## **Application of modeling and experimental** research of the musculoskeletal system in diagnostics and physioprophylaxis

**Robert Michnik** 



AFTER COVID - Popularyzacja nauki i sportu jako element niwelowania konsekwencji pandemii COVID-19

> finansowanego przez MEiN konkursu Społeczna Odpowiedzialność Nauki

Program: **SPOŁECZNA ODPOWIEDZIALNOŚĆ NAUKI** 





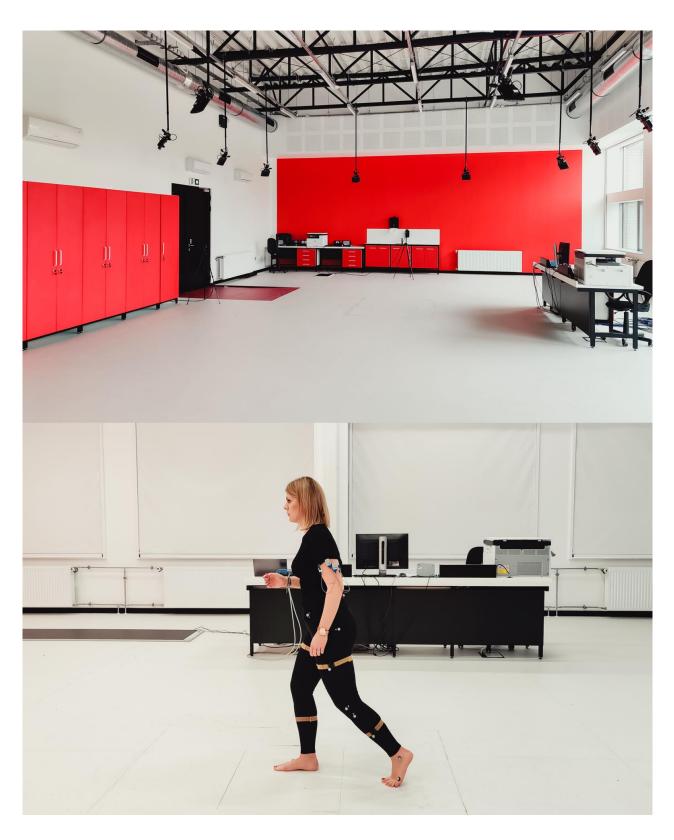




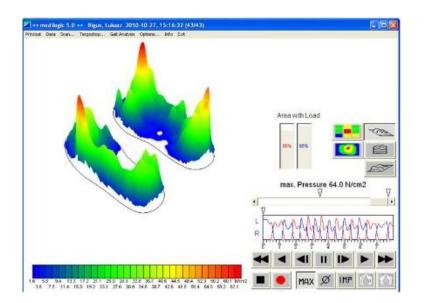


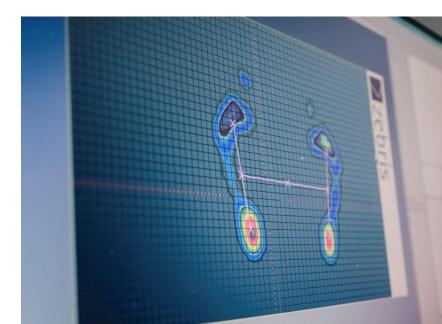


## Laboratory of Biomechanics of the Human Locomotor System



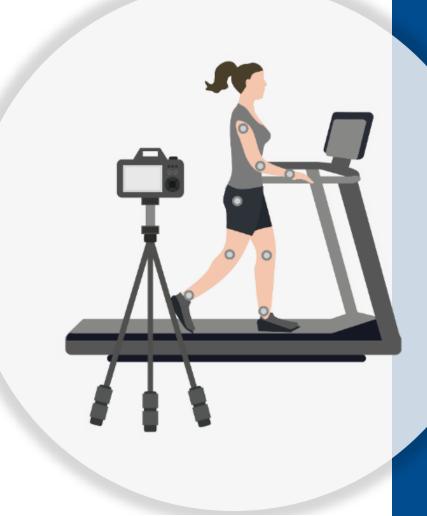




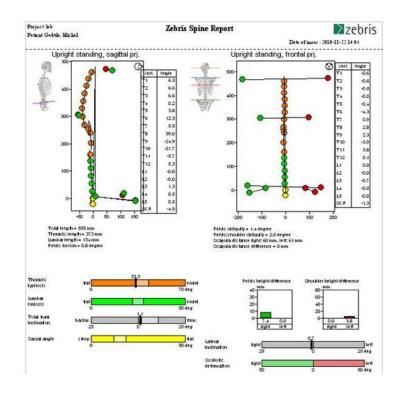






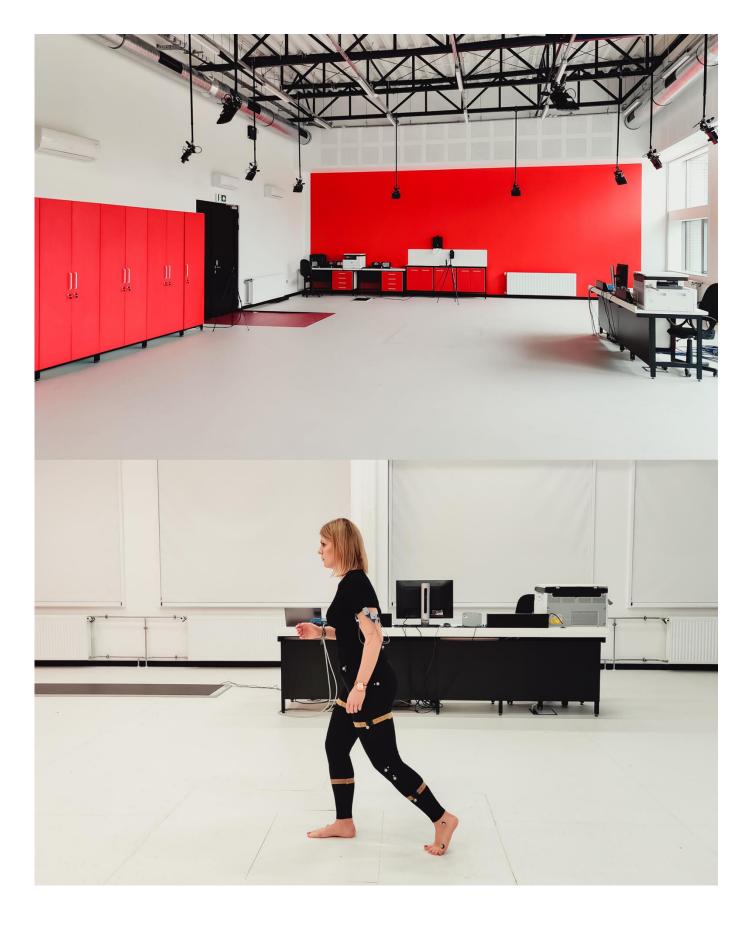






