

# Verified and validated finite element analyses of humeri

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## Abstract

**Background:** Although  $\sim 200,000$  emergency room visits per year in the US alone are associated with fractures of the proximal humerus, only limited studies exist on their mechanical response. We hypothesise that for the proximal humeri a) the mechanical response can be well predicted by using inhomogeneous isotropic material properties, b) the relation between bone elastic modulus and ash density ( $E(\rho_{ash})$ ) is similar for the humerus and the femur, and may be general for long bones, and c) it is possible to replicate a proximal humerus fracture in-vitro by applying uniaxial compression on humerus' head at a prescribed angle.

**Methods:** Four fresh frozen proximal humeri were CT-scanned, instrumented by strain-gauges and loaded at three inclination angles. Thereafter head displacement was applied to obtain a fracture. CT-based high order ( $p$ -) finite element (FE) and classical ( $h$ -) FE analyses were performed that mimic the experiments and predicted strains were compared to the experimental observations.

**Results:** The  $E(\rho_{ash})$  relationship appropriate for the femur, is equally appropriate for the humeri: predicted strains in the elastic range showed an excellent agreement with experimental observations with a linear regression slope of  $m = 1.09$  and a coefficient of regression  $R^2 = 0.98$ .  $p$ -FE and  $h$ -FE results were similar for the linear elastic response. Although fractures of the proximal humeri were realized in the in-vitro experiments, the contact FE analyses (FEA) were unsuccessful in representing properly the experimental boundary conditions.

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**Discussion:** The three hypotheses were confirmed and the linear elastic response of the proximal humerus, attributed to stage at which the cortex bone is intact, was well predicted by the FEA. Due to a large post-elastic behavior following the cortex fracture, a new non-linear constitutive model for proximal humerus needs to be incorporated into the FEA to well represent proximal humerus fractures. Thereafter, more in-vitro experiments are to be performed, under boundary conditions that may be well represented by the FEA, to allow a reliable simulation of the fracture process.

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## 1. Introduction

Proximal humerus fractures are common, accounting for 4% to 5% of all fractures in the elderly, with a 7:3 female to male ratio (Court-Brown et al., 2001; Kim et al., 2012). Proximal humerus fractures are the third most common osteoporotic fractures after the femur and the distal radius, with almost 200,000 emergency room visits that occurred in 2008 in the US alone (Kim et al., 2012). One of the common fracture types is a fracture of the proximal humerus, an outcome of falling on an out-stretched arm that may occur during daily activities. Although 80% of shoulder fractures may be treated conservatively (Petit et al., 2009), a wide variety of surgical options are being applied with no quantitative tool available to assist the surgeon to decide whether to operate or not, and if operation is necessary what is the optimal operational strategy.

Despite this necessity, no verified and validated simulations of humeri are available, nor are loading conditions or experimental observations that result in proximal humerus fractures. In (Maldonado et al., 2003), FEA of two humeri under muscles physiological-like loading was presented, in addition to simple compression and torsion tests. Validation by in-vitro experiments was made only for the simple non-physiological loading cases and by means of only two values of stiffness. Finite element models representing physiological loads were also presented in (Clavert et al., 2006), but these were not validated by experiments. In (Varghese et al., 2011), three point bending and torsion experiments were conducted on ten humeri shafts. Only for one humerus a FE analysis was performed that did not mimic a physiologic load.

Regarding the physiological loads on the humerus during daily activities, and specifically

22 for “falling on an out-stretched arm”, these are determined mostly by biomechanical mod-  
23 els applying muscle forces (Karlsson and Peterson, 1992; Dul, 1988; van der Helm, 1994),  
24 measurements in-vivo (Bergmann et al., 2011, 2007; Westerhoff et al., 2009) or kinetics and  
25 kinematics equations while measuring ground reaction force (Hsu et al., 2011; Chou et al.,  
26 2001). Table 1 summarizes the magnitude and directions of loads reported. All configurations  
27 refer to the coordinate system in which the X-axis points anteriorly, Y axially to connect the  
28 humeral head and elbow center (between the medial and lateral epycondyles), and Z laterally  
29 in a plane spanned by the elbow axis and Y-axis (see Figure 1).

30 [Figure 1 about here.]

31 [Table 1 about here.]

32 Inspecting Table 1, one may conclude that during daily life activities the loads on the  
33 humerus act at  $\alpha \sim 35^\circ$ . During falling on out-stretched arm, one may notice that the loads  
34 magnitude calculated by (Hsu et al., 2011; Chou et al., 2001) are lower than those measured  
35 during daily life activities (Bergmann et al., 2011, 2007; Westerhoff et al., 2009). Aside from  
36 the fact that the loads reported in (Hsu et al., 2011; Chou et al., 2001) were not measured  
37 in-vivo, the subjects performed forward falling from low height (to avoid risk of injury) which  
38 resulted in both lower force magnitudes and different upper arm orientations than expected  
39 in an actual fall.

40 High order personalized finite element analyses ( $p$ -FEAs) based on quantitative computed  
41 tomography (QCT) were shown to predict well the mechanical response when compared to  
42 in-vitro experiments for intact and implanted femurs, femurs with metastatic tumors and  
43 even metatarsal bones (Yosibash et al., 2007a,b; Trabelsi et al., 2009, 2011, 2014; Yosibash  
44 et al., 2014).  $p$ -FEAs have many advantages over classical FEAs named  $h$ -FEAs: the  $p$ -FE  
45 mesh is unchanged and convergence of the results is considerably faster as the polynomial  
46 degree is increased in the background, the  $p$ -elements may be much larger and by far more

47 distorted, the numerical error of the  $p$ -FE solution is well estimated and provided, and  
 48 the bone’s surfaces is accurately represented by smooth surfaces. Using similar  $p$ -FEAs we  
 49 hypothesise that for the proximal humeri a) the mechanical response can be well predicted  
 50 by using inhomogeneous isotropic material properties, b) the relation between bone elastic  
 51 modulus and ash density ( $E(\rho_{ash})$ ) is general for long bones, and c) it is possible to replicate  
 52 a proximal humerus fracture in-vitro by applying uniaxial compression at a prescribed angle.  
 53 The specific goals are to determine whether the techniques of assigning mechanical properties  
 54 to  $p$ -FEA (based on CT scans) to femurs are equally well applied to humeri, to validate the  
 55  $p$ -FEA results by experiments that simulate physiological-like loads on fresh frozen humeri,  
 56 and finally to present an experimental system that imposes on a fresh-frozen humerus loading  
 57 conditions that simulate fractures noticed while “falling on an out-stretched arm”. In this  
 58 study we also perform contact analyses using  $h$ -FEA. To evaluate its prediction capabilities  
 59 we compare  $p$ -FEA results to classical ( $h$ -FEA) results for a well defined linear analysis.

