



UNIVERSITY OF LEEDS

This is a repository copy of *Effect of simplifications of bone and components inclination on the elastohydrodynamic lubrication modeling of metal-on-metal hip resurfacing prosthesis*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/82461/>

Article:

Meng, Q, Liu, F, Fisher, J et al. (1 more author) (2013) Effect of simplifications of bone and components inclination on the elastohydrodynamic lubrication modeling of metal-on-metal hip resurfacing prosthesis. Proceedings of the Institution of Mechanical Engineers, Part H: Journal of Engineering in Medicine, 227 (5). 523 - 534. ISSN 0954-4119

<https://doi.org/10.1177/0954411912472845>

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

IMechE Part H: Journal of Engineering in Medicine (accepted version)

**The Effect of Simplifications of Bone and Components Inclination on the
Elastohydrodynamic Lubrication Modelling of Metal-on-Metal Hip
Resurfacing Prosthesis**

Qingen Meng ^{a, *}, Feng Liu ^a, John Fisher ^a, Zhongmin Jin ^{a, b, *}

^a Institute of Medical and Biological Engineering,
School of Mechanical Engineering,
University of Leeds, UK

^b School of Mechanical Engineering,
Xi'an Jiaotong University, China

* Corresponding author
Email: qingen.meng@gmail.com, Z.Jin@leeds.ac.uk

1 **Abstract**

2 It is important to study the lubrication mechanism of metal-on-metal (MOM) hip resurfacing
3 prosthesis in order to understand its overall tribological performance, thereby minimize the
4 wear particles. Previous elastohydrodynamic lubrication (EHL) studies of MOM hip
5 resurfacing prosthesis neglected the effects of the orientations of the cup and head. Simplified
6 pelvic and femoral bone models were also adopted for the previous studies. These
7 simplifications may lead to unrealistic predictions. For the first time, an EHL model was
8 developed and solved for a full MOM hip resurfacing arthroplasty. The effects of the
9 orientations of components and the realistic bones on the lubrication performance of MOM
10 hip resurfacing prosthesis were investigated by comparing the full model with simplified
11 models. It was found that the orientation of the head played a very important role in the
12 prediction of pressure distributions and film profiles of the MOM hip resurfacing prosthesis.
13 The inclination of the hemispherical cup up to 45° had no appreciable effect on the
14 lubrication performance of the MOM hip resurfacing prosthesis. Moreover, the combined
15 effect of material properties and structures of bones was negligible. Future studies should
16 focus on higher inclination angles, smaller coverage angle and micro-separation related to the
17 occurrences of edge-loading.

18

19 **Keywords**

20 Hip resurfacing arthroplasty; lubrication analysis; metal on metal; orientations of cup and
21 head; bone

22

1 **Introduction**

2 Metal-on-metal (MOM) hip resurfacing arthroplasty has become an attractive method of joint
3 reconstruction for young and active patients due to its theoretical biomechanical advantages
4 [1, 2]. Although significantly lower wear rates have been observed for MOM hip resurfacing
5 prostheses, compared with conventional MOM total hip replacements (THRs) [3-5], some
6 clinical and computational results indicated an opposite trend [6-8]. A Medical Device Alert
7 has been issued for the high failure rate of one type of MOM hip resurfacing prosthesis [9].
8 Moreover, the size of the metallic particles of MOM hip resurfacing prostheses is as small as
9 that of the THRs (in nanometer) [4]. The ions levels of Cobalt (Co) and Chromium (Cr) in
10 blood or urine of patients with MOM resurfacing prostheses are comparable with those of the
11 patients with THR [10-12]. Furthermore, the life expectancy of the majority of the patients
12 receiving MOM hip resurfacing prosthesis is considerably longer than that of the elderly
13 patients who traditionally receive THRs. Therefore, the concerns raised by the long-term
14 exposure to elevated metal ion levels in the body still exist. These concerns include
15 hypersensitivity, tissue toxicity, carcinogenicity, chromosomal aberration, and the risk of
16 passing chromosomal abnormalities to the next generation [13, 14]. More recently,
17 pseudotumours, caused by edge loading and increased metallic wear particles, have been
18 found in a number of clinical studies of MOM hip resurfacing prosthesis [15-18]. Therefore,
19 metallic particles of MOM hip resurfacing prosthesis have to be minimized to avoid potential
20 adverse biological reactions.

21 Since wear particles are mainly generated by the direct contact between bearing surfaces,
22 they can be reduced by using bearing materials with high wear resistance. Moreover, a
23 synovial fluid type of lubricant generally forms in the joint capsule after hip arthroplasty.
24 Promoting lubricant protection between the bearing surfaces is also an effective approach to

1 reducing wear, because an effective lubricant film is able to separate the bearing surfaces and
2 reduce the proportion of the load carried by asperity contacts. Therefore, it is important to
3 study the lubrication mechanism in hip resurfacing prostheses. Elastohydrodynamic
4 lubrication (EHL), considering the interaction between the deformation of the bearing
5 surfaces and the hydrodynamic pressure between the bearing surfaces, plays an important
6 role in the study of lubrication mechanism of hip prostheses in terms of accurately predicting
7 film thickness and pressure distribution [19]. The current EHL models applicable to hip
8 replacements can be found in a few review papers [19, 20].

9 Although a large number of lubrication studies have been performed for THRs [20], only few
10 studies [21-23] have been performed to investigate how design parameters, such as the head
11 diameter, diametric clearance, cup wall thickness and detailed structures and fixation of the
12 femoral component, affect the EHL of MOM hip resurfacing prostheses. These studies
13 assumed that the cup was horizontally positioned and the head was vertically positioned.
14 However, both *in-vivo* and *in-vitro* wear studies of MOM hip resurfacing prostheses
15 suggested the importance of the orientation of the acetabular components [24-29]. Moreover,
16 in these studies, the pelvis and femur were simplified using equivalent bone models with
17 appropriate material properties [21-23]. Although a contact mechanics study has been
18 performed to justify the application of the equivalent bone models [22], the effects of realistic
19 bone structures on the lubrication performance of MOM hip resurfacing prostheses remain
20 unknown due to the lack of a full model that considers the realistic geometries and material
21 properties of the pelvis and femur.

22 Therefore, the aim of this study was twofold. At first, an EHL model for a full MOM hip
23 resurfacing arthroplasty was developed. In this model, the realistic structures and material
24 properties of bones, components and their fixations were all incorporated. Subsequently, the

1 effects of the orientations of components and the structures of realistic bones on the
2 lubrication were investigated by comparing this full model with simplified models.

3 **Models and Methods**

4 *Full model*

5 The full MOM hip resurfacing model (model-f) considered in the present study is shown in
6 Figure 1. The diameter, radial clearance and cup thickness of this surface hip prosthesis were
7 50 mm, 75 μm and 3.94 mm, respectively [23]. The minimum and maximum thicknesses of
8 the head were 2.5 and 9 mm, respectively. The radius and length of the pin of the head were
9 approximately 3.5 mm and 60 mm, respectively. Both the acetabular and femoral components
10 were made of CoCr alloy with the elastic modulus and Poisson's ratio of 220 GPa and 0.3,
11 respectively. The acetabular component was positioned into the acetabulum with an
12 inclination angle of 45° (β in Figure 2). With a stem to provide the alignment, the femoral
13 component was fixed in the femur using acrylic cement, also with an inclination angle of 45° .
14 No anteversion was considered in the present study. The effect of anteversion will be
15 considered in future studies. The solid models of the hemi-pelvis and the proximal femur
16 were created from CT data [30]. A uniform thickness of 1.5 mm was adopted for the cortical
17 bone of the pelvis [31]. The thickness of the cortical bone of the femur was variable with a
18 maximum value of approximately 4.5 mm. The elastic modulus and Poisson's ratio of the
19 cortical bone of both the pelvis and femur were 17 GPa and 0.3 [32]. The elastic moduli of
20 the cancellous bone of the pelvis and femur were assumed to be 0.5 and 1.5 GPa, respectively.
21 The Poisson's ratio of the cancellous bone of both the pelvis and femur was 0.3 [31, 33]. The
22 elastic modulus, Poisson's ratio and thickness of the acrylic cement mantle were 2.5 GPa,
23 0.25 and 1.0 mm, respectively [31, 33]. These material parameters are summarized in Table

1 1. The interfaces between the components and the bone, the femoral component and the
2 cement, and the cement and the bone were assumed to be perfectly bonded to simulate a fully
3 in-grown bone situation or the perfect cement interlocking.

