) physiological. Tetrahedral finite element mesh at (d) the exterior (cortical),
(e) the interior (marrow and spongy bone) regions; (f) finite element mesh for the diaphysis
boundary conditions analysis.

#### 111 Physiological boundary conditions

The so-called physiological conditions are the ones proposed by Speirs et al. [27]. In that work, authors conclude that this set of boundary conditions is the one that best represents the femur deformations at real conditions. They are implemented as follows (fig. 1c). First, the three translational degrees of freedom at a node placed in the knee centre are prescribed, specifically at the joint of the tibia with the femur. Then, two displacements at a node in the femur head are also prescribed. At this node, only the displacement in the direction along an axis towards the knee center is allowed. Finally, the sixth degree of freedom was constrained at a node placed on the distal lateral epicondyle in order to avoid rigid body motions (see fig. 1c).

#### 121 2.3 Finite element mesh

Femur geometry was exported into the finite element software ANSYS 14.5<sup>®</sup>.
Tetrahedral 8 node 3D quadratic elements (SOLID 185) were used including 60227
elements and 12020 nodes in the femur mesh (see figs. 1d and e).

For diaphysis boundary conditions, a different finite element model was used (see fig.1126 1f). In this case a cut was performed at the mid-diaphysis [27] (see fig. 1f).

#### 127 2.4 Mechanical properties of bone tissue

Linear, elastic and isotropic mechanical properties were considered in this study [14,22]. Material properties were characterized by Young's modulus and Poisson's ratio. Nonetheless, femur domain was considered to be heterogeneous, such that each finite element in the model was featured by different mechanical parameters. Mechanical properties have been assigned with two different approaches: depending on the level of HU, regardless its location and, manually, considering three different material sets.

Firstly, the technique based on HU was implemented. Bone density was linearly correlated with HU from 0,5 g/cm<sup>3</sup> of the spongy bone to 1,952 g/cm<sup>3</sup> of the cortical bone [22]. Mathematically, this relation attends to the following curve:

138 
$$\rho (g/cm^3) = 0,000968 \times HU + 0,5$$
 (1)

139 where  $\rho$  is the bone tissue density and *HU* is the Hounsfield Unit, which varied from 0 140 to 1500. Bone density is related to the mechanical properties following Beaupre et al. 141 [29] as:

142 If 
$$\rho \le 1,2$$
 g/cm<sup>3</sup>;  $E = 2014\rho^{2,5}$  (MPa),  $\nu = 0,2$  (2)

143 If 
$$\rho > 1,2 \text{ g/cm}^3$$
;  $E = 1763\rho^{3,2}$  (MPa),  $\nu = 0,32$ 

where *E* and  $\nu$  are the Young's modulus and Poisson's ratio, respectively. A set of 10 values of density, uniformly distributed from lower (0,5 g/cm<sup>3</sup>) to upper (1,952 g/cm<sup>3</sup>) bounds, respectively, were considered. Consequently, a number of 10 different pairs (E,  $\nu$ ) were estimated for the mechanical properties along the bone tissue through Eq. (2) according to its estimated density. This was included as different materials in the finite element mesh by using utilities of MIMICS 10.0<sup>\*</sup> and ANSYS ICEM 14.5<sup>\*</sup> softwares. Secondly, the finite element model was tested assuming constant mechanical properties. Three different material sets were distinguished: cortical bone, bone marrow and spongy bone (fig. 1e). In this case, mechanical properties are given in table 1.

Material	Density (kg/m <sup>3</sup> )	Young's modulus (GPa)	Poisson's ratio (-)	
Cortical bone [22]	1800	13	0,3	
Bone marrow [29]	1060	0,001	0.5	
Spongy bone [22]	500	0,6	0,12	

155

156 157 **Table 1.** Mechanical properties of finite element model of the femur when considered asconstant.

#### 158 2.5 Analysis type

A linear modal testing analysis was used on the FE model to assess the vibration characteristics of the human femur. The modal analysis package of ANSYS software was used. To implement the numerical procedure, first the mode-extraction method to be used for the modal analysis is chosen. In this study, the Block Lanczos method is selected since it is a fast, efficient and robust algorithm to perform modal analysis. Next the frequency range has to be defined. To include the first five modes of vibrations, a range from 0 to 1000 Hz is taken.