## 60 2. Materials and Methods

61 Four human humeri (2 pairs, denoted by FFH1 and FFH2) were frozen shortly after  
 62 death, and were kept at  $-80^{\circ}C$  until the experiment. Donors details are:

	Donor Label	Age (Years)	Height [m]	Weight [Kg]	Gender
63	FFH1	68	1.62	125	Female
	FFH2	51	1.75	77	Female

64 The humeri were cleaned from soft tissues and degreased with ethanol, cut approximately  
 65 260 mm from the top (100 mm below the deltoid tuberosity) and its distal end was fixed into  
 66 a cylindrical metallic sleeve by PMMA, positioned according the coordinate system suggested  
 67 by (Wu et al., 2005), *i.e.* the two epicondyles of the elbow joint are aligned with the humeral  
 68 head center in one plane. The humeri were immersed in water and scanned with  $K_2HPO_4$   
 69 calibration phantoms using a Philips Brilliance 64 CT scanner (Eindhoven, Netherlands - 120  
 70 kVp, 250 mAs, 1.25 mm slice thickness). Axial scan without overlap and pixel size of 0.2

71 mm were used. Ten to twelve uniaxial Vishay C2A-06-125LW-350 strain gauges (SG) were  
72 bonded to the surface, positioned along the expected principal directions. The SGs locations  
73 and general geometrical sizes were taken using a caliber and by photographs, see Figure 2  
74 for typical SG location.

### 75 *2.1. In-vitro experiments*

76 Experiments were conducted on each pair (right and left) at the same day of defrosting.  
77 A uniaxial force was applied at three different angles to the humeri heads. To represent phys-  
78 iological loads during daily activities the force was applied at  $\alpha = 35^\circ$  with an inclination  
79  $\beta = 20^\circ$  also in XY plane (Bergmann et al., 2011). To represent a proximal humerus frac-  
80 ture, two different loads were considered: the original ZY plane (denoted by scapular plane,  
81 in which the scapula and humerus are located anatomically) was rotated by  $24^\circ$  along the Y  
82 axis, and in this new plane loads at  $15^\circ$  and  $20^\circ$  were applied, see Fig. 1 bottom.

83 The load was applied to the femur by a spherical-shaped cup (Figure 2 (b)) made of  
84 PMMA which constrained the movement of the humeri perpendicular to the applied load  
85 direction, thus resulting in forces on the humerus head also perpendicular to the applied  
86 load. The distal part of the humeri was clamped in the metallic cylindrical sleeve.

87 To allow a precise representation of the boundary conditions for the FE analyses in the  
88 elastic range, two of the humeri (FFH2 right and left) were additionally loaded by a flat  
89 low friction plate (Figure 2 (a)). A fracture at the proximal humerus cannot be obtained by  
90 the flat plate loading because of the resulting lateral movement of the head that causes high  
91 stresses at the clamped distal end (fracture would had been obtained at the clamped distal  
92 end).

93 [Figure 2 about here.]

94 Load was applied by a Shimadzu AG-IC machine (Shimadzu Corporation, Kyoto, Japan)  
95 with a load cell of 20kN (precision of  $\pm 0.5\%$ ). Strains, axial force and displacements (hori-  
96 zontal, vertical and vertical to the bone's shaft) of the head were recorded by a Vishay 7000  
97 data-logger. To confirm repeatability, each load was repeated two to five times (loads of 300

98 to 600 N were applied). Loading rate was  $5 \frac{mm}{min}$  while strains and displacements were recorded  
99 at a sampling rate of 128 Hz. To examine bone’s linear elastic response, the results for each  
100 SG at each loading and inclination with the corresponding linear regressions were plotted  
101 and analyzed. The average slope of each SG at each angle was calculated and multiplied  
102 by 800 [N] for comparison with the FE results. The same procedure was performed for the  
103 recorded displacements. Following the compression experiments, vertical displacement was  
104 applied to the humeri using the spherical shaped cup at the 20° configuration, at a rate of  
105  $10 \frac{mm}{min}$  until fracture of the head was observed. The fracture experiment data was recorded  
106 at a sampling rate of 512 Hz.

## 107 2.2. FE analyses

108 FE linear elastic analyses mimicking the experimental flat loading configuration of FFH2  
109 humeri were performed using both high order finite elements ( $p$ -FE) and the classical  $h$ -FE  
110 (Abaqus<sup>1</sup>). To model the spherical shaped cup experiments, contact analyses were performed  
111 using Abaqus. The QCT-based  $p$ -FE models were semi-automatically constructed following  
112 the methods detailed in (Yosibash et al., 2007a,b) and illustrated in Figure 3. A tetrahedral  
113 mesh was created ( $\sim 2500$  elements, avg. length 10 mm) and refined at areas of interest.

114 The  $h$ -FE model construction and material properties assignment is described herein.  
115 Second order tetrahedral elements (between 60,000 to 200,000, avg. length 2 mm)) were  
116 generated automatically. For each model, a file containing the nodes coordinates was exported  
117 from Abaqus and imported to a semi-automated Matlab code assigning to each node a value  
118 of Young’s modulus from the closest point found in the CT data. Using this file, a nodal-wise  
119 temperature field was defined in the model. To assign the heterogenous material properties,  
120 a temperature dependent material was defined by setting the Young modulus to be equal  
121 to the temperature at each node, i.e. 10 different material properties per each tetrahedral  
122 element.

123 [Figure 3 about here.]

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<sup>1</sup>Abaqus is a trademark of Dassault Systèmes Simulia Corp., Providence, RI, USA.

124 *2.2.1. Material properties*

125 For axial loading conditions an inhomogeneous isotropic material assignment to FE mod-  
 126 els well represents the bone’s mechanical response (Yosibash et al., 2007b; Schileo et al.,  
 127 2007; Yosibash et al., 2014).  $K_2HPO_4$  liquid phantoms were scanned with the humeri while  
 128 immersed in water, obtaining the following relations:

$$\begin{aligned} FFH1 : \rho_{K_2HPO_4} [gr/cm^3] &= 10^{-3} \cdot (0.816 \cdot HU + 6) \\ FFH2 : \rho_{K_2HPO_4} [gr/cm^3] &= 10^{-3} \cdot (0.807 \cdot HU - 1.6) \end{aligned} \quad (1)$$

129 Converting  $\rho_{K_2HPO_4}$  to ash density  $\rho_{ash}$  was performed based on (Schileo et al., 2008) and a  
 130 relation between hydroxyapatite and  $K_2HPO_4$  phantoms given in (M.M, 1992):

$$\rho_{ash} [gr/cm^3] = 0.877 \times 1.21 \times \rho_{K_2HPO_4} + 0.08 \quad (2)$$

131 FE models using the  $E(\rho_{ash})$  relations documented in (Keyak et al., 1993) and (Keller, 1994)  
 132 were shown to provide excellent results when comparing to *in-vitro* experiments (see also  
 133 (Yosibash et al., 2014)):

$$E_{cort} = 10200 \cdot \rho_{ash}^{2.01} [MPa], \quad \rho_{ash} \geq 0.486 [gr/cm^3] \quad (3)$$