4 The lubricant in artificial hip joints is periprosthetic synovial fluid. Previous studies showed
5 protein in synovial fluid may play an important role in the film formation of MOM hip
6 implants through two mechanisms, a boundary layer of adsorbed protein molecules
7 augmented by a high-viscosity fluid film generated by hydrodynamic effects [34-36].
8 However, due to the lack of a full rheological model of the lubricant[37], the effect of protein
9 was not considered in this study. Since the viscosity of the synovial fluid does not change
10 with pressure up to 100 MPa [38] and the pressure levels in artificial hip joints are unlikely to
11 exceed 100 MPa, the synovial fluid can be considered as isoviscous. Moreover, although the
12 synovial fluid behaves as a powerful non-Newtonian fluid under relatively low shear rates,
13 under higher shear rates ($\sim 10^5/s$) likely to be experienced in the hip joint, it can be
14 considered as a Newtonian fluid [39]. Therefore, the synovial fluid was considered as
15 isoviscous and Newtonian. A higher viscosity of 0.01 Pa·s was adopted in the present study to
16 facilitate the numerical process, as compared with a more realistic value of 0.002 Pa·s for the
17 synovial fluid and 0.0009 Pa·s for the bovine serum with a concentration of 25% used in the
18 simulator testing [39].

19 A ball-in-socket configuration shown in Figure 2 was employed to represent the articulation
20 between the femoral and the acetabular bearing surfaces for the EHL analysis. The walking
21 condition was represented by the three-dimensional (3D) loads and motions [40, 41] applied
22 to the head. Both the loading and velocity were assumed to be steady-state in the present
23 study to reduce computational time.

1 The governing equations for the lubrication model included the Reynolds equation, the film
 2 thickness equation and the load balance equations. The steady-state Reynolds equation
 3 governing the hydrodynamic action between two bearing surfaces of hip prostheses took the
 4 following form in spherical coordinates [41]:

$$\begin{aligned}
 & \sin \theta \frac{\partial}{\partial \theta} \left(h^3 \sin \theta \frac{\partial p}{\partial \theta} \right) + \frac{\partial}{\partial \phi} \left(h^3 \frac{\partial p}{\partial \phi} \right) \\
 & = 6\eta R_c^2 \sin \theta \left[\begin{aligned}
 & -\omega_x \left(\sin \phi \sin \theta \frac{\partial h}{\partial \theta} + \cos \phi \cos \theta \frac{\partial h}{\partial \phi} \right) \\
 & + \omega_y \left(\cos \phi \sin \theta \frac{\partial h}{\partial \theta} - \sin \phi \cos \theta \frac{\partial h}{\partial \phi} \right) \\
 & + \omega_z \sin \theta \frac{\partial h}{\partial \phi}
 \end{aligned} \right] \quad (1)
 \end{aligned}$$

6 where p is the hydrodynamic pressure in the bearing; h is the film thickness; η is the viscosity
 7 of the periprosthetic synovial fluid; R_c is the radius of the cup; ω_x , ω_y and ω_z are the angular
 8 velocities of the femoral head around the x , y and z axes, respectively; ϕ and θ are the
 9 spherical coordinates, as defined in Figure 3.

10 The boundary conditions for equation (1) were:

$$p = 0 \quad \text{at the edge of the cup} \quad (2)$$

12 As shown in Figure 3, the edge of the cup was:

$$\left\{ \begin{aligned}
 & \theta_{\text{in}} = 0, \theta_{\text{out}} = \pi \\
 & \phi_{\text{in}} = \beta, \phi_{\text{out}} = \pi + \beta
 \end{aligned} \right. \quad (3)$$

14 where β is the inclination angle of the cups of the models, equal to 45° in the present full hip
 15 resurfacing model.

16 The Swift-Steiber (Reynolds) boundary condition was employed for the continuity of flow
 17 and the indication of the film rupture at the outlet:

$$\frac{\partial p}{\partial \phi} = \frac{\partial p}{\partial \theta} = 0 \quad (4)$$

The film thickness consisted of the undeformed gap and the elastic deformation of bearing surfaces due to hydrodynamic pressure:

$$h = R_c - R_h - e_x \sin \theta \cos \phi - e_y \sin \theta \sin \phi - e_z \cos \theta + \delta \quad (5)$$

where R_h is the radius of the head; e_x , e_y and e_z are the eccentricities of the femoral head relative to the cup; δ is the local deformation of the bearing surfaces of the cup and head.

In addition, the external load components, w_x , w_y and w_z , were balanced by the integration of the hydrodynamic pressure:

$$\begin{aligned} f_x &= R_h^2 \int_{\phi_{in}}^{\phi_{out}} \int_{\theta_{in}}^{\theta_{out}} p \sin^2 \theta \cos \phi \, d\theta \, d\phi = w_x \\ f_y &= R_h^2 \int_{\phi_{in}}^{\phi_{out}} \int_{\theta_{in}}^{\theta_{out}} p \sin^2 \theta \sin \phi \, d\theta \, d\phi = w_y \\ f_z &= R_h^2 \int_{\phi_{in}}^{\phi_{out}} \int_{\theta_{in}}^{\theta_{out}} p \sin \theta \cos \theta \, d\theta \, d\phi = w_z \end{aligned} \quad (6)$$

12 Numerical method

A flexibility matrix method able to consider the effects of complex structures of lubrication system [23, 42] was used to solve the above EHL model. The details of the method can be found somewhere else [23]. In brief, the Reynolds equation was solved using a Gauss-Seidel scheme with local linearization; the elastic deformation was calculated separately from the Reynolds equation, by the product of the flexibility matrix of the lubrication nodes and the nodal force; the two solution modules exchanged data during an iterative process. The flexibility matrix was obtained by inverting the stiffness matrix, which was obtained through finite element (FE) analysis. The nodal force was obtained by transferring the hydrodynamic pressure according to isoparametric element definition.

1 Two 3D FE models were generated in I-DEAS (Version 11.0, Siemens PLM Software Inc.,
2 Plano, USA) to calculate the stiffness matrices of the nodes on the lubricated surfaces of the
3 acetabular and femoral components (Figure 4). One included the acetabular component and
4 the pelvis, and another incorporated the femoral component and the femur as well as their
5 fixation. The meshes of the inner surface of the cup and the outer surface of the head were
6 matched with the lubrication grid shown in Figure 3. A mesh density of 65×65 nodes on the
7 contact surface was used for the present study [21, 23] (The differences in the maximum
8 pressure and central film thickness caused by the increase of mesh density to 91×91 were
9 less than 1% and 3%, respectively). The stiffness matrices of the nodes on the lubricated
10 surfaces of the cup and the head were obtained by solving the FE models using Abaqus
11 (Version 6.7 – 1, Dassault Systèmes Simulia Corp., Providence, USA). The structural
12 information of these components was coupled into the lubrication analysis by the flexibility
13 matrices.

