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1	The	effect of fracture stability on the performance of locking plate fixation
2		in periprosthetic femoral fractures
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The effect of fracture stability on the performance of locking plate fixation in periprosthetic femoral fractures

55 Abstract

Periprosthetic femoral fracture (PFF) fixation failures are still occurring. The effect of fracture stability and loading on PFF fixation has not been investigated and this is crucial for optimum management of PFF. Models of stable and unstable PPFs were developed and used to quantify the effect of fracture stability and loading in a single locking plate fixation. Stress on the plate was higher in the unstable compared to the stable fixation. In the case of unstable fractures, it is possible for a single locking plate fixation to provide the required mechanical environment for callus formation without significant risk of plate fracture, provided partial weight bearing is followed. In cases where partial weight bearing is unlikely, additional biological fixation could be considered.

Keywords: fracture movement, weight bearing, strain, stiffness, finite element method

- **Running title:** Biomechanics of periprosthetic femoral fracture fixation

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76 **1. Introduction**

Periprosthetic femoral fractures (PFF) can occur following primary total hip arthroplasty 77 (THR) [1-6]. The management of these fractures is becoming increasingly important due to 78 rise in number of THRs [4], but is challenging due to the presence of the underlying 79 prosthesis. Over recent years there have been a number of fixation failures reported in the 80 literature including instances of fixation plate fracture [3,5,7]. Interestingly, it appears that 81 most Vancouver B1 [1] PFF fixation failures were initially transverse fractures [5], 82 considering that if no gap were present at the fracture site postoperatively, these would have 83 been stable fractures with good bone quality. Nevertheless, overloading of the fixation plates 84 can cause local stress concentrations [5] which result in progressive damage over multiple 85 loading cycles and can cause plate fracture. Analysis of the construct geometry and loading 86 conditions which create these peaks of stress is therefore of interest. 87

Several authors have compared the application of various plates with different configurations of locking and non-locking screws and cables to find the optimum fixation for PFF [8-11]. However, these studies are commonly carried out on a particular fracture configuration and loading with either stainless steel (SS) or titanium (Ti) plate. The success of any one of these fixation constructs also depends on the configuration of the bone fracture and its stability once reduced. For example simple, transverse (stable) fracture may allow for load transfer at the fracture site, where a severely comminuted (unstable) fracture may not.

A number of factors including fracture stability, loading and material properties of the fixation device will play a role in the stiffness of the construct, level of fracture movement and subsequent healing mode of the fracture [12-15]. The effect of fracture stability and loading on either SS or Ti plates in PFF fixation does not appear to have been investigated and this is fundamental for optimum management of PFF.

Experimental in vitro models have been commonly used to test different fixation 100 methods for PFF in terms of stiffness, fracture movement or surface strain [8-11]. 101 Computational models based on the finite element (FE) method allow the full pattern of strain 102 and stress distribution to be assessed, as well as providing the flexibility to test a wide range 103 of cases [16-19]. However, the computational model validity needs to be demonstrated [20]. 104 Comparison with experimental in vitro data may be used to provide confidence in the model 105 predictions, but, as yet, such corroborated FE models of PFF fixation are surprisingly rare 106 [18]. 107

In this study a FE model of the fixation of a Vancouver type B1 PFF within a stable 108 stem with good bone quality [1] was developed. The predictions of the model were first 109 compared with experimental tests to corroborate mechanical behaviour, with particular 110 emphasis on the fixation plate. This model was then used to address aims of this study: (1) to 111 quantify the effect of fracture stability on the performance of a locking plate fixation (2) to 112 compare the performance of SS versus Ti plate fixations in stable and unstable fracture under 113 two weight bearing conditions. The overall hypothesis of this study is that fracture stability 114 can considerably affect the performance of both SS and Ti locking plates in PFF fixation. 115

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117 2. Materials and Methods

In the first step, FE models of stable (with no gap at the fracture site) and unstable (with a 10mm gap at the fracture site) periprosthetic fracture cases were developed to match corresponding instrumented experimental models that were mechanically tested in the laboratory. The stiffness, surface strain and fracture movement were compared. Following this, in the second step, the FE models were altered to compare the performance of the SS versus Ti plate in the stable and unstable PFF fixation cases under two weight bearing conditions (Fig. 1).