134

$$E_{trab} = 2398 [MPa], \quad 0.3 < \rho_{ash} < 0.486 [gr/cm^3] \quad (4)$$

135

$$E_{trab} = 33900 \cdot \rho_{ash}^{2.2} [MPa], \quad \rho_{ash} \leq 0.3 [gr/cm^3] \quad (5)$$

136 The relation reported in (Keller, 1994) includes specimens with a wide density range ( $0.092 <$   
 137  $\rho_{ash} < 1.22 [g/cm^3]$ ) while the relation reported in (Keyak et al., 1993) was obtained using  
 138 lower ash densities  $< 0.3 [g/cm^3]$ . Since no exact HU value that distinguishes between  
 139 cortical and trabecular bone regions exists, based on the experience gained in previous work  
 140 on the *femur*,  $HU > 475$  was associated with cortical bone. This threshold value leads to  
 141 different values of Young’s modulus when substituting in (3) and (5). Therefore for any  
 142  $\rho_{ash} < 0.3g/cm^3$ ,  $E$  was determined using (5) and a constant value of 2398 MPa was used  
 143 in the gap created between the two densities.

144 *2.2.2. Boundary conditions and post-processing of FE results*

145 FE models were fully constrained at the distal part of the shaft and a compression force  
146 of 800 N was applied on a planar circular area (1 cm diameter) at the top of the humeri head  
147 at the respective angles ( $15^\circ$ ,  $20^\circ$  and  $35^\circ + 20^\circ$ ) (see top of Fig. 4).

148 [Figure 4 about here.]

149 The  $p$ -FE models were solved by increasing the polynomial degree while monitoring the  
150 convergence in energy norm. In case of poor local convergence, a local refinement and a new  
151 analysis were performed. In addition  $h$ -FE linear and contact analyses to simulate the flat  
152 load were performed. For the contact analyses, normal displacement was applied to a flat  
153 plate above the humerus head until a reaction force of 800 N was obtained. Mesh refinement  
154 was performed until convergence in local values of interest was obtained.

155 To mimic the experiments performed with the spherical shaped cup, contact analyses  
156 were performed using Abaqus. A CAD model of the spherical shaped cup was imported into  
157 Abaqus and positioned above the bone's model to mimic the experimental configuration. A  
158 normal displacement was applied to its upper surface until the desired reaction force measured  
159 in the experiment was obtained.

160 The average strain was extracted from FE results along pre-determined curves indicating  
161 the SGs locations, whereas displacements were extracted at nodes. Since uni-axial SGs were  
162 used in all experiments, the FE strain component was considered in the direction coinciding  
163 with the SG direction, usually aligned along the local principal strain directions ( $E_1$  or  $E_3$ ).  
164 If the SG was found not to align with the principal strain, a local system was positioned and  
165 the strain value was extracted in the new system.

166  $p$ -FEMs were proven in former studies to accurately predict the mechanical response of  
167 bones (Yosibash et al., 2007b; Trabelsi et al., 2011, 2014; Yosibash et al., 2014). Contact  
168 algorithms are unavailable in the  $p$ -FE solver thus for contact analyses the  $h$ -FE solver Abaqus  
169 was used. To evaluate the accuracy of Abaqus results, a comparison between the FE results  
170 from both solvers was made for the models loaded by the flat plate.



171 The predictability of the finite element analyses was examined by comparing the FEA  
 172 results with the experimental observations. Statistical analysis is based on a standard linear  
 173 regression, where a perfect correlation is evident by a unit slope, a zero intercept and a unit  
 174  $R^2$  (linear correlation coefficient). The results are shown also in a Bland-Altman error plot  
 175  $((EXP - FE), \frac{EXP - FE}{2})$ . The mean error, absolute mean error and root mean square error  
 176 (RMSE) were also calculated:

$$\text{Mean Error} = \frac{100}{N} \sum_{i=1}^N \frac{(Exp(i) - FE(i))}{Exp(i)} \quad [\%] \quad (6)$$

$$\text{Mean absolute Error} = \frac{100}{N} \sum_{i=1}^N \left| \frac{(Exp(i) - FE(i))}{Exp(i)} \right| \quad [\%] \quad (7)$$

$$\text{RMSE} = \sqrt{\frac{1}{N} \sum_{i=1}^N (Exp(i) - FE(i))^2} \quad (8)$$

177

### 178 3. Results

#### 179 3.1. Experimental observations

180 Strains and displacements recorded during the experiments with the flat punch (excluding  
 181 the experiment to fracture) showed a linear relationship with the applied load applied until  
 182 800N.

183 Force-strain response at SGs close to fracture location in the experiments to fracture ( $20^\circ$   
 184 inclination with the spherical shaped cup) becomes non-linear, as expected, as the applied  
 185 displacement on the humerus head increases. Fracture locations (pointed by white arrows)  
 186 and the applied force vs. largest measured strain are presented in Fig. 5.

187

[Figure 5 about here.]

188 *3.2. FE results compared to experimental observations*

189 All FE models of FFH2 humeri loaded by a flat plate converged to less than 6% relative  
 190 error in energy norm at  $p = 8$ . For example, the principal strain  $\epsilon_3$  at 800N for one of  
 191 the humeri at three loading inclinations is presented in Fig. 4. Because the FE models  
 192 were clamped, smaller FE displacements (by a factor of about 2) were obtained compared  
 193 to measured displacements. This is because the part of the bone imbedded in PMMA, and  
 194 the jig it was fixed to, underwent elastic displacements. Thus FE displacements were not  
 195 compared to the measured ones. Linear regression and Bland-Altman plots for FFH2 humeri  
 196 loaded by a flat plate are presented in Fig. 6. The mean error (6), mean absolute error (7)  
 197 and the root mean square error (8) are:

198

Inclination	FFH2L			FFH2R		
	Mean Error [%]	Absolute Mean Error [%]	RMSE [ $\mu strain$ ]	Mean Error [%]	Absolute Mean Error [%]	RMSE [ $\mu strain$ ]
15°	-3.9	9.2	127	-6.7	17.3	270.7
20°	-5.6	16.2	166	-12.7	21.9	393.3
35°	-6.2	16.5	453	-5	18.2	678.1
Total	-5.2	13.9	278.5	-8.3	19.1	471.9

200 [Figure 6 about here.]

201 Contact analyses performed to mimic the fracture experiments were not comparable to experimental  
 202 observations. As shown in Fig. 7 the computed contact area on the humeral heads did not correspond to these  
 203 in experiments. Therefore, the direction and location of the applied load on the humeri in the experiments  
 204 cannot be determined by a contact FE analysis performed. Thus we cannot compare the predicted strains  
 205 at fracture with the experimental observations.

206 [Figure 7 about here.]