14 It should be noted that when the deformation was calculated, the acetabular and femoral
15 components underwent large bending and translational displacements under pressure. Since
16 only the local deformation of the bearing surfaces should be considered in the EHL analyses
17 [43], the mean large displacements were subtracted from the overall displacements of the
18 surfaces, similar to the approach used in the EHL analysis of connecting-rod bearings [44,
19 45].

20 *Simplified models*

21 In order to examine the effects of the orientations of components of the hip resurfacing
22 replacement and the structure of bones, three simplified models (model-s1, model-s2, and
23 model-s3) using equivalent bone model were also solved. The detailed structure of the
24 simplified models is shown in Figure 5(a). The elastic modulus and Poisson's ratio of the

1 equivalent bone model were 3.0 GPa and 0.3 [22, 23], respectively. The orientations of the
2 components of the simplified models were different. Model-s1 was the widely-used model
3 for the lubrication analysis of hip resurfacing prosthesis [21-23], of which the acetabular
4 component was positioned horizontally and the femoral component was positioned vertically,
5 as shown in Figure 5(b). Both the cup and the head of model-s2 were inclined with an angle
6 of 45° to simulate an anatomical contact (Figure 5(c)). In model-s3 (Figure 5(d)), the cup was
7 inclined with an angle of 45° but the head was assumed to be vertical as that of model-s1.

8 Two reference models were also introduced to investigate the effect of the structures of bones.
9 Reference model one (model-r1) is the combination of the realistic femoral part of the full
10 model (Figure 4(b)) and the inclined equivalent pelvic part of simplified model two (model-
11 s2, figure 5(c)). Reference model two (model-r2) is the combination of the realistic pelvic
12 part (Figure 4(a)) and the inclined equivalent femoral part of simplified model two.

13 The same numerical procedure as described in *Numerical method* was used to solve the EHL
14 of these simplified models. Moreover, the static dry contact mechanics of the simplified
15 models (model-s1, model-s2, and model-s3) were also solved to provide corroboration for the
16 EHL models and also to further investigate the effects of the orientations of the components.
17 3D FE contact mechanics models were created in NX I-DEAS and solved using Abaqus. For
18 each model, the back of the equivalent bone was fully constrained and a vertical load was
19 applied through the center of the head. The friction between the bearing surfaces was not
20 considered because its effect on the contact pressure in a well lubricated MOM hip bearing is
21 negligible. Moreover, it has also been shown that for a MOM hip bearings, a friction
22 coefficient up to 0.2 did not affect the contact pressure prediction [46]. The difference in the
23 maximum contact pressure caused by the increase of mesh density from 64×64 elements to
24 96×96 elements on the contact surface was 7%. The mesh density of 96×96 elements on

1 the contact surface was employed for all the dry contact models, resulting in a total of
2 approximately 75, 000 8-node linear hexahedral and 6-node linear tetrahedral elements for
3 each dry contact model. With the cup surface being chosen as the slave surface, the element-
4 based surfaces of the cup and head were defined as a contact pair. “Node to surface” was
5 used as the contact discretization for the contact pair. The contact tracking approach was
6 “small sliding”. The option “adjust = 0.0” was used to avoid the initial overclosure of the
7 surfaces. The key word “CLEARANCE” was used to accurately define the initial gap
8 between the bearing surfaces.

9 **Results**

10 Although a wide range of steady-state load and velocity has been considered for the EHL
11 model, the full model was compared with the simplified models under a condition that only
12 considered the vertical load and flexion/extension rotation since in a walking cycle the load is
13 mainly in the vertical direction and the major velocity is in the flexion/extension direction.
14 The model condition was: $w_x = 0.0$ N, $w_y = 3200.0$ N, $w_z = 0.0$ N, $\omega_x = 2.0$ rad/s, $\omega_y = 0.0$
15 rad/s and $\omega_z = 0.0$ rad/s. In the dry contact mechanics analyses of the simplified models,
16 correspondingly, only a vertical load of 3200.0 N was applied. Figure 6 shows the contour
17 plots of the hydrodynamic pressure of the full hip resurfacing EHL model and the simplified
18 models under the same conditions. The contour plots of the corresponding lubricant film
19 thickness are shown in Figure 7. Figure 8 is the comparison of the pressure distribution and
20 film thickness on the lines of $\phi = 90^\circ$ and $\theta = 90^\circ$ of the full hip resurfacing EHL model and
21 the simplified models. The dry contact pressure distributions of the three simplified models
22 under the vertical load of 3200 N are plotted in Figure 9. Figure 10 shows the comparison of
23 the pressure distribution and film thickness on the lines of $\phi = 90^\circ$ and $\theta = 90^\circ$ of the full hip
24 resurfacing EHL model and the reference models.

1 Discussion

2 It is well known that EHL solutions take long computational time and therefore assumptions
3 are usually made to simplify the problem. For example, previous EHL studies of hip
4 resurfacing prostheses used simple supports to represent bones and ignored the effects of the
5 orientations of prosthetic components [21-23]. The present study attempts to examine the
6 validity of these assumptions.

7 Under typical EHL conditions, the hydrodynamic pressure is generally expected to be similar
8 to the dry contact pressure since the lubrication film is very thin. Therefore, the comparison
9 between hydrodynamic pressure and dry contact pressure is able to verify the solutions of dry
10 contact mechanics and steady-state EHL models. The hydrodynamic pressure obtained from
11 the full model was verified by comparing indirectly with the corresponding dry contact
12 pressure presented in a previous study [33]. Under the same load of 3200 N, the profile of the
13 hydrodynamic pressure shown in Figure 6(a) was similar to that of the dry contact pressure.
14 Moreover, the maximum hydrodynamic pressure predicted from the EHL model was 21.8
15 MPa, consistent with the maximum dry contact pressure of 22 MPa [33]. The direct
16 comparison between the hydrodynamic pressure and dry contact pressure of the simplified
17 models of the present study is able to provide more supports for the solutions. It is clear that
18 the profiles and the magnitudes of the hydrodynamic pressures of the simplified models
19 shown in Figure 6 closely resembled those of the corresponding dry contact pressures shown
20 in Figure 9.

21 The widely-used simplified model with a horizontal cup and a vertical head bone (model-s1)
22 did not predict correct pressure distribution and film thickness for MOM hip resurfacing
23 prosthesis, as indicated in Figures 6 to 8. Obvious differences in both profile and magnitude
24 of pressure distribution and film thickness were found between the full model and model-s1.

1 As shown in Figure 6, the position of the maximum hydrodynamic pressure predicted from
2 the full model was different from model-s1. This is extremely important because it represents
3 the position of the maximum stress experienced by the components. Moreover, the central
4 film thickness of the full model was significantly thicker than that of model-s1 (Figures 7 and
5 8). The present findings call for questions in majority of previous lubrication studies reported
6 in the literature, largely based on model-s1.