A harmonic response analysis was also performed to obtain the vibration amplitude of the femur at a specific frequency range under a vertical load applied at the femoral head for the three different cases analyzed (condyle, diaphysis and physiological boundary conditions). This linear analysis has also been performed using the commercial software ANSYS. The harmonic response analysis method chosen is the Full method within a frequency range from 0 to 2000 Hz for all the boundary conditions analyzed.

The numerical analyses were run in a laptop PC Intel 1.8 GHz (1 core) with 8GB RAM.CPU time of the analyses was estimated in 8 minutes.

#### 175 **3 Results**

Table 2 summarizes the dynamic characteristics of the femur analyzed. The first five natural frequencies as well as their corresponding modes of vibration are detailed for the different boundary conditions (BC) analyzed (free BC; diaphysis BC; condyle BC; physiological BC) and the two different material properties set-ups performed (constant mechanical properties and Hounsfield Units). The vibration plane of the modes of vibration is specified: frontal bending, sagittal bending, combined bending(both frontal and sagittal bending) and torsion (T).

Natural frequencies range from 245 to 814 Hz for the free boundary conditions, 108 to 183 184 887 Hz for the diaphysis boundary conditions, 222 to 803 Hz for the condyle boundary conditions and 107 to 782 Hz for the physiological boundary conditions. In order to 185 186 compare qualitatively the four analyzed cases, the normalized natural frequencies for the different set-ups analyzed have been represented (fig. 2). Normalization has been 187 188 performed with respect to the lowest frequency. It can be observed the moderate 189 effect of material properties compared to the much substantial effect of boundary 190 conditions. In particular, a high difference can be found from case to case of boundary conditions, being a factor higher than 2 in some frequencies. The biggest differences 191 192 are found between free and condyle boundary conditions versus physiological ones. 193 On the other hand, differences due to the fact of considering constant mechanical 194 properties along the bone tissue are not so acute although important: a difference in 195 the range 5-25% can be found for different boundary conditions across natural 196 frequencies. Higher variations are found for the case of the condyle boundary conditions, whereas considering constant mechanical properties for the remaining 197 198 cases is an assumable hypothesis (fig. 2).

199 To illustrate the modes of vibration for one of the set-ups analyzed, fig. 3 shows the 200 deformed shape of the bone for the first five natural frequencies in the case of the 201 physiological boundary conditions and constant mechanical properties assignment. It 202 may be observed that sagittal bending modes are given at the first and fifth natural 203 frequencies (fig. 3 and Table 2), frontal bending modes at the second and fourth 204 natural frequencies and torsional mode at the third natural frequency. In the case of 205 free boundary conditions, frontal bending modes are shown at the fourth natural 206 frequency, sagittal bending modes at the fifth frequency, torsional mode at the third 207 natural frequency and combined bending modes for the first and second natural 208 frequencies (Table 2). For the diaphysis BC, frontal bending is shown for modes 1 and 209 4, sagittal bending for modes 2 and 5 and torsional bending for mode 3. On the other 210 hand, in the case of the condyle boundary conditions, Table 2 shows front sagittal 211 modes at natural frequencies 1 and 4, frontal bending modes at 2 and 5 and torsional 212 mode at the third natural frequency.

213 The results of the harmonic analysis are shown in fig. 4. It shows the dimensionless dynamic amplification factor, i.e. the vertical displacement vector, versus its 214 corresponding value in a static analysis with the same loading conditions, in a spectral 215 plot, for the different analyzed boundary conditions in the case in which material 216 properties are assigned based on the HU method. As can be observed, the natural 217 frequencies differed in the three cases as well as the amplitude of vibration pointing 218 out the importance (quantitatively and qualitatively) of the boundary conditions 219 220 chosen on the dynamical response obtained (fig. 4).