207 *3.3. p-FEA vs h-FEA*

208 To evaluate the accuracy of classical  $h$ -FEAs compared to  $p$ -FEAs, three flat loading configurations of one  
 209 humerus (FFH2L) were also computed by linear elastic analyses in Abaqus. The  $h$ -FE mesh consisting of

210 209953 second order tetrahedral elements and 902037 DOF compared to the  $p$ -FE mesh containing 2767  
211 elements and 758280 DOF are shown in Figure 4. The model that represents FFH2L loaded at  $35^\circ$  by a  
212 flat plate was also solved by a contact analysis considering the frictionless contact between the plate and the  
213 humerus. An excellent linear correlations between  $h$  and  $p$  linear analyses for FFH2L was obtained with a  
214 slope of 0.987 and  $R^2 = 0.994$ .

## 215 4. Discussion

216 The ability to compute the strength and stiffness of humeri can serve as a valuable tool for an orthopedic  
217 surgeon for diagnosis and treatment desicions. The necessity of surgical intervention and type of intervention  
218 could be determined using quantitative predictions rather than educated assessments, X-ray examinations  
219 or surgeon’s experience. The use of CT-based patient specific FEA to predict bones’ mechanical response is  
220 extensively examined in the last decade, mostly on femurs (Schileo et al., 2007; Trabelsi et al., 2009, 2011;  
221 Yosibash et al., 2014). This study is aimed at investigating whether the methods validated for femurs may  
222 be applied to predict the mechanical response of the proximal humeri.

223  $E(\rho_{ash})$  relationship (3)-(5) derived for femurs and used in FEAs of femurs (Yosibash and Trabelsi,  
224 2012; Yosibash et al., 2014) were shown to well predict the linear elastic response of humeri. The predicted  
225 strains showed an excellent correlation with the experimental measurements (based on two specimens), with  
226 a linear regression slope of  $m = 1.09$  and a correlation coefficient  $R^2 = 0.98$ . For comparison, for 17 femurs  
227 using similar  $E(\rho_{ash})$  relations  $m = 0.961$  and  $R^2 = 0.965$  were obtained (Yosibash and Trabelsi, 2012). An  
228 example of the predicted principal compression strains in the humerus (at  $15^\circ$  loading) and the distribution  
229 of the ash density is shown in Fig. 8.

230 [Figure 8 about here.]

231 Unlike in femurs, the humerus head has a much thinner outer cortical shell. We observed that the  
232 trabecular zone of the humeri we scanned had a very low Young modulus which is mostly homogenous  
233 distributed. This suggests that the fracture may be mostly affected by strains in the cortex due to the  
234 change of curvature in the head-shaft intersection.

235 Classical  $h$ -FEA was compared to  $p$ -FEA for one humerus at three loading inclinations.  $p$ -FEAs have a  
236 major advantage over  $h$ -FEA because the error in the numerical results is intrinsically obtained and is much  
237 more efficient. For example, to obtain 10% relative error in energy norm,  $\sim 150,000$  DOF were required for  
238 the  $h$ -FE model compared to  $\sim 50,000$  for the  $p$ -FE model. It is also important to realize that local data of  
239 interest as the strains converge much faster and more monotonically using  $p$ -FEMs compared to  $h$ -FEMs as

240 clearly shown in Fig. 9. Although at the "end of the day", both  $h$ - and  $p$ -FE methods match closely if the  
241 number of DOF is high enough,  $p$ -FEMs allow intrinsic quantification of numerical errors which  $h$ -FEMs do  
242 not.  $h$ -FE analyses of humeri presented in (Maldonado et al., 2003; Clavert et al., 2006; Varghese et al., 2011)  
243 do not present any verification of the numerical results. In (Maldonado et al., 2003) the proximal humeri  
244 FE mesh contained about 150,000 DOF and in (Clavert et al., 2006) the proximal third of the humerus was  
245 meshed with more than 200,000 elements but none report verification of the numerical results.

246 [Figure 9 about here.]

247 An in-vitro experimental configuration that may induce proximal humeri fractures was demonstrated. Up  
248 to  $-5000\mu strain$  were measured at fracture's surface (Fig. 5). Since the fracture-experiments are displace-  
249 ment controlled, one can identify a large range of post-elastic (nonlinear) behavior, especially for FFH1L. To  
250 the best of our knowledge this is the first published set of experiments that replicate in-vitro fractures of the  
251 proximal humerus.

252 Attempting to apply contact boundary conditions in the FEA to replicate the sphere-shaped cup loading  
253 showed a high sensitivity of the results to small variations in the applied load location and direction (deter-  
254 mined by the contact analysis). Furthermore, the contact analysis resulted in a force direction and location  
255 which does not coincide with these observed in the experiments. The reasons for this discrepancy can be:  
256 a) Insufficient accuracy of the geometry of the humerus FE model constructed from the CT-scan (which is  
257 necessary when addressing contact between two surfaces). b) The thin layer of cartilage covering the humeral  
258 head that may incorrectly represent the exact location where the load is being applied. c) Lack of a post-  
259 elastic constitutive model that may dramatically change the FE predicted mechanical response compared to  
260 the linear elastic response. In an attempt to allow a reliable simulation of the post-elastic response of the  
261 proximal humerus that well represents the fracture etiology (postulated to occur once the cortex fractures)  
262 a new constitutive model must be developed and a new experimental system should be designed that will  
263 allow a precise determination of the applied force.

264 There are several limitations to the present study: a) The applicability of inhomogeneous isotropic  
265 material properties was investigated for a simplified compression boundary condition. A more complex loading  
266 may require more realistic orthotropic material properties (as the orthotropic properties given in (Grande-  
267 Garcia, 2012)). b) The distal part of the bone embedded in PMMA constrained by a metallic cylinder  
268 was modeled as fixed. This simplification resulted in poor agreement between measured and computed  
269 displacements. c) The physiological loads exerted on the proximal humerus by the muscles during a fracture  
270 are unavailable, and were assumed to be negligible compared to the uniaxial compression load applied by the  
271 scapula on humerus' head.

272 We conclude that: a) The linear elastic response of the proximal humerus can be predicted by FEA  
273 using inhomogeneous isotropic material properties, b) The relation between bone elastic modulus and ash  
274 density ( $E(\rho_{ash})$ ) is similar for the humerus and the femur for the elastic regime, and c) Proximal humerus  
275 fractures can be replicated in-vitro by applying uniaxial compression on humerus' head, showing a large post-  
276 elastic behavior following the cortex fracture, thus possibly a new non-linear constitutive model for proximal  
277 humerus needs to be incorporated into the FEA.