7 Model-s2 produced similar hydrodynamic pressure distribution and lubricant film thickness
8 profile to the full model (Figures 6 to 8). Since the only difference between model-s1 and
9 model-s2 was the orientations of the cup and head, this reflected a remarkable effect of the
10 anatomical inclination angle of the cup and head, particularly for resurfacing type prostheses
11 which tend to use thin components. The effects of the orientations of the components can be
12 further examined by comparing the EHL and dry contact mechanics solutions of model-s1,
13 model-s2 and model-s3. The inclination angles of the cups of model-s1 and model-s3 were
14 different, while their heads were positioned in a similar way. Therefore, the comparison
15 between them highlighted the effect of the orientation of the cup component. Since the dry
16 contact pressure and hydrodynamic pressure distribution and lubricant film profile of model-
17 s1 and model-s3 were identical (Figures 6 to 9), the inclination of the cup up to 45° had no
18 effect on the lubrication performance of MOM hip resurfacing prosthesis. This is consistent
19 with the conclusion drawn for the MOM spherical THR from a previous study [47]. It is also
20 reasonable to conclude that the inclination angle of the hemispherical cup (up to 45°) may
21 have negligible effect on the wear of hip resurfacing prostheses as it did not affect the
22 lubrication performance and contact mechanics of the MOM hip prosthesis. It should also be
23 noted that the contact areas of the cases investigated in this study were all within the cup
24 (away from the edge). However, it should be pointed out that *in-vivo* and *in-vitro* studies [24-
25 29] indicated that steeper acetabular components may cause severe wear. Since the effect of

1 the normal inclination of the cup itself can be excluded from the present study, future studies
2 should concentrate on higher inclination angles, smaller coverage angle and micro-separation
3 related to the occurrences of edge-loading.

4 In a similar manner, the remarkable differences in the hydrodynamic and dry contact
5 pressures and lubricant film of model-s2 and model-s3 were attributed to the effect of the
6 orientation of the head component, since the inclination angle of the cups of model-s2 and
7 model-s3 was similar, while their heads were positioned in a different way. This is because
8 the stiffness of the head is different at different contact positions due to the non-uniform
9 structures of the head and its fixation. Finally, it can be concluded that the difference in the
10 lubrication performance of model-s1 and model-s2 was caused by the the orientation of the
11 head component. Therefore, it is important to incorporate the correct orientation of the head
12 component in the EHL and contact mechanics models of MOM surface hip prostheses.

13 Moreover, the agreement between the results of model-s2 and the full model implied that the
14 combined effect of the material properties and structures of the bones on the lubrication
15 performance of MOM hip resurfacing prostheses was negligible. This was consistent with the
16 conclusion drawn from previous studies [21, 23]. Therefore, it is possible to replace the
17 realistic bones using equivalent bone models with appropriate material properties in the EHL
18 models of MOM hip resurfacing prostheses. However, there were still differences in the
19 hydrodynamic pressure and film thickness between model-s2 and the full model. These
20 differences indicated that the material parameters for the equivalent bone model adopted in
21 the present study were not accurate enough to represent the realistic bones. Future studies
22 should be conducted to obtain optimal material properties for the equivalent bone model.

23 The effect of the structures of the realistic femur and pelvis was also investigated by
24 comparing the full model with reference models. Results shown in Figure 10 indicated that

1 the local fluctuations on the film thickness and pressure in the entraining direction of the full
2 model may be a result of the consideration of the realistic structure of the femoral bone, since
3 both the full model and model-r1 produced local fluctuations in the entraining direction while
4 model-r2 did not. Moreover, the approximate agreement between reference models and the
5 full model confirmed again the possibility to replace the realistic bones using equivalent bone
6 models with appropriate material properties in computational models.

7 The increasing early failure of MOM hip resurfacing implant has caused concerns. Along
8 with the corrosion between the large metal head and the stem [48], edge loading is an
9 important reason of this early failure [17, 49], because it not only increases the local contact
10 pressure, but also is believed to cause loss of lubrication [24, 50]. Edge loading occurs when
11 the contact patch between the acetabular and femoral components extends over the rim of the
12 cup, which may be caused by a steeply inclined cup and other factors such as small coverage
13 angle and smaller clearance [50]. However, the inclination angle (up to 45°) of the
14 hemispherical cup considered in this study was not large enough to cause edge loading.
15 Moreover, the consideration of edge loading in numerical lubrication analysis involves more
16 complex factors such as starvation. Therefore, the effect of edge loading was not included in
17 this study. This will be considered in future work.

18 There are other limitations in the present study. Because of the non-symmetric and non-
19 compressible characteristics of the stiffness and flexibility matrices of the complex structure
20 of hip resurfacing system, only 65×65 nodes were used for the lubrication analysis due to
21 the extremely high computational cost and storage size requirement for the finer lubrication
22 meshes. As a result, a relatively high viscosity was adopted to facilitate the convergence of
23 numerical solution. It is expected that this issue will be solved using a method of selective-
24 fine-mesh with selective-storage [51]. Moreover, only steady-state condition was considered

1 as the first step to address the importance of the effect of orientation of components. Future
2 work will perform transient analyses.

3 **Conclusions**

4 The EHL of a full MOM hip resurfacing model and three simplified MOM hip resurfacing
5 models were also solved. A flexibility matrix method was used to solve these models. The
6 effects of the orientations of components and the structures of realistic bones on the
7 lubrication performance of MOM hip resurfacing prosthesis were investigated by comparing
8 the full model with the simplified models. It was found that the orientation of the head played
9 a very important role in predicting the pressure distribution and film profile of hip resurfacing
10 prosthesis while the inclination of the cup up to 45° had no appreciable effect on the
11 lubrication performance of MOM hip resurfacing prosthesis. It is expected that the inclination
12 angle of the hemispherical cup may have negligible effect on the wear of hip resurfacing
13 prostheses if the contact area is within the cup (away from the edge). Moreover, the
14 combined effect of material properties and structures of the bones may have a negligible
15 effect.

16 **Acknowledgement**

17 The authors would also like to thank Professor Peiran Yang of Qingdao Technological
18 University for his valuable discussion.

19 *Funding acknowledgement*

20 This work was support by the Overseas Research Students Awards Scheme (ORSAS) to
21 Qingen Meng, the National Natural Science Foundation of China (grant number: 50628505)

1 and the NIHR (National Institute for Health Research) as part of collaboration with the
2 LMBRU (Leeds Musculoskeletal Biomedical Research Unit).

3 **Conflict of interest**

4 The authors have no conflict of interest to disclose for this work.

5 **References**

- 6 1. Amstutz HC, Grigoris P, Dorey FJ. Evolution and future of surface replacement of the
7 hip. *J Orthop Sci* 1998; 3: 169-186.
8
- 9 2. Grigoris P, Roberts P, Panousis K, et al. Hip resurfacing arthroplasty: the evolution of
10 contemporary designs. *Proc IMechE Part H: J Engineering in Medicine* 2006; 220:
11 95-105.
12
- 13 3. Vassitiou K, Elfick APD, Scholes SC, et al. The effect of 'running-in' on the tribology
14 and surface morphology of metal-on-metal Birmingham hip resurfacing device in
15 simulator studies. *Proc IMechE Part H: J Engineering in Medicine* 2006; 220: 269-
16 277.
17
- 18 4. Leslie I, Williams S, Brown C, et al. Effect of bearing size on the long-term wear, wear
19 debris, and ion levels of large diameter metal-on-metal hip replacements - An in vitro
20 study. *J Biomed Mater Res B* 2008; 87B: 163-172.
21
- 22 5. Dowson D, Hardaker C, Flett M, et al. A hip joint simulator study of the performance of
23 metal-on-metal joints - Part 2: Design. *Journal of Arthroplasty* 2004; 19: 124-130.
24
- 25 6. Langton DJ, Joyce TJ, Jameson SS, et al. Adverse reaction to metal debris following
26 hip resurfacing - The influence of component type, orientation and volumetric wear.
27 *Journal of Bone and Joint Surgery-British Volume* 2011; 93B: 164-171.
28
- 29 7. Lord JK, Langton DJ, Nargol AVF, et al. Volumetric wear assessment of failed metal-
30 on-metal hip resurfacing prostheses. *Wear* 2011; 272: 79-87.
31
- 32 8. Mattei L, Puccio FD, Ciulli E. Wear simulation of metal on metal hip replacements: an
33 analytical approach. *Proceedings of ASME 2012 11th Biennial Conference on*
34 *Engineering Systems Design And Analysis*: 1-10. Nantes, France. 2012.
35
- 36 9. MHRA. Medical Device Alert MDA/2010/069 (2010).
37