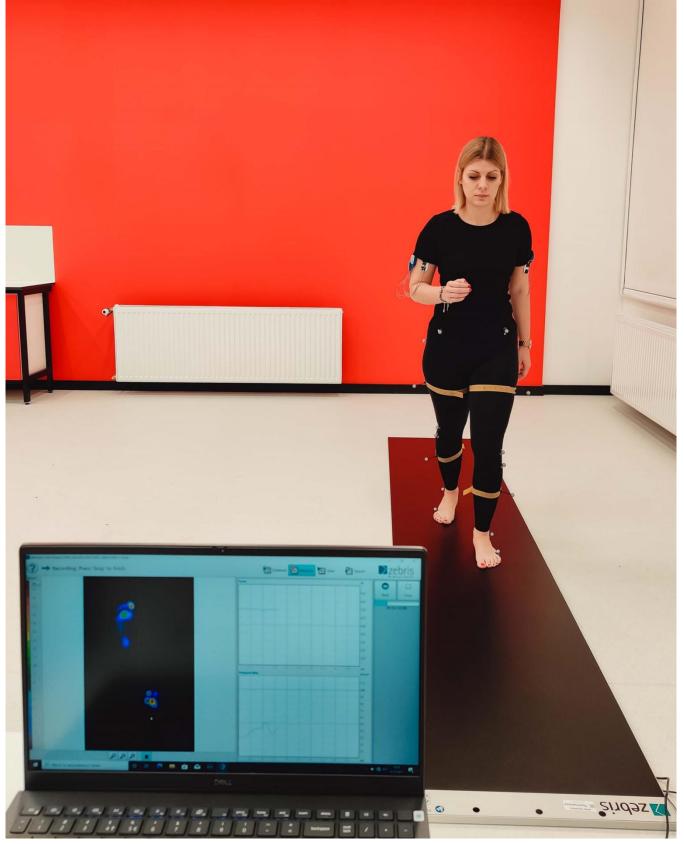


## **European HealthTech Innovation Center Laboratories** - Human Motor System Research Laboratory



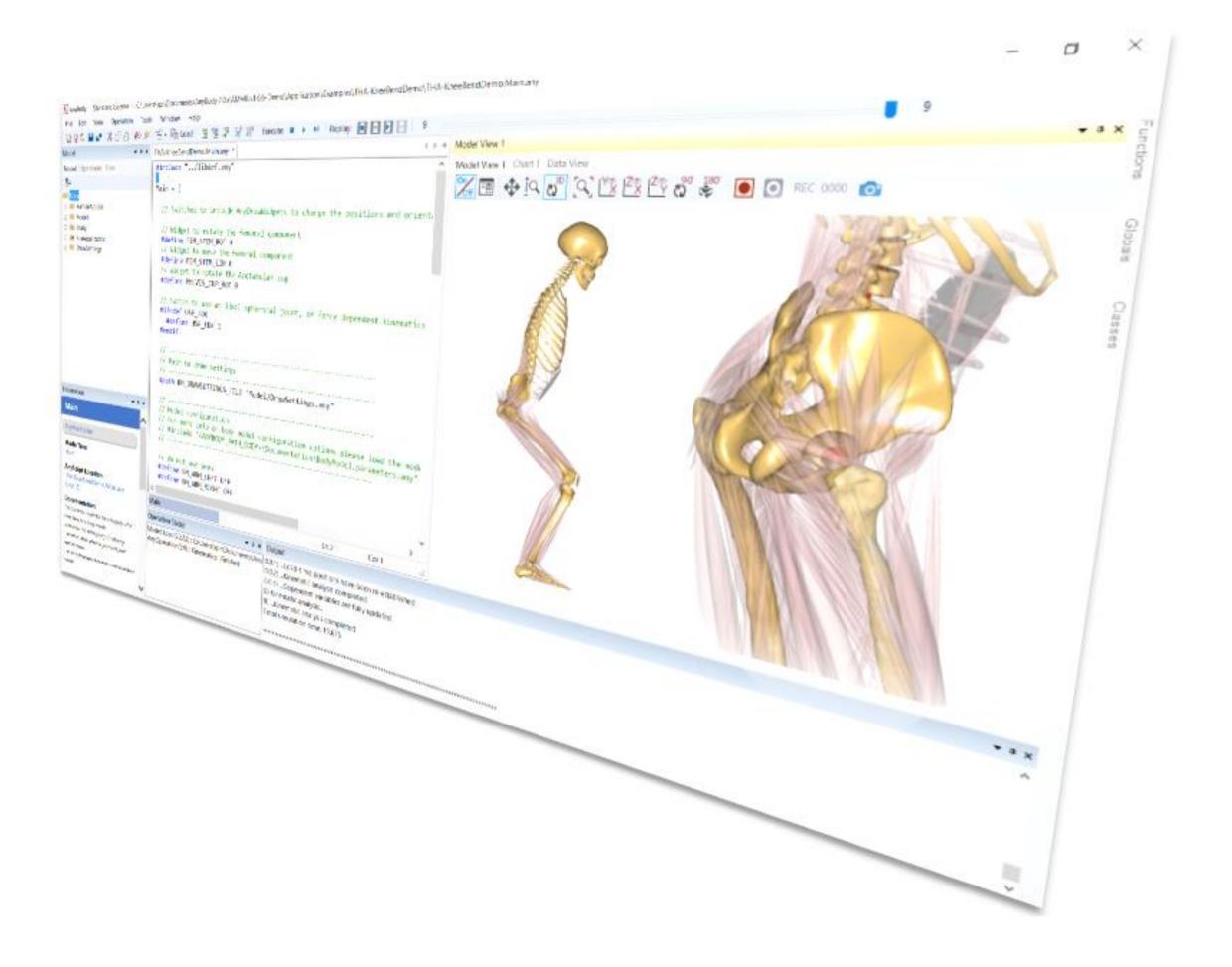








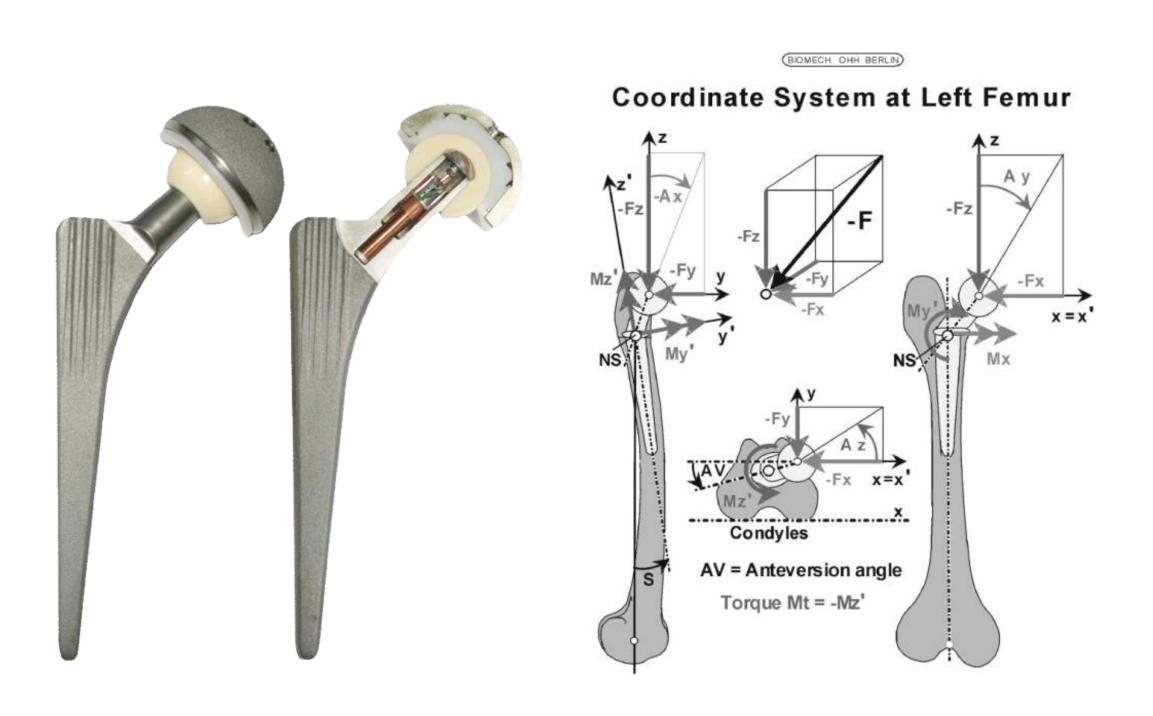


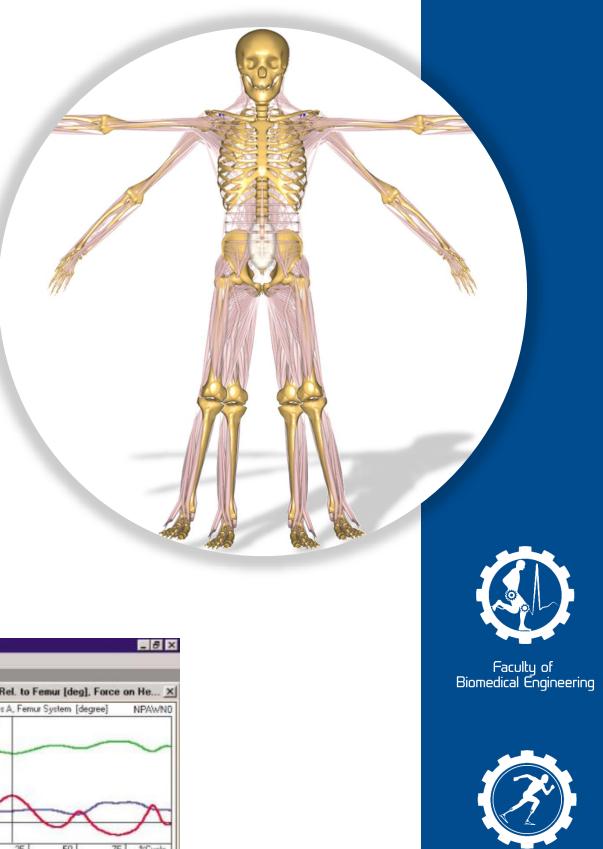


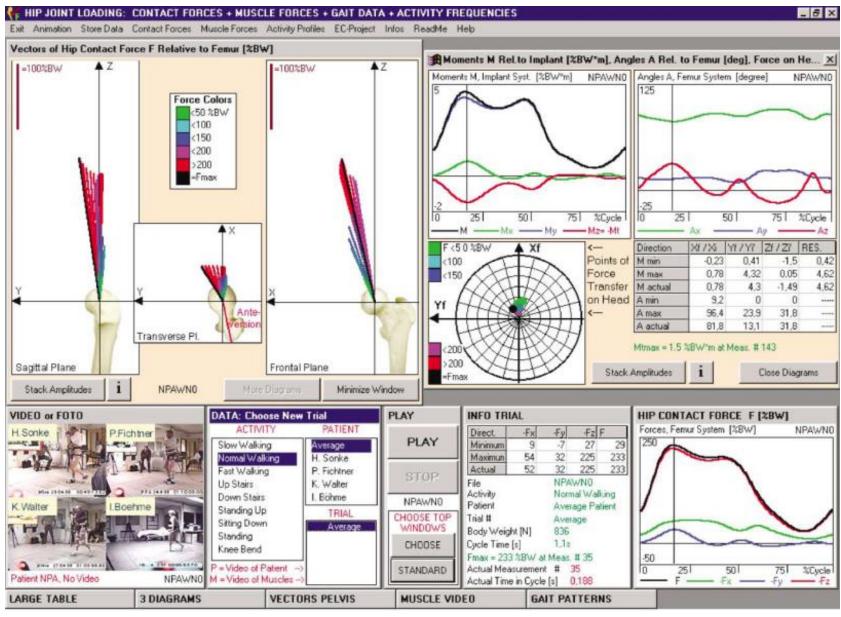


- Computer-aided engineering (CAE) tool for modeling the musculoskeletal system.
- Advanced simulations to calculate:
  - Individual muscle forces.
  - Joint contact-forces and moments.
  - Metabolism.
  - Elastic energy in tendons. •
  - Antagonistic muscle action.
- The AnyBody Managed Model Repository • (AMMR) - open library of components and examples.