			Free BC		Diaphysis BC		Condyle BC		Physiological BC	
			Const	HU	Const	HU	Const	HU	Const	HU
	1	ω <sub>1</sub> (Hz)	271	245	111	108	276	222	146	107
		φ1	СВ	СВ	FB	FB	SB	SB	SB	SB
	2	ω₂ (Hz)	310	274	122	119	398	283	269	165
		φ2	СВ	СВ	SB	SB	FB	FB	FB	FB
	3	ω₃ (Hz)	660	567	592	531	468	378	330	240
		ф₃	Т	Т	Т	Т	Т	Т	Т	Т
	4	ω₄ (Hz)	790	703	826	738	775	643	702	483
		φ4	FB	FB	FB	FB	SB	SB	FB	FB
	5	ω₅ (Hz)	814	760	887	861	803	716	782	619
		ф5	SB	SB	SB	SB	FB	FB	SB	SB

Table 2. Summary of the dynamic characteristics of the femur: natural frequencies ω (Hz) and
 associated vibration modes φ. Results are shown for the different analyzed boundary conditions
 (BC): free BC; diaphysis BC; condyle BC; physiological BC and for the two different material
 properties set-ups performed: constant mechanical properties (Const) and Hounsfield units (HU).
 For the modes of vibration, the corresponding vibration plane is specified: frontal bending (FB),
 sagittal bending (SB), combined bending (CB) and torsion (T).



230 but and but







237

Figure 3. Vibration modes (associated to natural frequencies presented in table 2) of femur
 under physiological boundary conditions in the constant mechanical properties set-up. Upper
 part – frontal plane, bottom part – sagittal plane.



Figure 4. Dynamic amplification factor obtained for the condyle, diaphysis and physiological
boundary conditions (BC) analyzed.

- 246 4 Discussion
- 247

248 The aim of the study presented in this paper was to highlight the great differences in the dynamic behavior (i.e. natural frequencies and vibration modes) of bone tissue 249 250 when subjected to different boundary conditions. Differences are given not only 251 referred as the value of natural frequency, but also on the shape of associated 252 vibration modes as well as spectral dynamical behavior. As it can be seen in the results 253 section, a proper selection of boundary conditions in modal analysis of femur is critical 254 in order to establish right conclusions from such a study. On the one hand, free 255 boundary conditions do not really represent actual boundary conditions of bone organ 256 at physiological conditions. Nonetheless, they are commonly used as a benchmark and 257 calibration of modal analysis of bone tissue, or even to establish analogies between bone tissue characteristics and (generic) dynamic behavior, both experimentally and 258 259 numerically [14,20,22-23]. On the other hand, diaphysis boundary conditions at the 260 bone organ are often used in different biomechanical analysis [19]. They are of 261 application when some information of the geometry is missing, or even to alleviate computer resources of finite element analysis. However, as these conditions do not 262 represent physiology of bone organ, they are not of application in a dynamic analysis 263 264 nor can be of application as a model simplification hypothesis given the differences 265 versus other implemented boundary conditions. Condyle boundary conditions are 266 typically prescribed at surrounding locations where bone organ connect to other 267 tissues, i.e. joints. They are used as well in a number of static biomechanical analyses 268 and based on static equilibrium by prescribing displacements at these regions. Analysis 269 and results are then of application far from the area where boundary conditions were 270 applied. Again, condyle boundary conditions are non-physiological ones.

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272 Conclusions taken of diaphysis and condyle boundary conditions for the dynamic case 273 may not be of application at static conditions: in studies which consider static cases, 274 boundary conditions are independently applied to find an equilibrated stress state, 275 and hence equivalent, in the bone organ. Therefore, good fittings are found elsewhere 276 in the literature when results are compared at these situations [31-32]. On the other 277 hand, when the analysis is conducted in a dynamic scenario, results are strongly 278 dependent on boundary conditions, as exposed in the present work, which have a 279 minor importance in static problems.

The estimation of the dynamic characteristics of the human femur may contribute to improve the vibration therapies in bone tissue. For that purpose, physiological boundary conditions were selected as in Speirs et al. [27]. In that study authors conclude that such restrictions allow obtaining physiological levels of femur deflection when subjected to physiological range of forces. The analysis performed by the authors showed that other boundary conditions yielded to unreliable femur head deformations. Physiological boundary conditions are followed in other studies [33-34] and are accepted as a reference for this kind of analysis. The biomechanical analysis presented in Speirs et al. [27] was static and its availability is extended here to the dynamic case. To the best of author's knowledge there is no reliable information about dynamic characteristics of human femur experimentally in order to compare and validate the analysis here presented.