### 278 **Conflict of Interest**

279 None of the authors have any conflict of interest to declare that could bias the presented work.

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Table 1: Summary of humerus loads as found in the literature

Reference	Method	Task	Force magnitude		Force direction	
			N	%BW	$\alpha$	$\beta$
Van der-Helm (1994)	3-D biomechanical model	90° flexion	182	-	-	-
		90° abduction	458	-	-	-
Dul (1988)	2-D biomechanical model	87° abduction	-	43	-	-
Karlsson & Peterson (1992)	3-D biomechanical model	60° abduction	650	-	-	-
Bergmann et al. (2007)	in-vivo measurement (Shoulder implant)	90° flexion (no weight)	764	78	-	-
		90° flexion (2 Kg in hand)	1254	128	14°	26°
Bergmann et al. (2011)	in-vivo measurement (Shoulder implant)	90° flexion (2 Kg in hand)	1050	120	32°	19°
		90° abduction (2 Kg in hand)	1125	132	29°	23°
Westerhoff et al. (2009)	in-vivo measurement (Shoulder implant)	Different daily activities	560-980	75-130	-	-
Chou et al. (2001)	Calculations using GRF	FOOSA-extended elbow	303	44.6	12°	28°
		FOOSA-flexed elbow	377	55.5	17°	38°
Hsu et al. (2011)	Calculations using GRF	FOOSA	423	59	15°	22°

GRF-Ground reaction force. FOOSA-Fall on out-stretched arm.

$\alpha$ - angle of the force in YZ plane.  $\beta$ - angle of the force in XY plane.



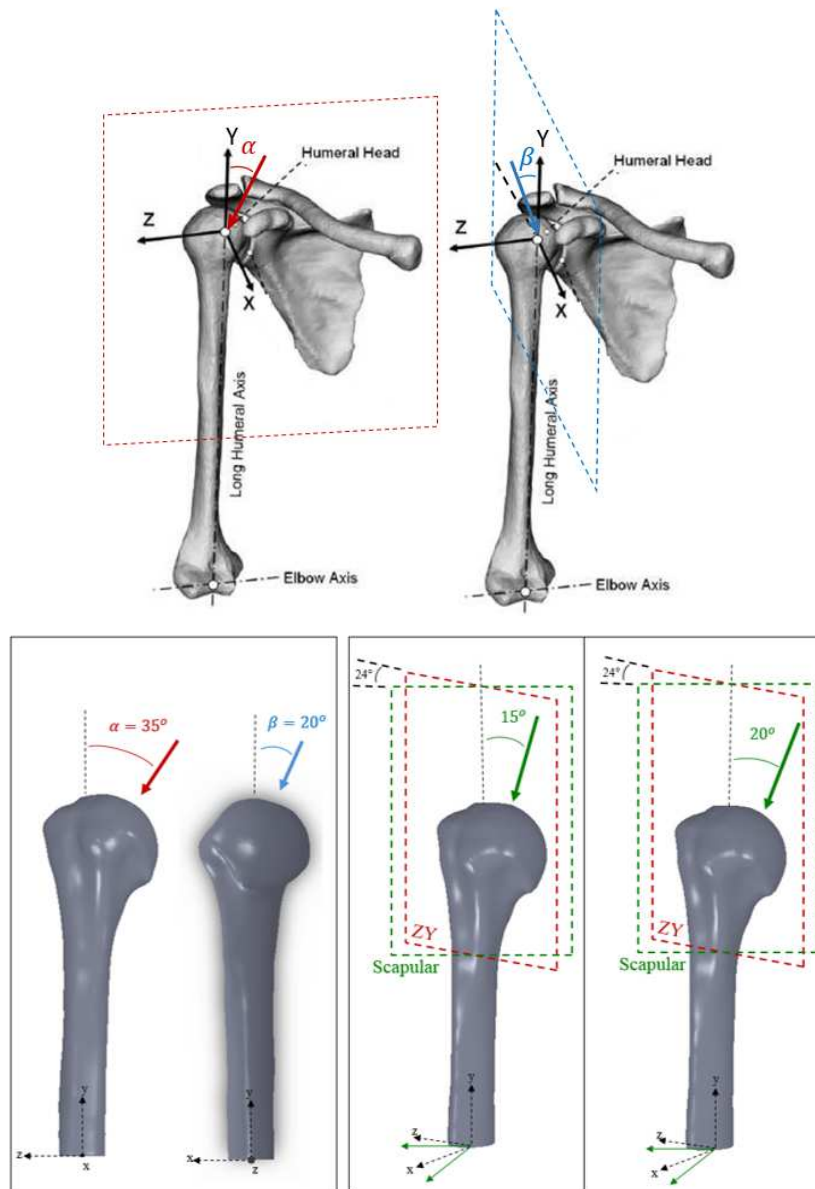


Figure 1: Top: Humerus coordinate system as suggested by (Wu et al., 2005),  $\alpha$  is the angle in YZ plane,  $\beta$  is the angle in XY plane. Bottom: Experimental loads on the proximal humerus. At  $\alpha = 35^\circ, \beta = 20^\circ$  and at  $15^\circ$  and  $20^\circ$  inclinations (loads acting in the scapular plane).