125 **2.1 Experimental methodology**

In a parallel experimental study [21], five PFF fixation models using large left synthetic 126 femurs (fourth generation composite femur, Sawbones Worldwide, WA, USA) were tested 127 and the one with the average stiffness was selected for this study (average specimen). In 128 brief, the femoral condyle (distal 60mm of the femur) was removed and a total hip 129 arthroplasty was performed using an Exeter femoral stem (V40;size N°0;offset 37.5) and head 130 (28mm diameter - Stryker, NJ, USA) both made of SS. The stem was inserted into the 131 femoral canal and cemented using polymethylmethacrylate (PMMA) cement (Simplex P, 132 Stryker, NJ, USA). A transverse fracture was created 10mm below the tip of the stem and 133 completely reduced with an eight hole SS locking plate (length: 155mm; width: 17.5mm; 134 thickness: 5mm) where there was ca. 1mm of gap at the plate-bone interface. Unicortical 135 screws (outer diameter: 5mm; length: 13mm) and bicortical screws (outer diameter: 5mm; 136 Length: 40mm - Stryker, NJ, USA) were used in the three most proximal and distal holes of 137 the plate respectively, leaving two empty screw holes across the fracture site. The specimen 138 was also taken to Leeds General Infirmary (Leeds, UK) where an antero-posterier x-ray 139 (Multix Fusion, Siemens, Erlangen, Germany) was taken to evaluate the construct. 140

The specimen was instrumented with eight uniaxial strain gauges (Tokyo Sokki 141 142 Kenkyujo, Tokyo, Japan) located on the medial side of the femur 0, 40, 80 and 200mm below the lesser trochanter (SG1-SG4), on the lateral side of the femur 200mm below the lesser 143 trochanter (SG5), and on the lateral side of the plate below the third (SG6), fourth (SG7) and 144 fifth (SG8) most proximal screw holes (see Fig. 2). The distal end of the specimen was fully 145 fixed using PMMA cement and grub screws (i.e. non-surgical headless screws used here 146 purely for mechanical purposes) into a cylindrical housing and mounted on a materials testing 147 machine (Instron, MA, USA) at 10° adduction in the frontal plane and aligned vertically in 148 the sagittal plane. This position simulates anatomical one-legged stance [22]. An axial load of 149

500N, corresponding to recommended partial weight bearing following stable plate fixation[23] was applied to the femoral head stem via a hemispherical cup.

The stiffness was calculated based on the slope of the load-displacement data obtained 152 from the material testing machine. The strain was measured in all the strain gauges at the 153 maximum load. The fracture movement was recorded using two digital cameras (Canon, 154 Tokyo, Japan) placed on the medial and lateral side of the femur, by photographing before 155 loading and at 500N. Movements of two markers on each side on the proximal and distal 156 bony fragments were then digitized using a custom written program in MATLAB 157 (MathWorks, MA, USA). Following testing, an unstable fracture was simulated by cutting the 158 bone 5mm above and below the existing fracture line to increase the fracture gap to 10mm. 159 The specimen was then reloaded to 500N and the measurements repeated. 160