- 1 10. Clarke MT, Lee PTH, Arora A, et al. Levels of metal ions after small- and large-
2 diameter metal-on-metal hip arthroplasty. *Journal of Bone and Joint Surgery-British*
3 *Volume 2003; 85B: 913-917.*
4
- 5 11. Daniel J, Ziaee H, Salama A, et al. The effect of the diameter of metal-on-metal
6 bearings on systemic exposure to cobalt and chromium. *Journal of Bone and Joint*
7 *Surgery-British Volume 2006; 88B: 443-448.*
8
- 9 12. Moroni A, Savarino L, Cadossi M, et al. Does ion release differ between hip resurfacing
10 and metal-on-metal THA? *Clinical Orthopaedics and Related Research 2008; 466:*
11 *700-707.*
12
- 13 13. Mabillean G, Kwon YM, Pandit H, et al. Metal-on-metal hip resurfacing arthroplasty: A
14 review of periprosthetic biological reactions. *Acta Orthopaedica 2008; 79: 734-747.*
15
- 16 14. Shetty VD, Villar RN. Development and problems of metal-on-metal hip arthroplasty.
17 *Proceedings of the Institution of Mechanical Engineers Part H-Journal of Engineering*
18 *in Medicine 2006; 220: 371-377.*
19
- 20 15. Glyn-Jones S, Pandit H, Kwon YM, et al. Risk factors for inflammatory pseudotumour
21 formation following hip resurfacing. *Journal of Bone and Joint Surgery-British*
22 *Volume 2009; 91B: 1566-1574.*
23
- 24 16. Grammatopoulos G, Pandit H, Kwon YM, et al. Hip resurfacings revised for
25 inflammatory pseudotumour have a poor outcome. *Journal of Bone and Joint Surgery-*
26 *British Volume 2009; 91B: 1019-1024.*
27
- 28 17. Kwon YM, Glyn-Jones S, Simpson DJ, et al. Analysis of wear of retrieved metal-on-
29 metal hip resurfacing implants revised due to pseudotumours. *Journal of Bone and*
30 *Joint Surgery-British Volume 2010; 92B: 356-361.*
31
- 32 18. Kwon Y-M, Ostlere SJ, McLardy-Smith P, et al. "Asymptomatic" Pseudotumors After
33 Metal-on-Metal Hip Resurfacing Arthroplasty. *Journal of Arthroplasty 2011; 26: 511-*
34 *518.*
35
- 36 19. Jin ZM. Theoretical studies of elastohydrodynamic lubrication of artificial hip joints.
37 *Proceedings of the Institution of Mechanical Engineers, Part J: Journal of Engineering*
38 *Tribology 2006; 220: 719-727.*
39
- 40 20. Mattei L, Di Puccio F, Piccigallo B, et al. Lubrication and wear modelling of artificial
41 hip joints: A review. *Tribology International 2011; 44: 532-549.*
42
- 43 21. Udofia IJ, Jin ZM. Elastohydrodynamic lubrication analysis of metal-on-metal hip-
44 resurfacing prostheses. *Journal of Biomechanics 2003; 36: 537-544.*
45
- 46 22. Liu F, Jin ZM, Roberts P, et al. Importance of head diameter, clearance, and cup wall
47 thickness in elastohydrodynamic lubrication analysis of metal-on-metal hip
48 resurfacing prostheses. *Proceedings of the Institution of Mechanical Engineers, Part H:*
49 *Journal of Engineering in Medicine 2006; 220: 695-704.*
50

- 1 23. Meng QE, Liu F, Jin ZM. Elastohydrodynamic lubrication analysis of metal-on-metal
2 hip implants with complex structures using the finite element method. Proceedings of
3 the Institution of Mechanical Engineers, Part J: Journal of Engineering Tribology
4 2010; 224: 1007-1018.
5
- 6 24. Angadji A, Royle M, Collins SN, et al. Influence of cup orientation on the wear
7 performance of metal-on-metal hip replacements. Proceedings of the Institution of
8 Mechanical Engineers Part H-Journal of Engineering in Medicine 2009; 223: 449-457.
9
- 10 25. De Haan R, Pattyn C, Gill HS, et al. Correlation between inclination of the acetabular
11 component and metal ion levels in metal-on-metal hip resurfacing replacement.
12 Journal of Bone and Joint Surgery-British Volume 2008; 90B: 1291-1297.
13
- 14 26. Hart AJ, Buddhdev P, Winship P, et al. Cup inclination angle of greater than 50 degrees
15 increases whole blood concentrations of cobalt and chromium ions after metal-on-
16 metal hip resurfacing. Hip International 2008; 18: 212-219.
17
- 18 27. Isaac GH, Schmalzried TP, Vail TP. Component mal-position: the 'Achilles' heel' of
19 bearing surfaces in hip replacement. Proceedings of the Institution of Mechanical
20 Engineers Part J-Journal of Engineering Tribology 2009; 223: 275-286.
21
- 22 28. Leslie IJ, Williams S, Isaac G, et al. High Cup Angle and Microseparation Increase the
23 Wear of Hip Surface Replacements. Clinical Orthopaedics and Related Research 2009;
24 467: 2259-2265.
25
- 26 29. Williams S, Leslie I, Isaac G, et al. Tribology and wear of metal-on-metal hip
27 prostheses: Influence of cup angle and head position. Journal of Bone and Joint
28 Surgery-American Volume 2008; 90A: 111-117.
29
- 30 30. Yew A, Jagatia M, Ensaff H, et al. Analysis of contact mechanics in McKee-Farrar
31 metal-on-metal hip implants. Proceedings of the Institution of Mechanical Engineers
32 Part H-Journal of Engineering in Medicine 2003; 217: 333-340.
33
- 34 31. Udofia I, Liu F, Jin Z, et al. The initial stability and contact mechanics of a press-fit
35 resurfacing arthroplasty of the hip. Journal of Bone and Joint Surgery-British Volume
36 2007; 89B: 549-556.
37
- 38 32. Dalstra M, Huiskes R, Vanerning L. Development and validation of a 3-dimensional
39 finite-element model of the pelvic bone. Journal of Biomechanical Engineering-
40 Transactions of the ASME 1995; 117: 272-278.
41
- 42 33. Liu F, Udofia IJ, Jin ZM, et al. Comparison of contact mechanics between a total hip
43 replacement and a hip resurfacing with a metal-on-metal articulation. Proceedings of
44 the Institution of Mechanical Engineers Part C-Journal of Mechanical Engineering
45 Science 2005; 219: 727-732.
46
- 47 34. Fan J, Myant C, Underwood R, et al. Synovial fluid lubrication of artificial joints:
48 protein film formation and composition. Faraday Discussions 2012; 156: 69-85.
49