## 144 rigid bodies 143 kinematic pairs 240 degrees of freedom

400 muscles

115 118 1120

122

114

124 126

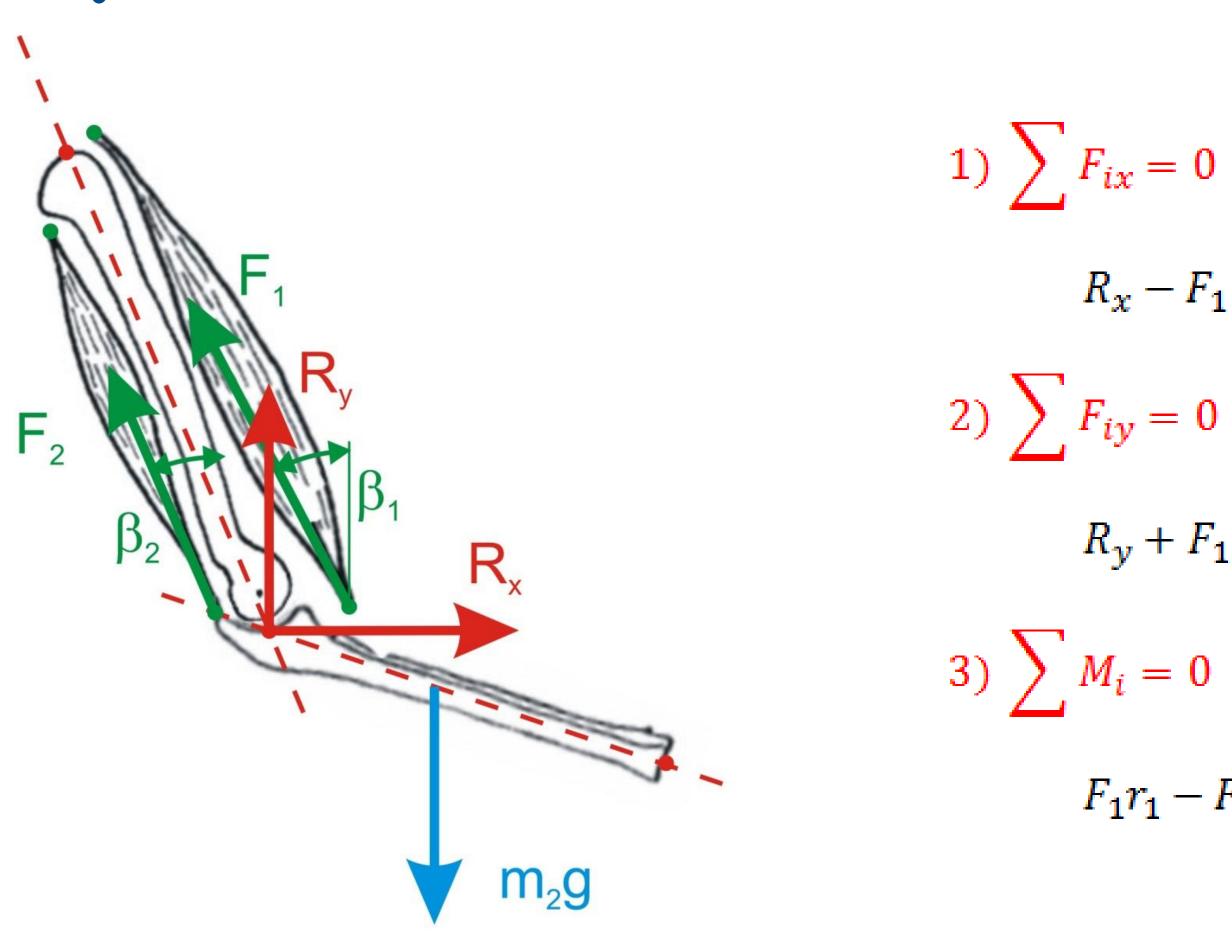


https://www.anybodytech.com/

N







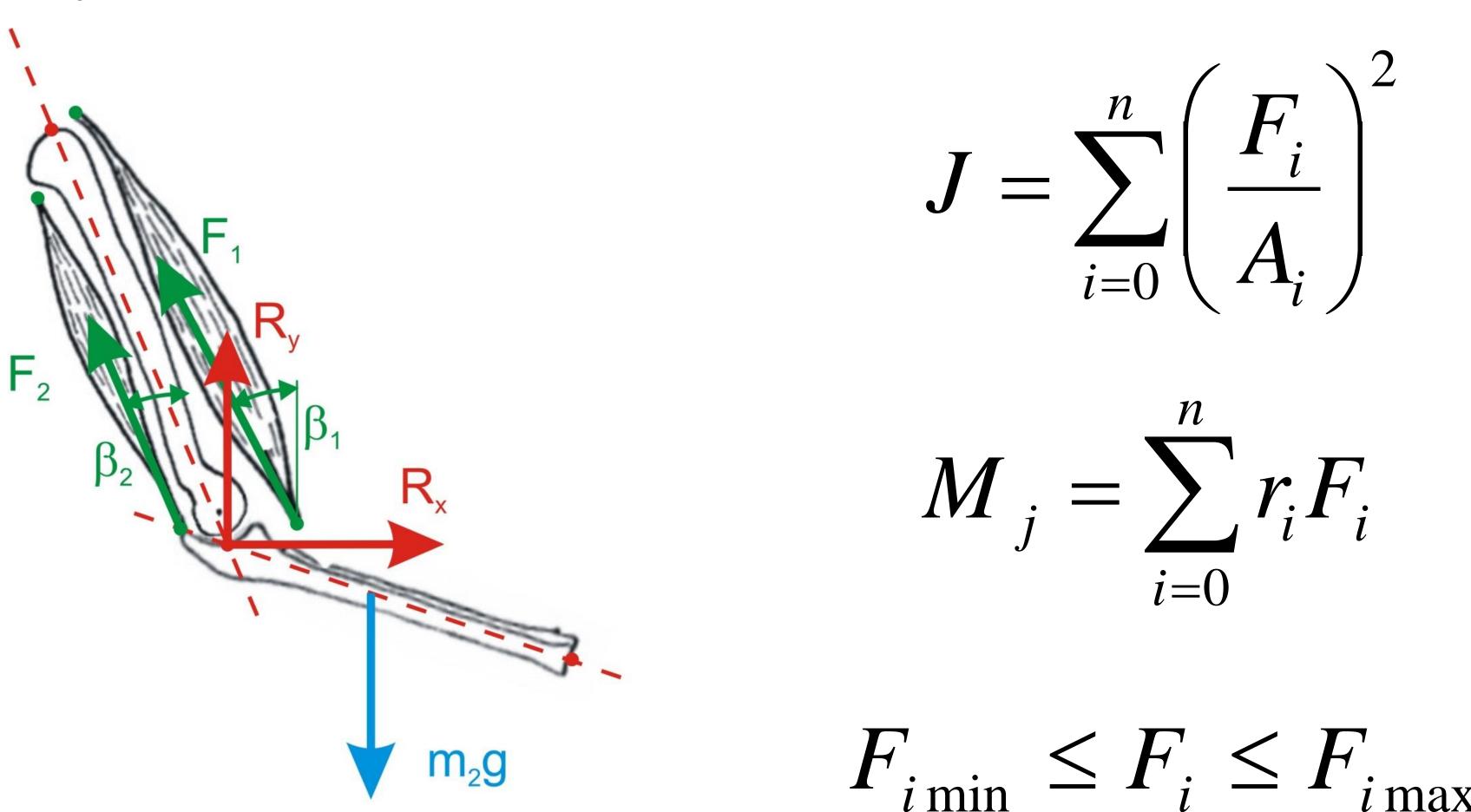


 $R_x - F_1 \sin(\beta_1) - F_2 \sin(\beta_2) = 0$ 

 $R_{y} + F_{1}\cos(\beta_{1}) + F_{2}\cos(\beta_{2}) - m_{2}g = 0$ 

 $F_1 r_1 - F_2 r_2 - m_2 g d_2 \sin(\alpha_2) = 0$ 

https://www.anybodytech.com/



 $F_{i\min} \leq F_i \leq F_{i\max}$ 