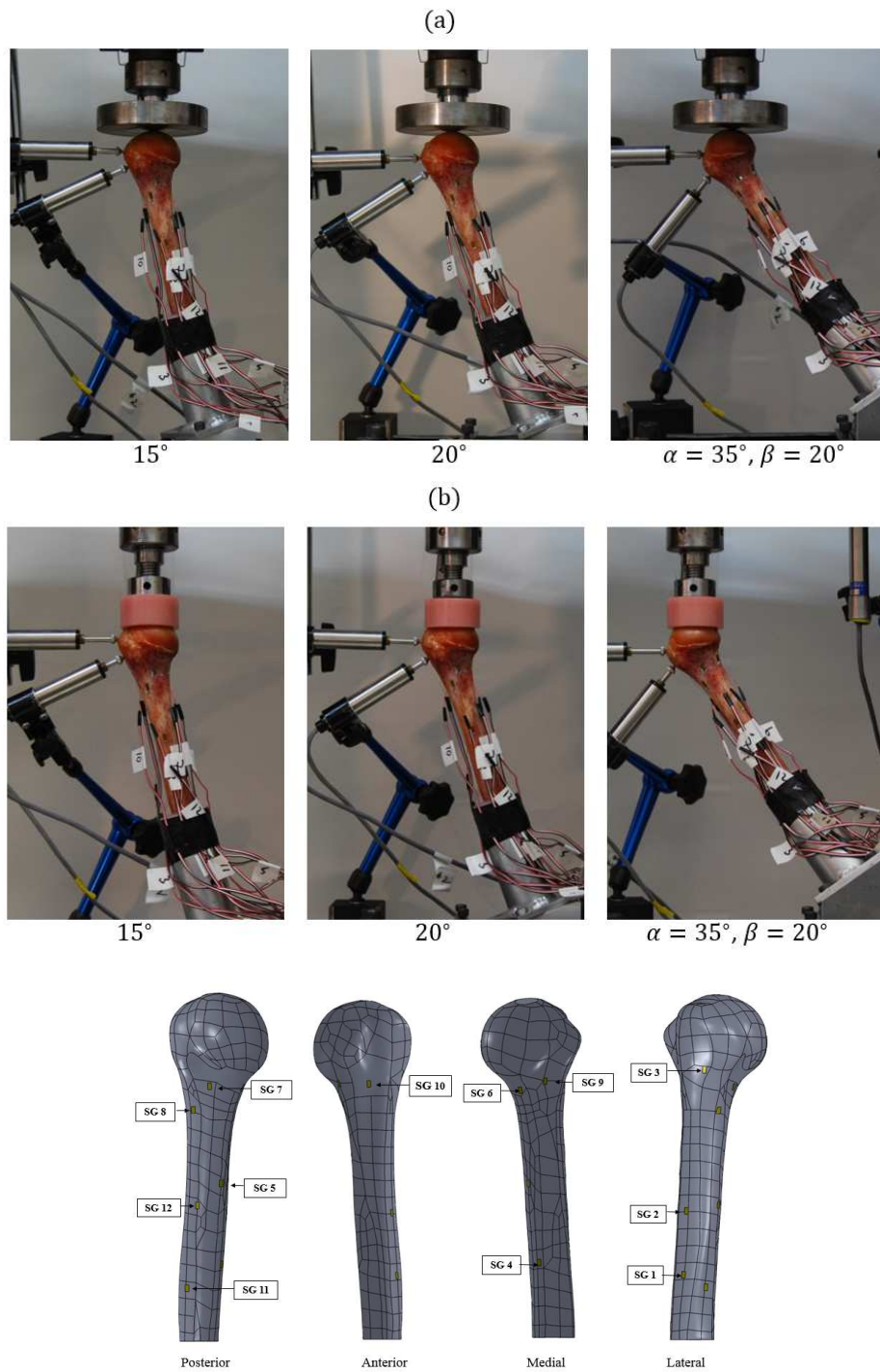


Figure 2: Top two figures: Experimental typical loadings using (a) a flat plate and (b) a conical shaped cup. Bottom: Left humerus showing typical SGs locations.

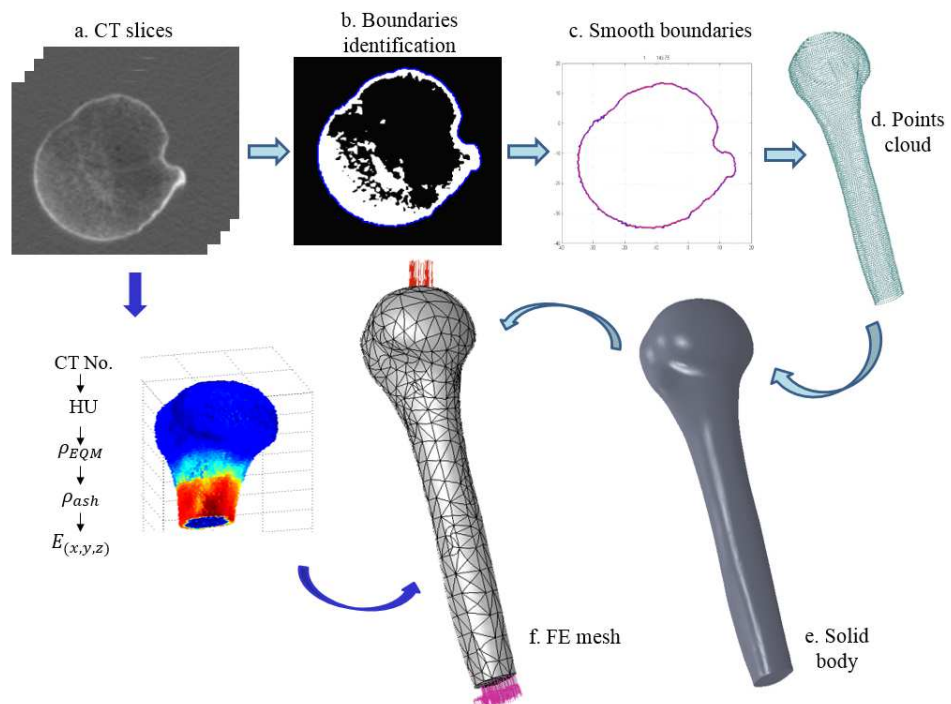


Figure 3: Schematic flowchart describing the generation of the FE model from QCT scans.

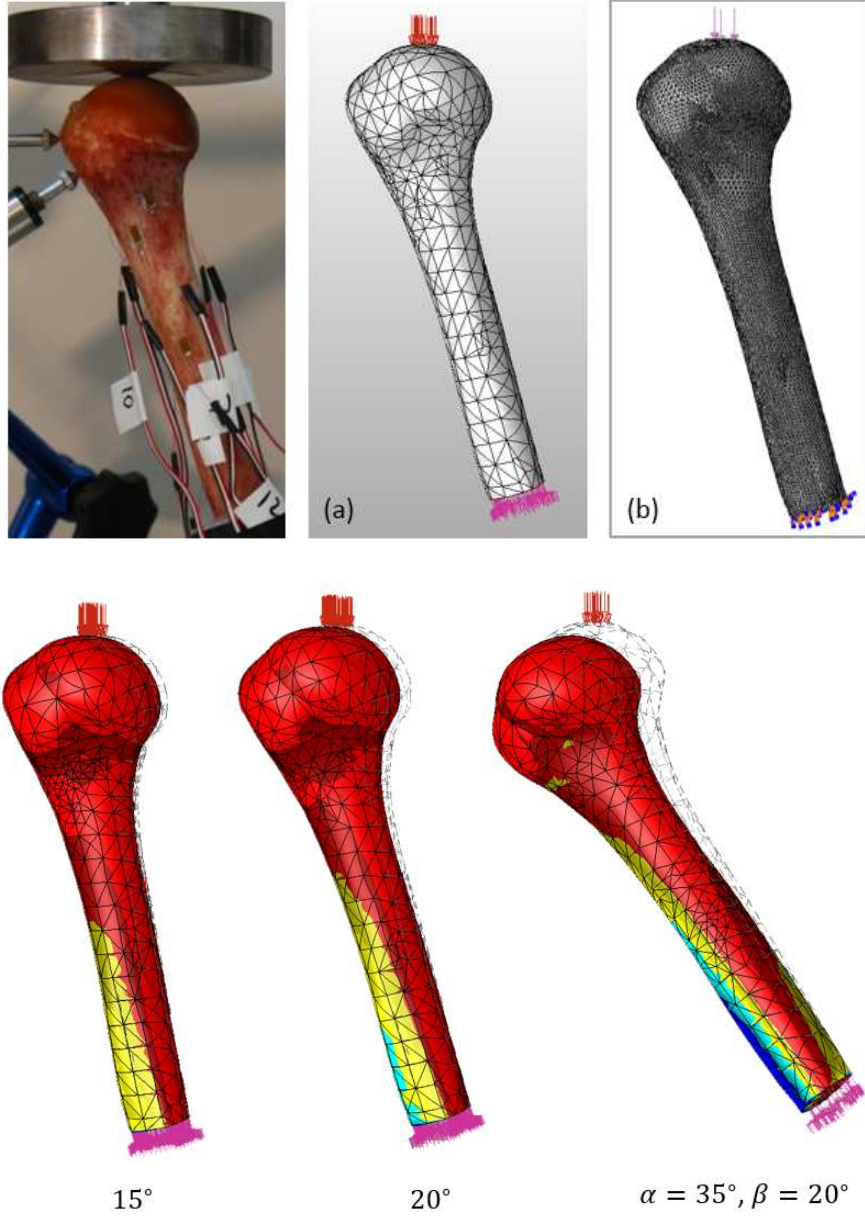


Figure 4: Top: FFH2L-20° flat plate loading- experiment, (a)  $p$ -FE model and (b)  $h$ -FE model. Bottom: Principal strain  $\epsilon_3$  at 800N computed by  $p$ -FEA for FFH2L.