161 **2.2 Computational methodology**

Model development: A computer aided design (CAD) model of the synthetic femur was 162 obtained from Biomed Town through the BEL repository managed by the Intituti Ortopedici 163 Rizzoli (Bologna, Italy) [24]. The model consisted of three segments: the cortical bone and 164 the proximal and distal cancellous bone. CAD files of the stem and locking plate were 165 provided by manufacturer (Stryker, NJ, USA). The model was assembled in SolidWorks 166 167 (Dassault Systemes, MA, USA). First, virtual total hip arthroplasty was performed where the stem position was determined based on AP and ML radiographs. The cement mantle was 168 reconstructed based on the CT images of a reamed specimen. Second, a transverse fracture 169 was created by dividing the construct into two halves that were fixed using the same screw 170 and plate configuration as the experimental model ('stable model'- Fig. 2). Lastly, a separate 171 model was developed in which a fracture gap of 10mm was induced similar to the 172 experimental procedure ('unstable model'). In both models, the distal PMMA cement, screws 173 and cylindrical pot that were used in the experimental model to fix the specimen were also 174

modelled to include the effect of deformation in this region. The models were then exported
to a finite element package (ABAQUS v. 6.9, Dassault Systemes, MA, USA) for analysis.

Material properties: All sections were assigned isotropic material properties with an elastic modulus of 16.3GPa for cortical bone [25], 0.15GPa for cancellous bone [18], 2.45GPa for cement [18], 200GPa for SS [17] and 110GPa for Ti [17]. A Poisson's ratio of 0.3 was used for all materials [17].

Interactions: The interfaces at the cancellous to cortical bone, cement to bone, grub screws to 181 cement, and screw head to plate were fixed. Contact conditions were specified with hard 182 normal contact stiffness. A coefficient of friction of 0.3 was used at the stem to cement, 183 housing to cement, plate to bone and bone to bone (i.e. fracture site in the stable model) 184 interfaces [26-29]. Screw-bone interfaces were modelled using an approach described 185 elsewhere [30], which was shown to lead to closer agreement between experimental and 186 computational models when modelling screw-bone fixation. In brief, sliding contact 187 conditions were created at the screw-bone interface, while screw pull-out/push-in was resisted 188 by attaching two spring elements between the screw end and medial side of the bone along the 189 screw shaft. A frictionless contact with normal contact stiffness of 600N/mm was used [31]. 190 The total spring stiffness of bicortical screws was 3141N/mm that was halved for the 191 192 unicortical screws [32], corresponding to reported screw pull-out data.

Boundary conditions and loads: The constructs were loaded to replicate the experimental set
up. The distal cylindrical pot was fixed in all directions while the stem femoral head was
loaded under axial load of 500N.

Mesh sensitivity: Tetrahedral (C3D10M) elements were used to mesh all of the components in ABAQUS. Convergence was tested by increasing the number of elements from 70,000 to 1,600,000 in five steps. The solution converged on the parameter of the interest (\leq 5% - axial stiffness, strain, stress and fracture movement) with over one million elements.

Measurements: In all models, axial stiffness was calculated by dividing the magnitude of axial load by the displacement of the proximal section of the specimen. Strain was averaged from four nodes corresponding to the strain gauge attachment sites in the experimental model. Fracture movement was quantified from the displacement coordinates of the nodes corresponding to the position of the markers in the experiment.

Simulation and analysis: The outputs of the stable and unstable fracture models were first compared to the experimental results. In the case of the strain measurements, the agreement was measured using the concordance correlation coefficient (CCC) [33]. The properties of the plates and screws in both models were then changed to Ti and the models reanalysed. To test the performance of the PFF fixations under higher loadings that can occur during full weight bearing, all the models were also analysed under axial loading of 2300N [22].

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212 **3. Results**

A comparison between the experimental and computational models in terms of axial stiffness,
surface strain measurement and fracture movement showed that:

- (1) The computational models overestimated the axial stiffness of the stable and unstable
 PFF fixation construct by 121% and 61% respectively. However, computational
 models predicted 78% reduction in the stiffness of the stable compared to the unstable
 PFF fixation which is comparable to 70% reduction that was shown by the
 experimental model (Fig. 3).
- (2) There was a high level of agreement in the strain measurements between the
 experimental and computational models with a CCC of 0.77 for the stable and 0.8 for
 unstable construct cases (Fig. 4).
- (3) The computational models underestimated the axial fracture movement. However,
 both models in the case of stable PFF fixation showed less than 0.1mm movement

whereas in the case of unstable PFF fixation, the movement was in the range of 0.2 to 0.7mm. Also both models showed unparallel axial fracture movement between the near and far cortex in both stable and unstable PFF fixation.