292

293 There are several limitations of the study that should be commented. First, geometry has been taken from a single femur. Results of this study could be generalized using 294 virtual models with different geometries [35]. Secondly, 10 different materials 295 (mechanical properties) are chosen in this study in the HU set-up. According to Pérez & 296 Seral-García [19], no significant resonance frequency changes occurred regardless of the 297 number of material groups chosen. In addition, the effect of other bones and soft 298 tissues of the musculoskeletal system and body on dynamic characteristics has been 299 300 considered indirectly with the boundary conditions analyzed. Of course modeling them 301 directly will dampen the vibration in situ and in vivo. However, this study is only the first step in understanding and dealing with the dynamic behavior of the femur. 302 303 Additional experimental in vivo and in vitro studies are required to validate and 304 improve the numerical modeling started with this study. These tasks are planned as a 305 future work in the context of the present study.

306 The importance of predicting dynamic characteristic of bone tissues and organs has 307 implications in many clinical scenarios. As it was reviewed in the introduction, vibration 308 technique is a trending clinical therapy for bone mass regeneration under 309 circumstances of bone disease such as osteoporosis [36]. There is not still a consensus 310 on the protocol. However, whole body vibration is a promising technique [37-41] in which human body is subjected to cyclic vibration at different amplitudes in a range 311 312 varying from 10-90 Hz [42]. In addition, frequencies in the range of resonance (natural frequency) of bone tissue provide positive outcomes as an alternative clinical therapy 313 314 [43]. For this application, *a-priori* knowledge of bone tissue natural frequency is of critical importance in order to calibrate the setup of the clinical protocol. In a different 315 316 context, knowledge of dynamic characteristics of bone tissues and organs has a great importance in the analysis of dynamic fracture behavior of bone [44] as well as long-317 318 term fatigue response of bone tissue to loads [45].

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#### 323 Conflict of interest statement

No conflict of interest to disclose.

#### 325 References

[1] Nikander R, Kannus P, Dastidar P, Hannula M, Harrison L, Cervinka T, Narra
NG, Aktour R, Arola T, Eskola H, Soimakallio S, Heinonen A, Hyttinen J, Sievänen H.
Targeted exercises against hip fragility. Osteoporos Int. 2009; 20:1321-8.

329 [2] Hsieh YF, Turner CH. Effects of loading frequency on mechanically induced bone330 formation. J Bone Miner Res 2001; 16:918–924.

[3] Zhang P, Su M, Liu Y, Hsu A, Yokota H. Knee loading dynamically alters
 intramedullary pressure in mouse femora. Bone 2007; 40:538–543.

[4] Kameo Y, Adachi T, Hojo M. Effects of loading frequency on the functional
adaptation of trabeculae predicted by bone remodeling simulation. J Mech Behav
Biomed Mater 2011; 4:900–908.

[5] Tanaka SM, Alam IM, Turner CH. Stochastic resonance in osteogenic response to
 mechanical loading. FASEB J 2003; 17:313–314.

338 [6] Warden SJ, Turner CH. Mechanotransduction in the cortical bone is most efficient
339 at loading frequencies of 5–10 Hz. Bone 2004; 34:261–270.

[7] Zhao L, Dodge T, Nemani A, Yokota H. Resonance in the mouse tibia as a predictor
of frequencies and locations of loading-induced bone formation. Biomech Model
Mechanobiol 2014; 13:141–151.

[8] Rubin C, Pope M, Fritton JC, Magnusson M, Hansson T, McLeod K. Transmissibility
of 15-hertz to 35-hertz vibrations to the human hip and lumbar spine: determining the
physiologic feasibility of delivering low-level anabolic mechanical stimuli to skeletal
regions at greatest risk of fracture because of osteoporosis. Spine 2003; 28:2621–2627.