- 1 35. Fan J, Myant CW, Underwood R, et al. Inlet protein aggregation: a new mechanism for
2 lubricating film formation with model synovial fluids. Proceedings of the Institution
3 of Mechanical Engineers Part H-Journal of Engineering in Medicine 2011; 225: 696-
4 709.
5
- 6 36. Myant C, Underwood R, Fan J, et al. Lubrication of metal-on-metal hip joints: The
7 effect of protein content and load on film formation and wear. Journal of the
8 Mechanical Behavior of Biomedical Materials 2012; 6: 30-40.
9
- 10 37. Myant C, Cann PM. In contact observation of model synovial fluid lubricating
11 mechanisms Tribology International 2012: [http://](http://dx.doi.org/10.1016/j.triboint.2012.1004.1029)
12 dx.doi.org/10.1016/j.triboint.2012.1004.1029.
13
- 14 38. Cooke AF, Dowson D, Wright V. The rheology of synovial fluid and some potential
15 synthetic lubricants for degenerate synovial joints. Engineering in Medicine 1978; 7:
16 66-72.
17
- 18 39. Yao JQ, Laurent MP, Johnson TS, et al. The influences of lubricant and material on
19 polymer/CoCr sliding friction. Wear 2003; 255: 780-784.
20
- 21 40. Bergmann G, Deuretzbacher G, Heller M, et al. Hip contact forces and gait patterns
22 from routine activities. Journal of Biomechanics 2001; 34: 859-871.
23
- 24 41. Wang FC, Jin ZM. Elastohydrodynamic lubrication modeling of artificial hip joints
25 under steady-state conditions. Journal of Tribology-Transactions of the ASME 2005;
26 127: 729-739.
27
- 28 42. Latini F, Forte P. Flexibility matrix method applied to the finite element
29 elastohydrodynamic analysis of plain journal bearings. Proceedings of the Institution
30 of Mechanical Engineers, Part J: Journal of Engineering Tribology 2005; 219: 59-68.
31
- 32 43. Hooke CJ. Special issue on elastohydrodynamic lubrication. Proceedings of the
33 Institution of Mechanical Engineers Part C-Journal of Mechanical Engineering
34 Science 2010; 224: I-II.
35
- 36 44. Piffeteau S, Souchet D, Bonneau D. Influence of thermal and elastic deformations on
37 connecting-rod big end bearing lubrication under dynamic loading. Journal of
38 Tribology-Transactions of the ASME 2000; 122: 181-191.
39
- 40 45. Bonneau D, Guines D, Frene J, et al. EHD analysis, including structural inertia effects
41 and a mass-conserving cavitation model. Journal of Tribology-Transactions of the
42 ASME 1995; 117: 540-547.
43
- 44 46. Liu F, Jin ZM, Grigoris P, et al. Contact mechanics of metal-on-metal hip implants
45 employing a metallic cup with a UHMWPE backing. Proc Inst Mech Eng H 2003;
46 217: 207-213.
47
- 48 47. Wang FC, Jin ZM. Transient elastohydrodynamic lubrication of hip joint implants.
49 Journal of Tribology-Transactions of the ASME 2008; 130: 011007.
50

- 1 48. Bolland BJRF, Latham JM, Whitwell D. Hip resurfacing Early failures cause concern.
2 British Medical Journal 2012; 341.
3
- 4 49. Fisher J. Bioengineering reasons for the failure of metal-on-metal hip prostheses AN
5 ENGINEER'S PERSPECTIVE. Journal of Bone and Joint Surgery-British Volume
6 2011; 93B: 1001-1004.
7
- 8 50. Underwood RJ, Zografos A, Sayles RS, et al. Edge loading in metal-on-metal hips: low
9 clearance is a new risk factor. Proceedings of the Institution of Mechanical Engineers
10 Part H-Journal of Engineering in Medicine 2012; 226: 217-226.
11
- 12 51. Xiong SW, Lin C, Wang YS, et al. An Efficient Elastic Displacement Analysis
13 Procedure for Simulating Transient Conformal-Contact Elastohydrodynamic
14 Lubrication Systems. Journal of Tribology-Transactions of the ASME 2010; 132:
15 021502.
16
17
18

19

20

21

22

23

24

25

26

27

28

29

1 Nomenclature

e_x, e_y, e_z eccentricity components of femoral head in the x , y and z directions (m)

f_x, f_y, f_z calculated load components in the x , y and z directions, respectively (N)

h film thickness (m)

p hydrodynamic pressure (Pa)

R_c radius of acetabular cup (m)

R_h radius of femoral head (m)

w_x, w_y, w_z applied load in the x , y and z directions, respectively (N)

x, y, z Cartesian coordinates

β inclination angle of cup (degree)

δ local elastic deformation of bearing surfaces (m)

η viscosity of synovial fluid (Pa·s)

ϕ, θ spherical coordinates (degree)

$\omega_x, \omega_y, \omega_z$ angular velocities around the x , y and z axes, respectively (rad/s)

2

3

4

1 Captions

- Figure 1 (a) Schematic diagram of a full MOM hip resurfacing arthroplasty model;
(b) the cross section of the full model shown in Figure 1(a)
- Figure 2 Schematic diagram of the inclined ball-in-socket model for the lubrication analysis of hip resurfacing system
- Figure 3 Definition of spherical coordinates and lubrication grid under spherical coordinates
- Figure 4 Finite-element models to calculate the stiffness matrices of the lubrication nodes of the full hip resurfacing replacement: the pelvis and cup (a); the proximal femur and head (b)
- Figure 5 Schematic diagrams of simplified models: (a) detailed structure of simplified models; (b) cross section of model-s1, a horizontally positioned cup and a vertically positioned head; (c) cross section of model-s2, both the cup and the head were inclined to simulate an anatomical contact; (d) cross section of model-s3, the cup was inclined but the head was vertical
- Figure 6 Contour plots of the hydrodynamic pressure (MPa) of model-f (a), model-s1 (b), model-s2 (c) and model-s3 (d)
- Figure 7 Contour plots of the film thickness (μm) of model-f (a), model-s1 (b), model-s2 (c) and model-s3 (d)
- Figure 8 The pressure distribution and film thickness on the lines of $\phi = 90^\circ$ (a, b) and $\theta = 90^\circ$ (c, d) of the full hip resurfacing EHL model and simplified

models

Figure 9 Dry contact pressure distribution (MPa) of simplified models: model-s1 (a), model-s2 (b) and model-s3 (c) respectively, under a vertical load of 3200 N

Figure 10 The pressure distribution and film thickness on the lines of $\phi = 90^\circ$ (a, b) and $\theta = 90^\circ$ (c, d) of the full hip resurfacing EHL model and reference models

1

2

3

4

5

6

7

8

9

10

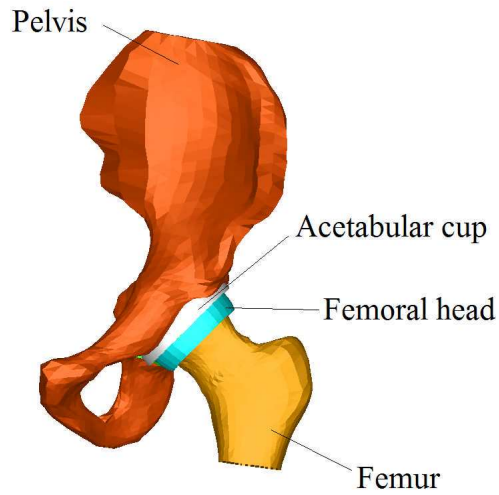
11

12

1

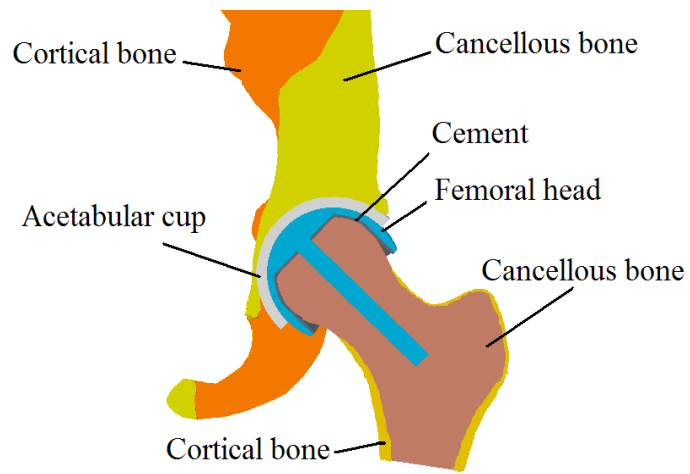
2

3



4

(a)