#### ANTROPOMETRIC DATA

- Body mass
- Height
- Segments lengths

#### **KINEMATIC DATA**

- Angular values of the joints
- Spatial positions of body segments

#### **INERTIAL PARAMETERS OF BODY SEGMENTS**

- Mass
- Positions of COM
- Moments of inertia

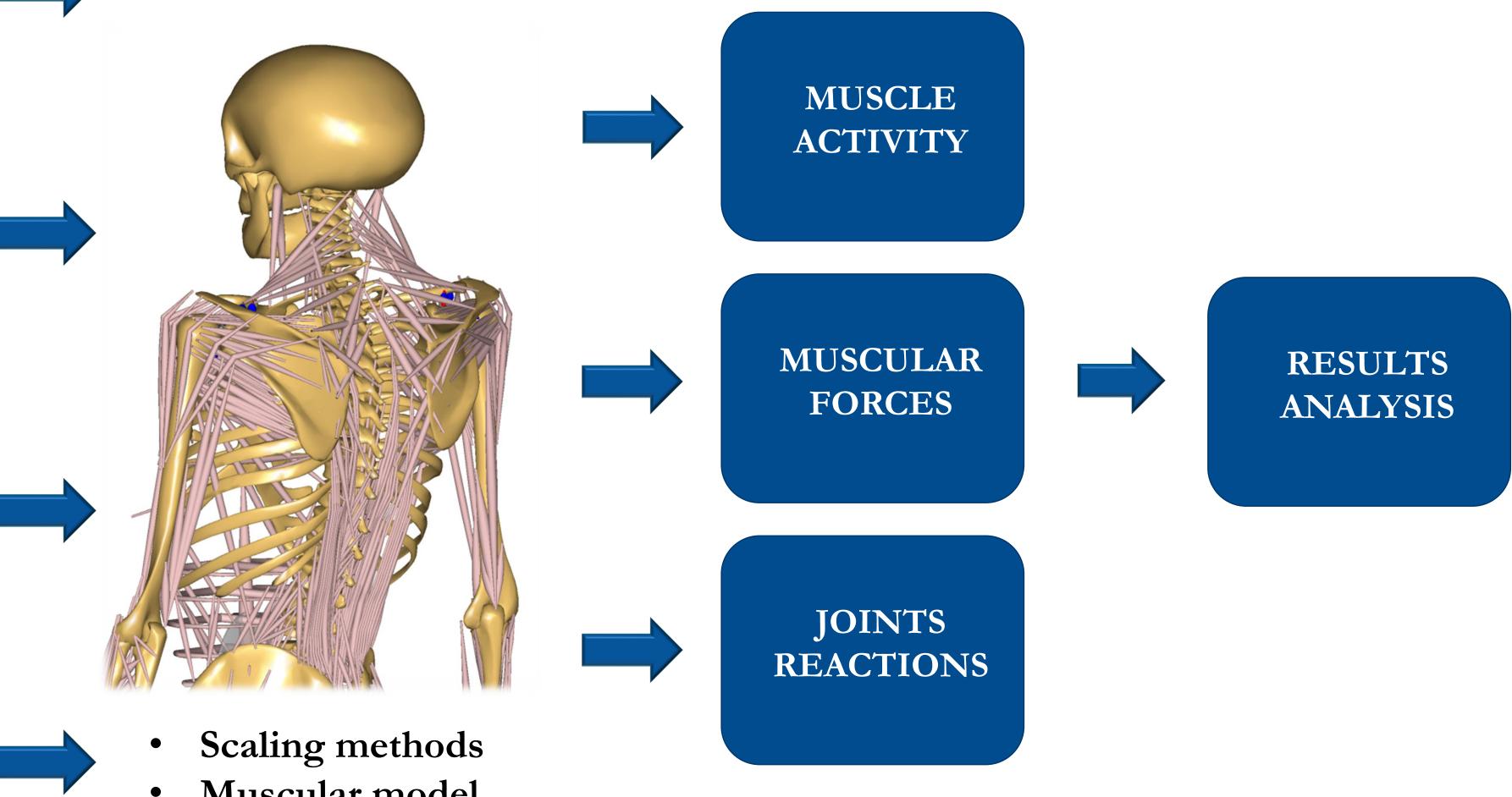
### **EXTERNAL FORCES**

Reactions of forces resulting from contact with other bodies



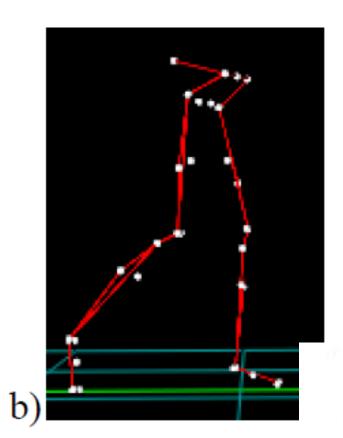
- Muscular model
- **Optimization criterion**