347 [9] Cardinale M, Rittweger J. Vibration exercise makes your muscles and bones
348 stronger: fact or fiction?. J Br Menopause Soc 2006; 12:12-18.

[10] Zhang P, Su M, Tanaka SM, Yokota H. Knee loading stimulates cortical boneformation in murine femurs. BMC Musculoskelet Disord 2006; 7:73.

[11] Ozcivici E, Luu YK, Rubin CT, Judex S. Low-level vibrations retain bone marrow's
osteogenic potential and augment recovery of trabecular bone during reambulation.
PLoS One 2010; 5:e11178.

[12] Grimston SK, Watkins MP, Brodt MD, Silva MJ, Civitelli R. Enhanced periosteal and
 endocortical responses to axial tibial compression loading in conditional connexin43
 deficient mice. PLoS One 2012; 7:e44222.

- 357 [13] Silva MJ, Brodt MD, Hucker WJ. Finite element analysis of the mouse tibia:
  358 estimating endocortical strain during three-point bending in SAMP6 osteoporotic mice.
  359 Anat Rec A Discov Mol Cell Evol Biol 2005; 283:380–390.
- [14] Couteau B, Hobatho MC, Darmana R, Brignola JC, Arlaud JY. Finite element
   modelling of the vibrational behaviour of the human femur using CT-based
   individualized geometrical and material properties. J Biomech 1998; 31:383-386.
- 363 [15] Nikiforidis G, Bezerianos A, Dimarogonas A, Sutherland C. Monitoring of fracture
  364 healing by lateral and axial vibration analysis. J Biomech 1990; 23:323–330.
- [16] González-Torres LA, Gómez-Benito MJ, Doblaré M, García-Aznar JM. Influence of
  the frequency of the external mechanical stimulus on bone healing: a computational
  study. Med Eng Phys 2010; 32:363–371.
- [17] Huang HM, Cheng KY, Chen CH, Lin CT, Lee SY. Design of a stability-detecting
  device for dental implants. Proc Inst Mech Eng H 2005; 219:203–211.
- [18] Wang S, Liu GR, Hoang KC, Guo Y. Identifiable range of osseointegration of dental
   implants through resonance frequency analysis. Med Eng Phys 2010; 32:1094–1106.
- [19] Pérez MA, Seral-García B. A finite element analysis of the vibration behaviour of a
   cementless hip system. Comput Methods Biomech Biomed Engin 2013; 16:1022-1031.
- [20] Khalil TB, Viano DC, Taber LA. Vibrational characteristics of the embalmed human
   femur. J Sound Vibr 1981; 75:417-436.
- [21] Glaser D, Komistek RD, Cates HE, Mahfouz MR. Clicking and squeaking: in vivo
  correlation of sound and separation for different bearing surfaces. J Bone Joint Surg
  Am 2008; 90:112–120.
- [22] Campoli G, Baka N, Kaptein BL, Valstar ER, Zachow S. Relationship between the
  shape and density distribution of the femur and its natural frequencies of vibration. J
  Biomech 2014; 47:3334-3343.
- [23] Pastrav LC, Devos J, van der Perre G, Jaecques SVN. A finite element analysis of
  the vibrational behaviour of the intra-operatively manufactured prosthesis-femur
  system. Med Eng Phys 2009; 31:489-494.
- [24] Weiss C, Gdaniec P, Hoffmann NP, Hothan A, Huber G, Morlock MM. Squeak in hip
  endoprosthesis systems: an experimental study and a numerical technique to analyze
  design variants. Med Eng Phys 2010; 32:604–609.
- [25] Knothe Tate ML, Steck R, Anderson EJ. Bone as an inspiration for a novel class ofmechanoactive materials. Biomaterials 2009; 30: 133-40.

390 [26] Knothe Tate ML. Top down and bottom up engineering of bone. J Biomech 2011;391 44: 304-12.

392 [27] Speirs AD, Heller MO, Duda GN, Taylor WR. Physiologically based boundary
 393 conditions in finite element modeling. J Biomech 2007; 40:2318–2323.