5

(b)

6

7

Figure 1 (a) Schematic diagram of a full MOM hip resurfacing arthroplasty model; (b) the cross section of the full model shown in Figure 1(a)

8

9

10

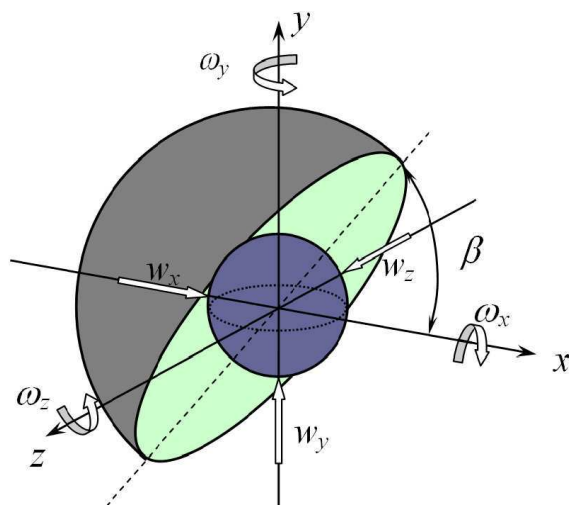
1

2

3

4

5



6

7 Figure 2 Schematic diagram of an inclined ball-in-socket model for the lubrication analysis of
8 hip resurfacing system

9

10

11

12

13

14

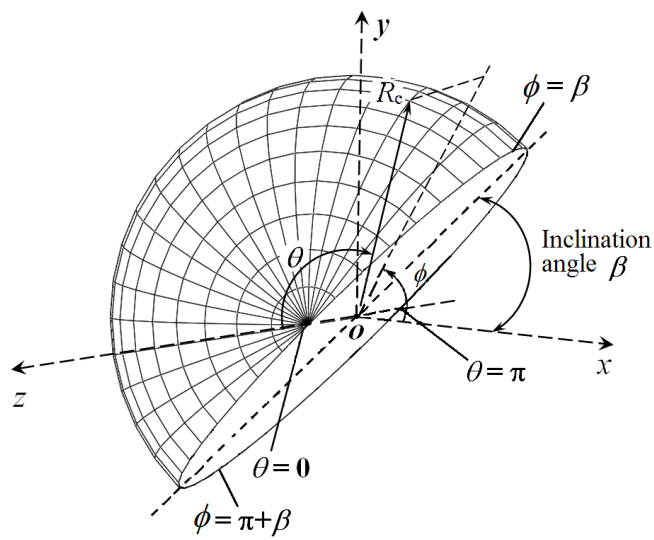
1

2

3

4

5



6

7 Figure 3 Definition of spherical coordinates and lubrication grid under spherical coordinates

8

9

10

11

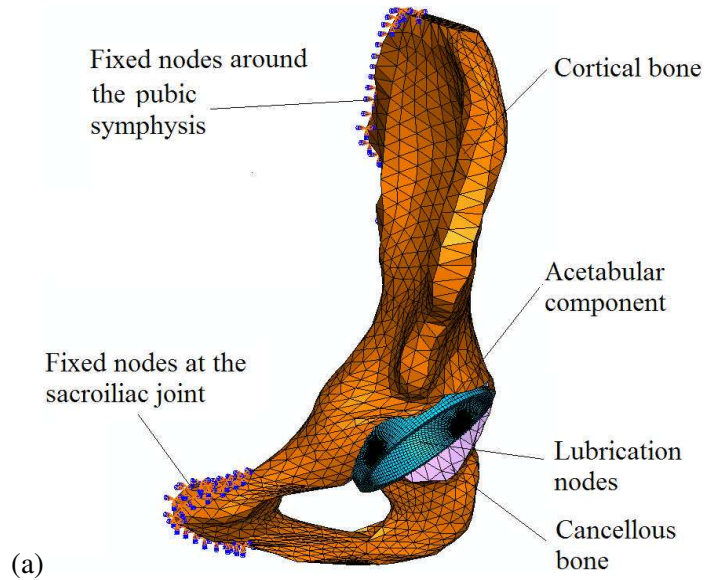
12

13

1

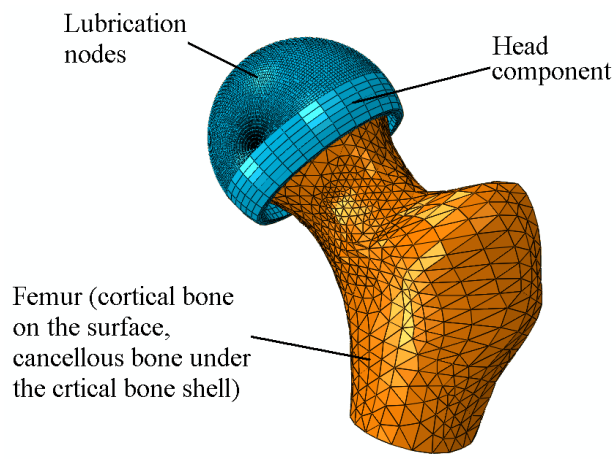
2

3



4

5



6

7

8

9

Figure 4 Finite-element models to calculate the stiffness matrices of the lubrication nodes of the full hip resurfacing replacement: the pelvis and cup (a); the proximal femur and head (b)

10

11

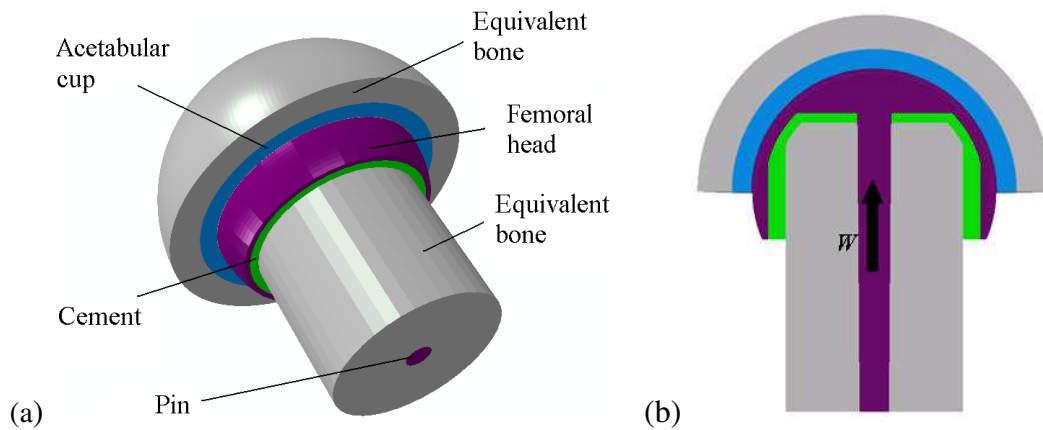
12

1

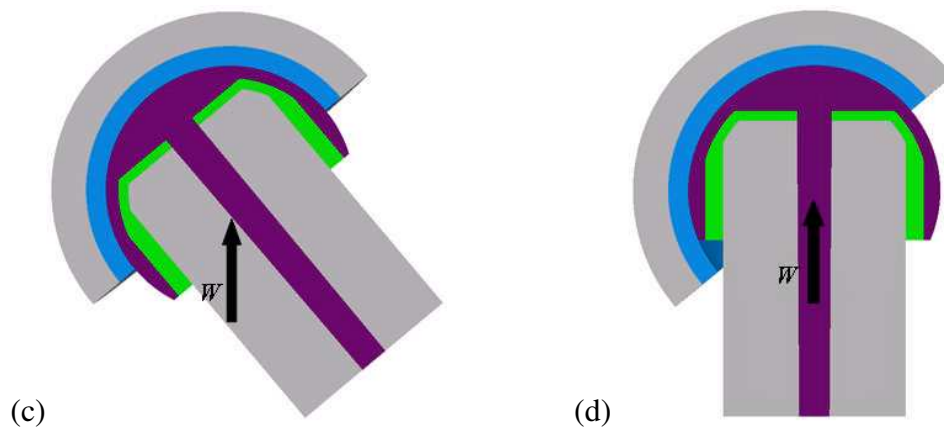
2

3

4



5



6 Figure 5 Schematic diagrams of simplified models: (a) detailed structure of simplified models;

7 (b) cross section of model-s1, a horizontally positioned cup and a vertically positioned