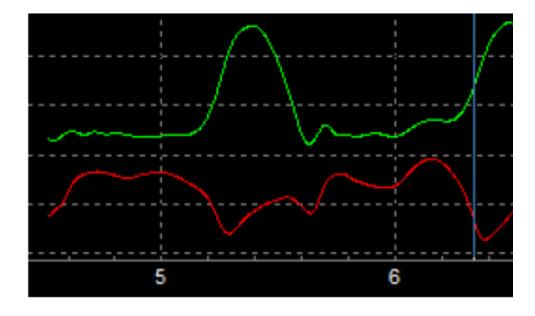
# ANYBODY TECHNOLOGY





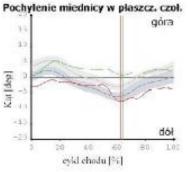
## METHOD FOR DIAGNOSIS AND MONITORING OF THERAPY FOR PATIENTS WITH CEREBRAL PALSY

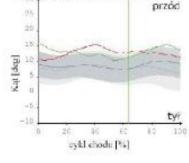




#### PARAMETRY KINEMATYCZNE

Pochylenie miednicy w pł. strzał.



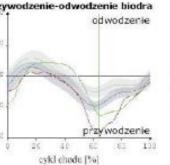


owanie biodra

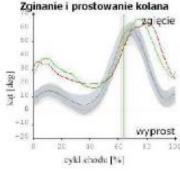
zgięcie

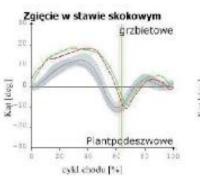
wyprost

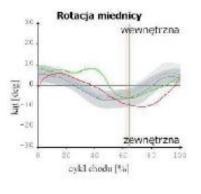
122

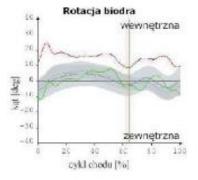


## cykl chodu [%]

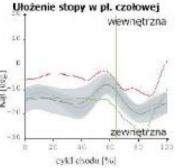






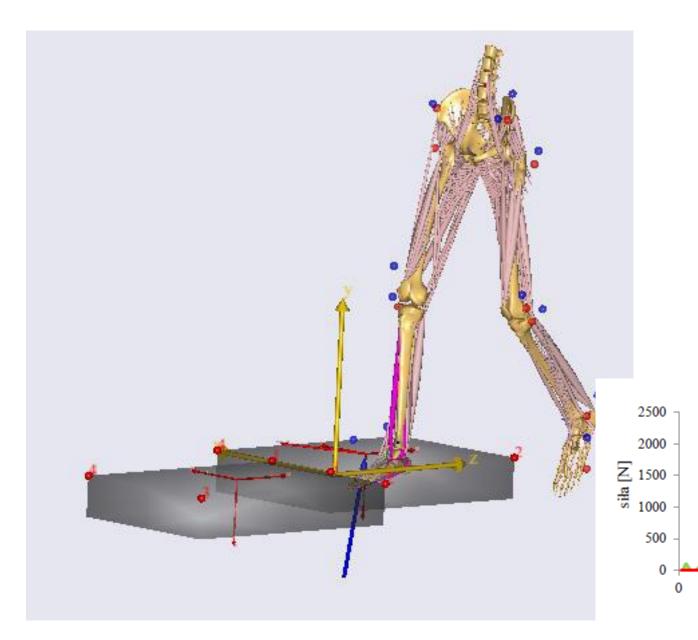


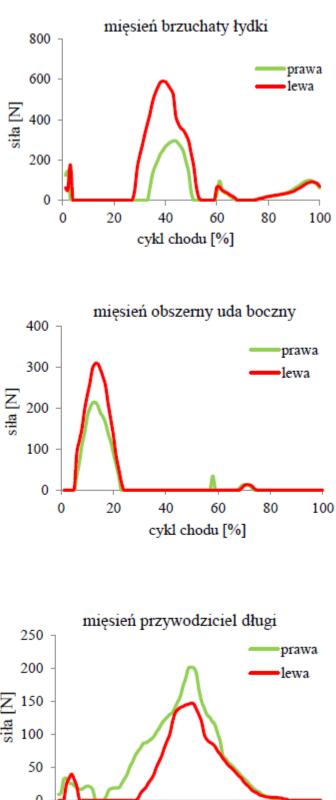




#### Porównanie kończyn prawa lewa

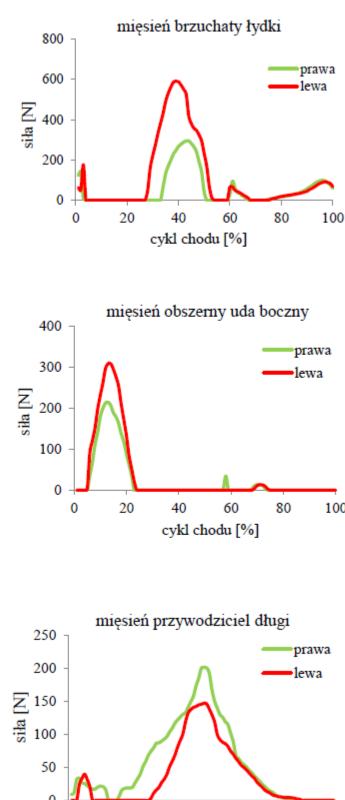
Pochylenie miednicy cz.	4.8	-4.8
Rotacja miedniy	-9.4	9.4
Pochylenie miednicy st.	8.7	8.7
Przywodwodz. biodra	- 4	-10
Rotacja biodra	-2.8	5.8
Zgin, i pros. biodra	37.7	10
Rotacja kolana	-8.2	-18.
Zgin, i pros. kolana	77.1	4.3
Ułożenie stopy	-25,1	.9.8
Zgięcie w stawie skok.	10.6	9,1

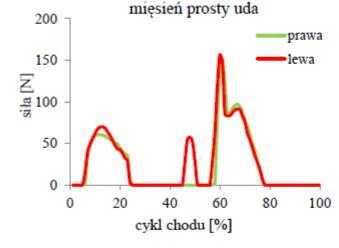




80

100





20

40

cykl chodu [%]

60

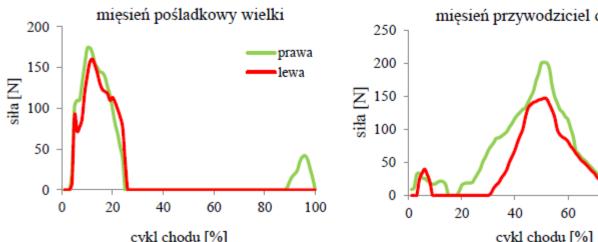
miesień płaszczkowaty

prawa

lewa

80

100



## METHOD FOR DIAGNOSIS AND MONITORING OF THERAPY FOR PATIENTS WITH CEREBRAL PALSY

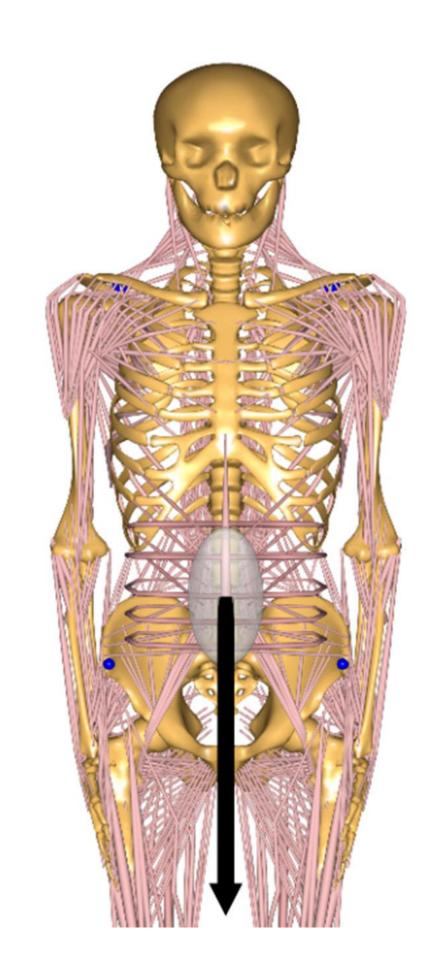