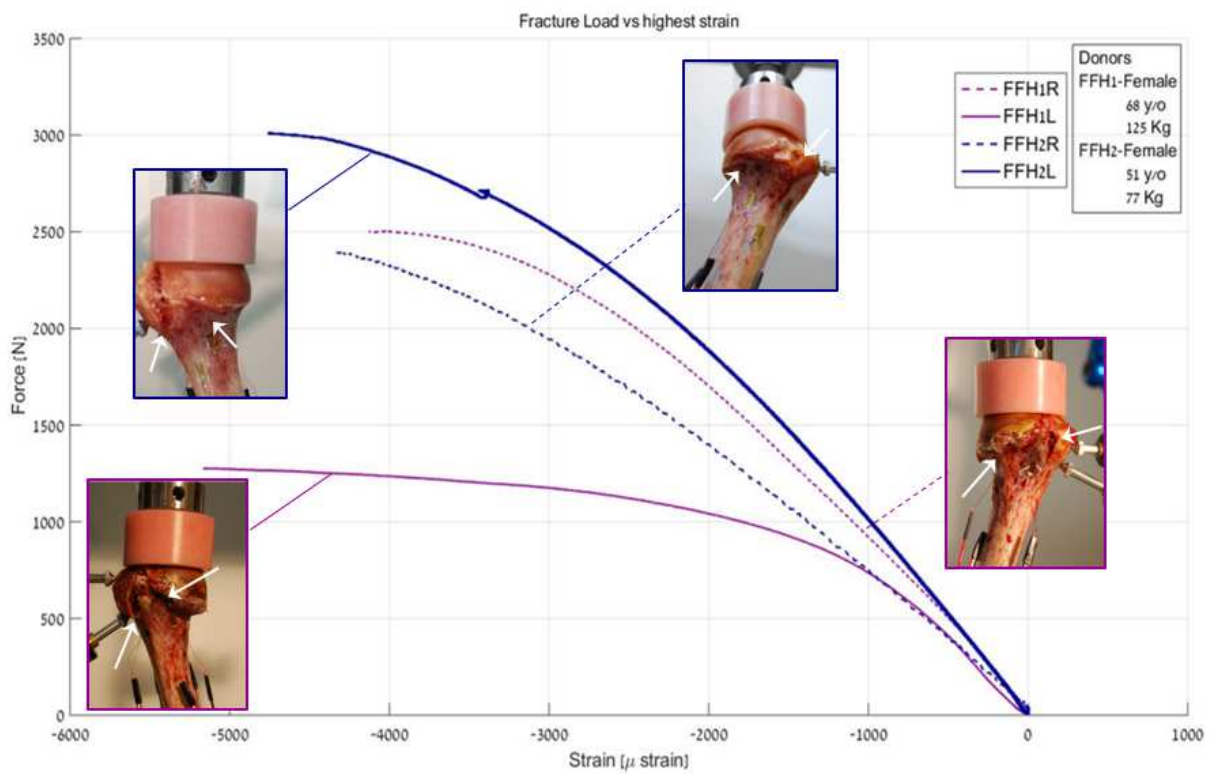


Figure 5: Load vs. largest measured strain in fracture experiments for FFH1 and FFH2, arrows indicate fracture locations.

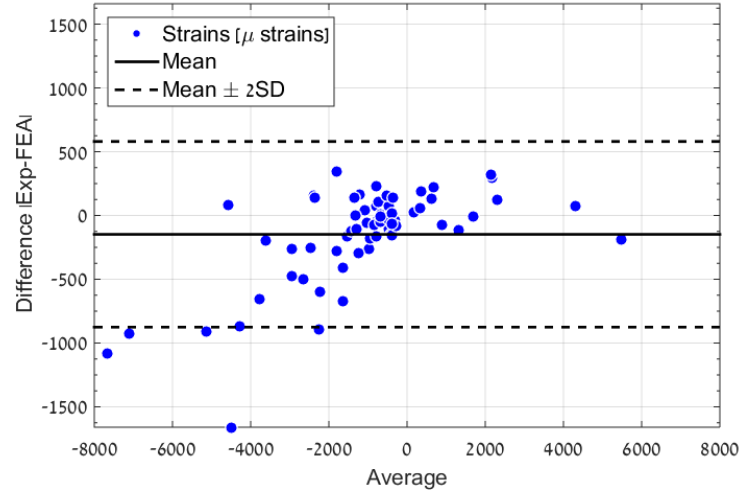
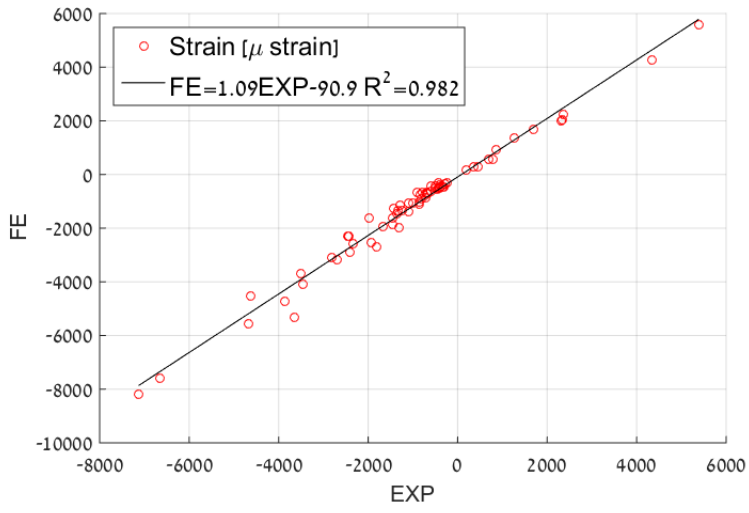


Figure 6: Linear correlation and Bland-Altman plots for FFH2 - Right and Left humeri at three inclination angles - flat plate load.