The computational predicted strain values, maximum von Mises stress on the plate, and fracture movement for models with the different plate properties under the two axial loading cases are presented in Tables 1 and 2. The results showed that:

- (1) Strain on the proximal section of the femur (SG1-SG3) was lower in the unstable
 compared to the stable PFF fixation; nevertheless the strain magnitudes were similar
 in both cases under the two loading cases and with the two plate materials. The strain
 in the distal section of the bone was higher in the unstable compared to the stable
 fixation.
- (2) Strain and stress on the plate were considerably higher in the unstable compared to the 236 stable fixation. For example, the maximum von Mises stress on the SS plate under 237 500N loading in unstable PFF fixation was ca. 32 times higher than the stable fixation. 238 Increasing the axial loading from 500N to 2300N led to ca. 4.6 times greater 239 maximum von Mises stress on the plate with similar conditions. Further, altering the 240 plate property from SS to Ti led to ca. a 1.3 and 1.1 fold reduction in the maximum 241 von Mises stress on the plate under same loading for stable and unstable PFF fixation 242 respectively. 243
- (3) Fracture movement in the stable PFF fixation was less than 0.1mm in all cases,
 whereas in the unstable fixation at 500N it was within the range of 0.2-1mm, and at
 2300N it was above 1mm for both SS and Ti plate in the medial view. Fracture
 movement in the medial view was higher than the anterior view.

Maximum von Mises stress in the stable PFF fixation was on the lateral side of the plate across the empty screw hole in all cases, whereas in the unstable fixation it was on the medial

side of the plate between the third and fourth screw hole (Fig. 6). In the unstable PFF fixation under 2300N load, the titanium plate came into contact across the empty screw hole with the proximal bony fragment this led to a concentration of stress on the plate, however such contact did not occur under same loading condition in the SS plate (Fig. 6).

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255 **4. Discussion**

Quantifying the effect of fracture stability and loading on the relative risk of plate fracture for PFF fixations does not appear to have been undertaken previously. In this study an FE model was described and used to quantify the effect of aforementioned parameters in SS and Ti locking plate fixation. In each case, peak stress values were compared with the yield stress and fatigue life (as a result of cyclic loading) for each material, an indication of plate fracture risk.

The FE model was first compared with experimental tests. A strong correlation was 262 found between the strain predictions of the experimental and computational models. 263 However, the computational models overestimated the stiffness of the experimental models. 264 This could be due to a number of factors, such as over-estimation of material or interaction 265 properties. FE models have been shown to be sensitive to the choice of interaction properties 266 at the interfaces [26,28,29]. The fact that there was a closer agreement between the 267 computational and experimental models of the unstable fracture (i.e. without interaction at 268 fracture site) compared to the stable fracture (i.e. with interactions at fracture site - Fig. 4) 269 indicates that this was one source of error. Despite this overestimation, it was reassuring that 270 both experimental and computational model captured very similar percentage of reduction in 271 the stiffness of stable compare to unstable PFF fixation (ca. 70% vs. 78% respectively). This, 272 coupled with the good agreement in strain within the area of interest in the fixation plate, 273

provided confidence that the FE model was suitable for making the comparisons between
different fixation scenarios required for this study.

The overestimation of the stiffness clearly explains the underestimation of the fracture movement predicted by the FE models. Nevertheless, the movement in both experimental and FE models in the stable PFF fixation was below the threshold that is suggested to promote callus formation (0.2-1mm) [13,14,34]. This rigid fixation explains why callus did not form in some of the previous case reports of rigid PFF fixations [5,19]. Rigid PFF fixation can be avoided by increasing the bridging length [35] or using alternative screw designs such as far cortical locking screws [36].