The most important effects of the conducted research include:

- years,
- conducting simulation of numerical loads of the skeletal and muscular system during healthy gait,
- •development of normative courses: muscle forces and reactions in joints acting during walking,
- simulation of numerical loads of the skeletal-muscular system during the gait of patients with cerebral palsy and assessment of the usefulness of this method for diagnosis and monitoring of therapists and,
- new algorithms for assessing gait kinematics have been developed: Gait Cycle Energy Disbursement Index (EE), Gait Kinematics Index (GKI), Global Gait Symmetry Index (GSI) and Gait Variability Profile (GDP)

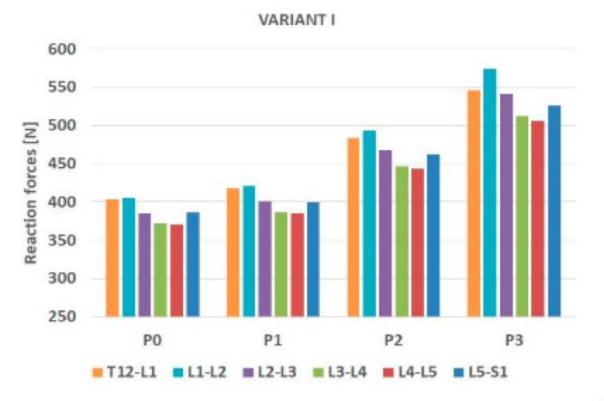
• development of reference gait kinematic data for healthy children aged 7 to 17

## **MULTI-VARIANT SIMULATIONS OF NUMERICAL LOADS OPERATING IN THE LUMBAR SPINE ERGONOMIC ASPECTS OF BODY POSTURE IN PREGNANT WOMEN**





The simulations were performed in relation to two female body models: VARIANT I—taking into account a change in the body mass in the following trimesters of pregnancy; VARIANT II—taking into account a change in the body mass and alignment of individual body segments as a consequence of changing the angle of pelvic inclination in the sagittal plane in the following trimesters of pregnancy.







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