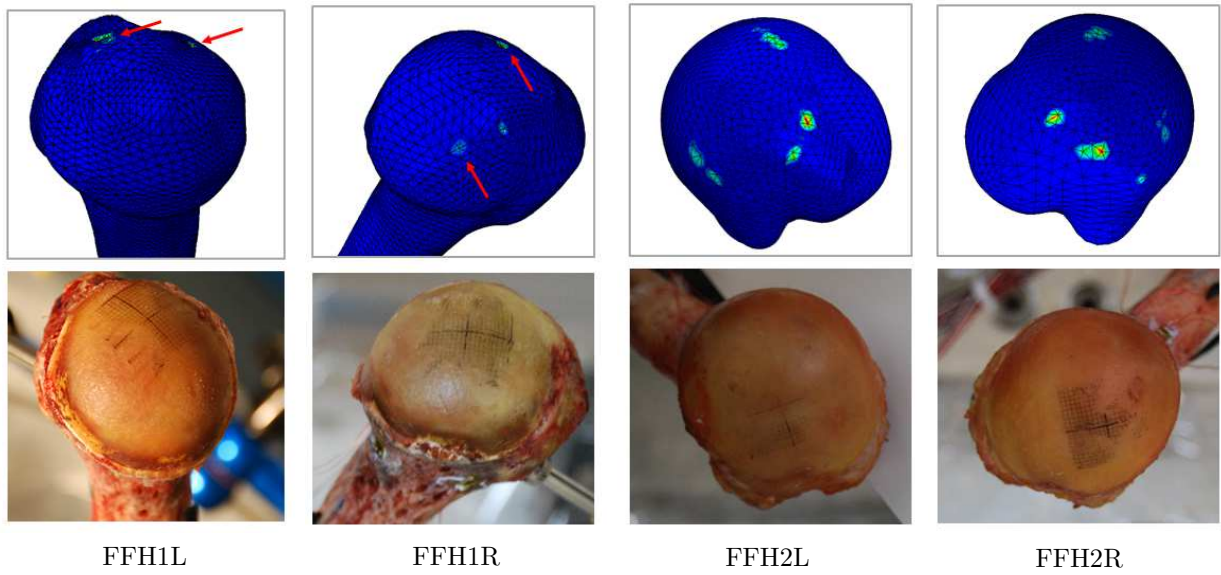


Figure 7: Contact area on humeri heads, as computed by contact analyses and observed in experiments (black marks on the humeri head).

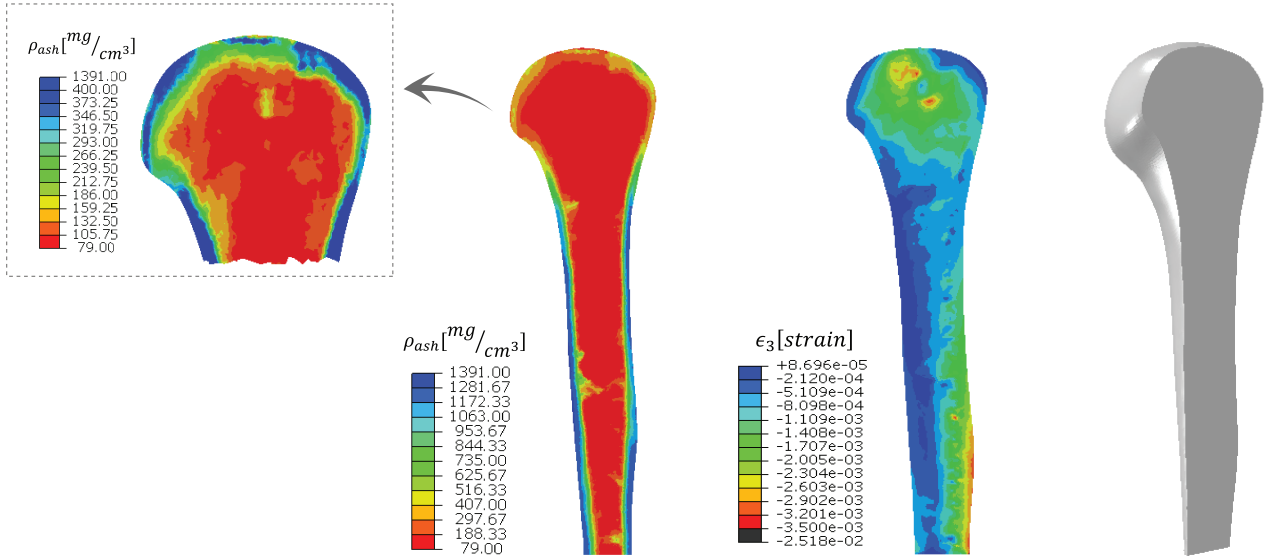


Figure 8: Ash density and predicted strains (minimum principal strains -  $\epsilon_3$ ) inside FFH2L.



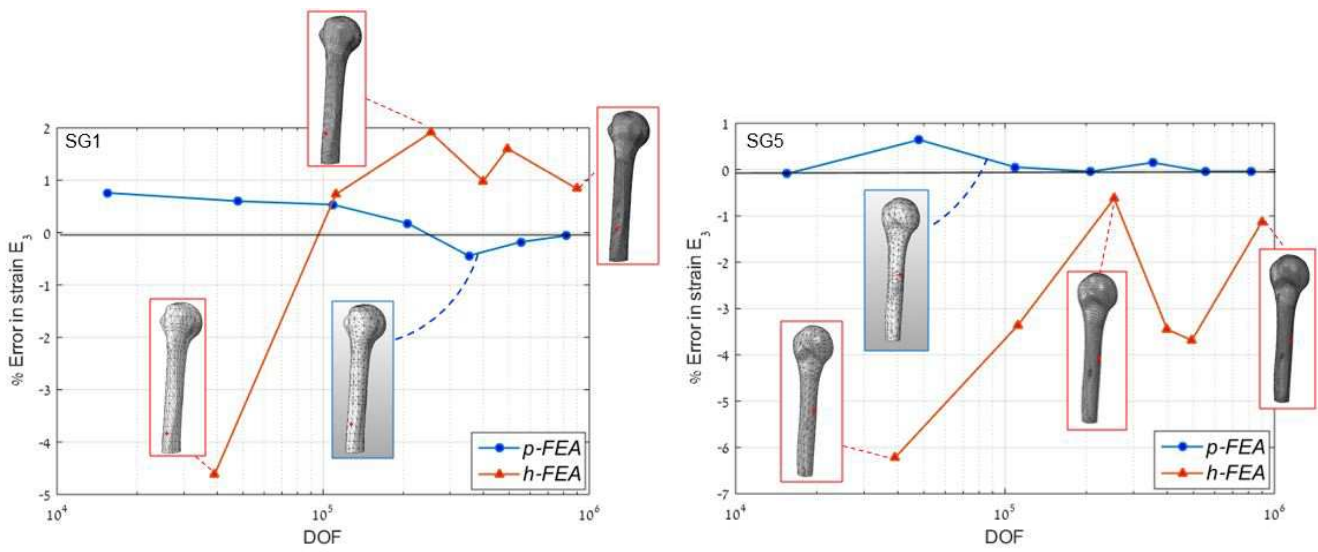


Figure 9: Convergence in strains,  $p$ -FE vs. Abaqus.