As anticipated, the load sharing between the plate and the bone in the case of the stable 283 fracture caused higher compressive strain in the proximal bone and reduced tensile strain on 284 the surface of the plate (Table 1), when compared to the unstable fracture cases. Where this 285 load sharing existed, the maximum stress concentrations on the plate did not exceed the 286 fatigue limit (Table 3), even for the equivalent of five years of normal walking [17]. For the 287 unstable fracture cases, where the plate was the sole loading bearing component, maximum 288 plate stress was much higher. In the case of partial weight bearing was within the fatigue limit 289 of the SS and Ti commonly used to manufacture implants (see Table 3). Furthermore, the 290 291 fracture movement was within the range of 0.2-1mm [13,14,34]. However, under the higher load of 2300N, not only was the fracture movement above the aforementioned range but also 292 the von Mises stress reached the yield level of both SS and Ti (Table 3) [17,37], suggesting 293 that mechanical damage could occur to the plate within a relative small number of cycles. 294

These findings have two clinical consequences. First, unstable fractures could be potentially treated with a single 5mm thick SS locking plate using the screw configuration applied in this study provided that patient is restricted to partial weight bearing. Second, in the cases where complete fracture reduction has not been achieved and a fracture gap is present

postoperatively, the patient should be warned that full weight bearing can potentially lead to mechanical failure of the fixation [38]. Nevertheless, orthopedic trauma surgeons may consider long stem revision and bypassing the fracture gap or biological fixation in addition to locking plates in the case of unstable PFF fractures, particularly in active patients [5,8,39].

Results here highlight that fracture stability and postoperative weight bearing can have a 303 more pronounced effect on the performance of plate fixation than the material properties of 304 the fixation, given that other biomechanical factors such as bridging length are the same 305 nevertheless patient variability cannot be ignored [40]. Lujan et al [41] suggested that Ti 306 plates can enhance callus formation when compared to the SS plate in distal femoral fractures. 307 The present study provides some quantification of the increase in plate bending and fracture 308 movement for Ti, which may contribute to enhanced callus formation. However, the yield 309 stress and fatigue limit of Ti are lower than that of SS (Table 3). Therefore the risk of failure 310 remains unless early callus formation and the resulting load sharing with the bone can be 311 created through careful postoperative loading. 312

A noteworthy, unanticipated result occurred in the unstable PFF fixation under axial 313 load of 2300N, the Ti plate came into contact across the fracture site to the proximal bony 314 fragment (see dotted rectangles in Fig. 6). FE models in this study predicted stress riser effect 315 on the plate fixation as a result of this contact. However, care must be taken in the 316 interpretation of this result since FE models in this study: (1) did not include any failure 317 criteria for the bone or other segments (2) considered a static loading where in reality the 318 fixation construct is under cyclic loading where it is likely that a small bony fragment at the 319 plate-bone contact zone will fail earlier than the plate. Nonetheless, this finding highlights the 320 importance of plate-bone gap particularly in Ti locking plate fixation. Such a gap has been 321 suggested to increase the flexibility of the fixation [42], prevent necrosis and ensure blood 322 supply to the fracture site that plays a crucial role in fracture healing process [43]. 323

324	In conclusion, in the case of unstable fractures or where a fracture gap is present post
325	operatively, it is possible for a single locking plate fixation to provide the required mechanical
326	environment for callus formation without significant risk of plate fracture, provided partial
327	weight bearing is followed. Full weight bearing significantly increases the risk of plate
328	fracture regardless of the whether SS or Ti plates are used. In cases where partial weight
329	bearing is unlikely, additional biological fixation could be considered. The FE model
330	described in this study will be used in future studies to investigate alternative fixation
331	methods for PFF fixation.
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349 **References**