[28] Ward DA, Robinson KP. Osseointegration for the skeletal fixation of limb
prostheses in amputations at the trans-femoral level, in: The Osseointegration Book
from Calvarium to Calcaneus, edited by P-I. Branemark, S. Chien, H-G Grondahl, and K.
Robinson. Berlin: Quintessenz Verlags-GmbH, 2005 pp. 463-476.

- 398 [29] Beaupre GS, Orr TE, Carter DR. An approach for time-dependent bone modeling399 and remodeling-theoretical development. J Orthop Res 1990; 8:651-661.
- 400 [30] Cutnell JD, Johnson KW, Young D, Stadler S. Physics, 10th Edition. Wiley, 2015.

401 [31] Doblaré M, García JM. Application of an anisotropic bone-remodelling model
402 based on a damage-repair theory to the analysis of the proximal femur before and
403 after total hip replacement. J Biomech 2001; 34:1157–1170.

404 [32] Sanz-Herrera JA, García-Aznar JM, Doblaré M. Micro–macro numerical modelling
405 of bone regeneration in tissue engineering. Comput Meth Appl Mech Eng 2008;
406 197:3092-3107.

407 [33] Bayoglu R, Okyar AF. Implementation of boundary conditions in modeling the
408 femur is critical for the evaluation of distal intramedullary nailing. Med Eng Phys 2015;
409 37:1053-1060.

[34] Grassi L, Schileo E, Boichon C, Viceconti M, Taddei F. Comprehensive evaluation of
PCA-based finite element modelling of the human femur. Med Eng Phys 2014;
36:1246-1252.

- [35] Moore SR, Milz S, Knothe Tate ML. The linea aspera: a virtual case study testing
  emergence of form and function. Anat Rec (Hoboken). 2014; 297: 273-80.
- [36] Beck RB. Vibration Therapy to Prevent Bone Loss and Falls: Mechanisms and
  Efficacy. Curr Osteoporos Rep 2015; 13: 381–389.

[37] Pel JJ, Bagheri J, van Dam LM, van den Berg-Emons HJ, Horemans HL, Stam HJ, van
der Steen J. Platform accelerations of three different wholebody vibration devices and
the transmission of vertical vibrations to the lower limbs. Med Eng Phys 2009; 31:937–
944.

421 [38] Rubin C, Turner AS, Bain S, Mallinckrodt C, McLeod K. Low mechanical signals422 strenghen long bone. Nature 2001; 412.

- 423 [39] Kiiski J, Heinonen A, Jarvinen TL, Kannus P, Sievanen H. Transmission of vertical
  424 whole body vibration to the human body. J Bone Miner Res 2008; 23:1318–1325.
- [40] Matsumoto Y, Griffin M. Dynamic response of the standing human body exposed
  to vertical vibration: influence of posture and vibration magnitude. J Sound Vibr 1998;
  212:85–107.
- [41] Crewther B, Cronin J, Keogh J. Gravitational forces and whole body vibration:
  implications for prescription of vibratory stimulation. Phys Ther Sport 2004; 5:37–43.
- [42] Pasqualini M, Lavet C, Elbadaoui M, Vanden-Bossche A, Laroche N, Gnyubkin V,
  Vico L. Skeletal site-specific effects of whole body vibration in mature rats: from
- deleterious to beneficial frequency dependent effects. Bone 2013; 55:69–77.
- [43] Dionello CF, Sá-Caputo D, Pereira HV, Sousa-Gonçalves CR, Maiworm AI, Morel DS,
  Moreira-Marconi E, Paineiras-Domingos LL, Bemben D, Bernardo-Filho M. Effects of
  whole body vibration exercises on bone mineral density of women with
  postmenopausal osteoporosis without medications: Novel findings and literature
  review. J Musculoskelet Neuronal Interac 2016; 16:193-203.
- [44] Nyman JS, Granke M, Singleton RC, Pharr GM. Tissue-Level Mechanical Propertiesof bone contributing to fracture risk. Curr Osteoporos Rep 2016; 14:138-150.
- [45] Matcuk GR, Mahanty SR, Skalski MR, Patel DB, White EA, Gottsegen CJ. Stress
  fractures: Pathophysiology, clinical presentation, imaging features, and treatment
  options. Emerg Radiol 2016; 23:365-375.