- Duncan CP, Masri BA. Fractures of the femur after hip replacement. Instr Course Lect
 1995; 44:293.
- Parvizi J, Rapuri VR, Purtill JJ, et al. Treatment protocol for proximal femoral
 periprosthetic fractures. J Bone Joint Surg [Am] 2004; 86:8.
- 354 3. Lindahl H, Malchau H, Oden A, et al. Risk factors for failure after treatment of a 355 periprosthetic fracture of the femur. J. Bone Joint Surg [Br] 2006; 88:26.
- Tsiridis E, Narvani AA, Timperley JA, et al. Dynamic compression plates for Vancouver
 type B periprosthetic femoral fractures: a 3-year follow-up of 18 cases. Acta Orthop 2005;
 76:531.
- 5. Buttaro MA, Farfalli G, Paredes Nunez M, et al. Locking compression plate fixation of
 Vancouver type-B1 periprosthetic femoral fractures. J Bone Joint Surg [Am] 2007;
 89:1964.
- Mont MA, Maar DC, Fractures of the ipsilateral femur after hip arthroplasty. A statistical
 analysis of outcome based on 487 patients. J Arthroplasty 1994; 9:511.
- Graham SM, Moazen M, Leonidou A, et al. Locking plate fixation for Vancouver B1
 periprosthetic femoral fractures: a critical analysis of 135 cases. J Orthop Sci (in press).
- 366 8. Talbot M, Zdero R, Schemitsch EH, Cyclic loading of periprosthetic fracture fixation
 367 constructs. J Trauma 2008; 64:1308.
- 9. Dennis MG, Simon JA, Kummer FJ, et al. Fixation of periprosthetic femoral shaft
 fractures occurring at the tip of the stem: a biomechanical study of 5 techniques. J
 Arthroplasty 2000; 15:523.
- 10. Peters CL, Bachus KN, Davitt JS, Fixation of periprosthetic femur fractures: a
 biomechanical analysis comparing cortical strut allograft plates and conventional metal
 plates. Orthopedics 2003; 26:695.

- I1. Zdero R, Walker R, Waddell JP, et al. Biomechanical evaluation of periprosthetic femoral
 fracture fixation. J Bone Joint Surg [Am] 2008; 90:1068.
- 12. Moazen M, Jones AC, Jin Z, et al. Periprosthetic fracture fixation of the femur following
 total hip arthroplasty: a review of biomechanical testing. Clin Biomech 2011; 26:13.
- 378 13. Goodship AE, Kenwright J. The influence of induced micromovement upon the healing of
 arg experimental tibial fractures. J Bone Joint Surg [Br] 1985; 67:250.
- 14. Claes L, Wilke H-J, Augat P, et al. Effect of dynamization of gap healing of diaphyseal
 fractures under external fixation. Clin Biomech 1995; 8:227.
- 15. Oh JK, Sahu D, Ahn YH, et al. Effect of fracture gap on stability of compression plate
 fixation: a finite element study. J Orthop Res 2010; 28:462.
- 16. Mihalko WM, Beaudoin AJ, Cardea JA, et al. Finite-element modelling of femoral shaft
 fracture fixation techniques post total hip arthroplasty. J Biomech 1992; 25:469.
- 17. Chen G, Schmutz B, Wullschleger M, et al. Computational investigation of mechanical
 failures of internal plate fixation. Proc Inst Mech Eng Part H 2010; 224:119.
- 18. Shah S, Kim SYR, Dubov A, et al. The biomechanics of plate fixation of periprosthetic
 femoral fractures near the tip of a total hip implant: cables, screws, or both? Proc Inst
 Mech Eng Part H 2011; 225:845.
- 19. Moazen M, Jones AC, Leonidou A, et al. Rigid versus flexible plate fixation for
 periprosthetic femoral fracture computer modelling of a clinical case. Med Eng Phys
 2012; 34:1041.
- 20. Anderson AE, Ellis BJ, Weiss JA. Verification, validation, and sensitivity studies in
 computational biomechanics. Comp Meth Biomech Biomed Eng 2007; 10:171.
- 21. Mak JH, Etchels LW, Moazen M, et al. Locking plates versus long stem fixation to
 restore pre-fracture mechanics of a B1 periprosthetic femoral fracture. Proceedings of the
- ³⁹⁸ 2012 Annual Meeting of Orthopaedic Research Society. San Francisco. USA.

- 399 22. Bergmann G, Deuretzbacher G, Heller M, et al. Hip contact forces and gait patterns from
 400 routine activities. J Biomech 2001; 34:859.
- 23. Ryf CR, Arraf J: Postoperative fracture treatment: general considerations. p. 447. In Ruedi
 TP, Buckley RE, Moran CG, eds. AO principal of fracture management, 2ed. Davos: AO
 Publishing; 2007.
- 404 24. Desmarais-Trépanier C. "femur_sawbone.zip, From the Biomechanics European
 405 Laboratory _BEL_, Finite Element Mesh Repository," http://www.tecno.ior.it/VRLAB.
 406 2009.
- 407 25. Heiner AD. Structural properties of fourth-generation composite femurs and tibias. J
 408 Biomech 2008; 41:3282.
- 26. Hayes WC, Perren SM. Plate-bone friction in the compression fixation of fractures. Clin
 Orthop 1972; 89:236.
- 27. Shockey JS, Von Fraunhofer JA, Seligson D. A measurement of the coefficient of static
 friction of human long bones. Surf Technol 1985; 25:167.
- 28. Mann KA, Bartel DL, Wright TM, et al. Coulomb frictional interfaces in modeling
 cemented total hip replacements: a more realistic model. J Biomech 1995; 28:1067.
- 29. Nuno N, Groppetti R, Senin N. Static coefficient of friction between stainless steel and
 PMMA used in cemented hip and knee implants. Clin Biomech 2006; 21:956.
- 30. Moazen M, Mak JH, Jones AC, et al. Evaluation of a new approach for modelling the
 screw-bone interface in a locking plate fixation a corroboration study. Proc Inst Mech
 Eng Part H.
- 31. Bernakiewicz M, Viceconti M. The role of parameter identification in finite element
 contact analysis with reference to orthopaedic biomechanics applications. J Biomech
 2002; 35:61.

423	32. Zdero R, Rose S, Schemitsch EH, et al. Cortical screw pullout strength and effective shear
424	stress in synthetic third generation composite femurs. J Biomech Eng 2007; 129:289.
425	33. Lin LI. A concordance correlation coefficient to evaluate reproducibility. Biometrics
426	1989; 45:255.
427	34. Egol KA, Kubiak EN, Fulkerson E, et al. Biomechanics of locked plates and screws. J
428	Orthop Trauma 2004; 18:488.
429	35. Stoffel K, Dieter U, Stachowiak G, et al. Biomechanical testing of the LCP- how can
430	stability in locked internal fixators be controlled? Injury 2003; 34:S-B11.
431	36. Bottlang M, Doornink J, Fitzpatrick DC, et al. Far cortical locking can reduce stiffness of
432	locked plating constructs while retaining construct strength. J Bone Joint Surg [Am] 2009;
433	91:1985.
434	37. Brunski JB: Metals In: Classes of materials used in medicine. p. 137. In Ratner BD,
435	Hoffman AS, Schoen FJ, et al., eds. Biomaterials Science: an introduction to material in
436	medicine, 2ed. California: Elsevier Academic Press; 2004.
437	38. Augat P, Merk J, Ignatius A, et al. Early, full weight bearing with flexible fixation delays
438	fracture healing. Clin Orthp Relat Res 1996; 328:194.
439	39. Haddad FS, Duncan CP, Berry DJ, et al. Periprosthetic femoral fractures around well-
440	fixed implants: use of cortical onlay allografts with or without a plate. J Bone Joint Surg
441	[Am] 2002; 84:945.
442	40. Henderson CE, Bottlang M, Marsh JL, et al. Does locked plating of periprosthetic
443	supracondylar femur fractures promote bone healing by callus formation? Two cases with
444	opposite outcomes. Iowa Orthop J 2008; 28:73.
445	41. Lujan TL, Henderson CE, Madey SM, et al. Locked plating of distal femur fracture leads
446	to inconsistent and asymmetric callus formation. J Orthop Trauma 2010; 24:156.

447	42. Ahmad M, Nanda R, Bajwa AS, et al. Biomechanical testing of the locking compression
448	plate: when does the distance between bone and implant significantly reduce construct
449	stability? Injury 2007; 38:358.

43. Perren SM. Evolution of the internal fixation of long bone fractures. The scientific basis
of biological internal fixation: choosing a new balance between stability and biology. J
Bone Joint Surg [Br] 2002; 84:1093.

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472 Figure legends

473 **Fig. 1** A schematic of this study.

- Fig. 2 Experimental and computational model of PFF fixation. SG1-SG8 highlight the strain
 gauge attachment area.
- Fig. 3 Comparison between the experimental and computational stiffness of the stable and
 unstable PFF fixation based on average specimen.
- Fig. 4 Comparison between the experimental and computational strain of the stable and
 unstable PFF fixation based on the average specimen.
- **Fig. 5** Comparison between the experimental and computational fracture movement on the anterior (A) and medial (B) view of the stable and unstable PFF fixation based on the average
- 482 specimen.
- **Fig. 6** Comparison between von Mises stress contour plot of all cases. The regions of maximum von Mises stress are highlighted by ovals. Dotted rectangles highlight the plate to bone contact that did not occur in the stainless steel (SS) plate and occurred in the titanium (Ti) plate fixation under high axial loading of 2300N.
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497 Table legends

- 498 **Table 1** Summary of the strain measurements and maximum von Mises stress on the plate.
- 499 **Table 2** Summary of the axial fracture movement (mm) of PFF fixation constructs.
- Table 3 Summary of yield stress, ultimate tensile stress and fatigue limit of SS and Ti [37].

	Corroboration	Aim 1,2
	Experimental vs. computational model	Computational model
Stable fracture	SS plate loaded @500 N	SS vs. Ti plate loaded under 500 and 2300 N
Unstable fracture	SS plate loaded @500 N	SS vs. Ti plate loaded under 500 and 2300 N











	Stable				Unstable			
Axial load (N)	500	2300	500	2300	500	2300	500	2300
Material	SS	SS	Ti	Ti	SS	SS	Ti	Ti
SG1	-76	-349	-75	-355	-50	-230	-44	-215
SG2	-196	-916	-197	-918	-52	-260	-44	-263
SG3	-183	-808	-186	-824	-1	-5	-1	-6
SG4	32	157	33	161	419	2059	446	2182
SG5	-134	-624	-135	-628	-493	-2392	-519	-2506
SG6	15	61	20	84	509	2510	816	3813
SG7	6	23	7	28	204	985	274	1447
SG8	0	2	0	0	15	41	-43	-192
Maximum von								
Mises stress on								
the plate (MPa)	8	35	6	28	255	1258	227	1084

Table 1 Summary of the strain measurements and maximum von Mises stress on the plate.

Table 2 Summary of the axial fracture movement (mm) of PFF fixation constructs.

	Stable			Unstable				
Axial load (N)	500	2300	500	2300	500	2300	500	2300
Material	SS	SS	Ti	Ti	SS	SS	Ti	Ti
Anterior	0.001	0.007	0.001	0.007	0.202	0.973	0.249	1.197
Medial	0.003	0.016	0.003	0.016	0.343	1.665	0.413	1.976

Material	SS	Ti
ASTM designation	F138, F139	F67
Condition	30%Cold worked	30%Cold worked
Ultimate tensile stress (MPa)	930	760
Yield stress (MPa)	792	485
Fatigue limit (at 10 ⁷ cycles-MPa)	310-448	300

Table 3 Summary of yield stress, ultimate tensile stress and fatigue limit of SS and Ti [37].