8 head; (c) cross section of model-s2, both the cup and the head were inclined to simulate

9 an anatomical contact; (d) cross section of model-s3, the cup was inclined but the head

10 was vertical

11

12

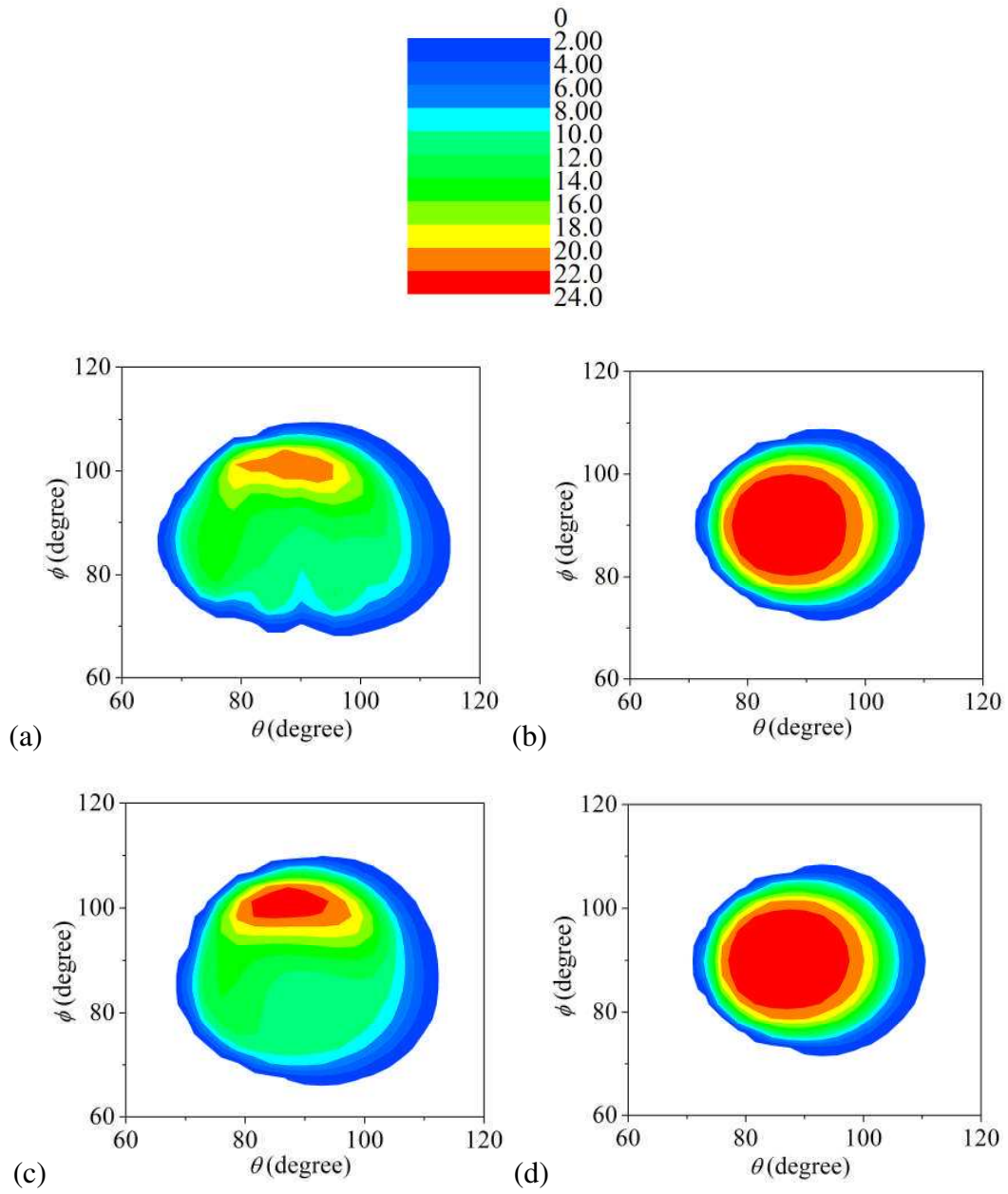
13

14

1

2

3



4

5

6

7

8

9

10

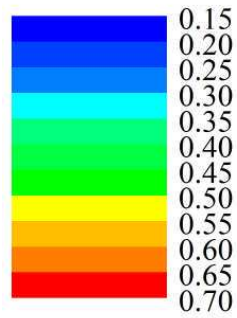
11

Figure 6 Contour plots of the hydrodynamic pressure (MPa) of the full hip resurfacing model (a), model-s1 (b), model-s2 (c) and model-s3 (d)

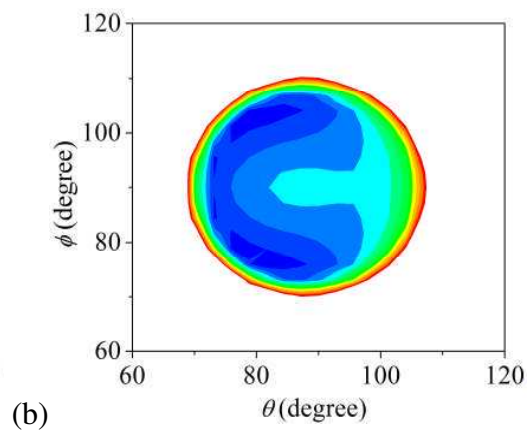
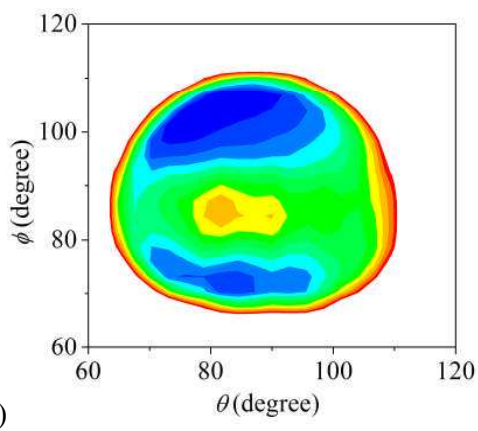
1

2

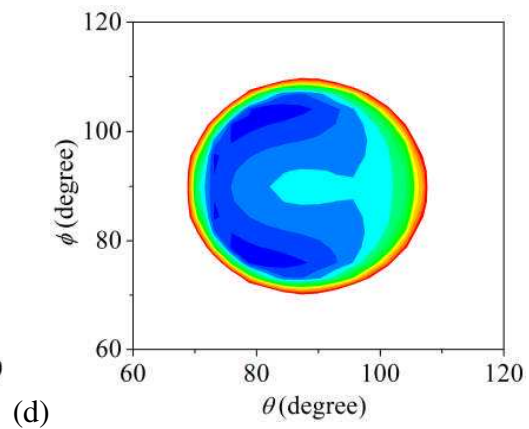
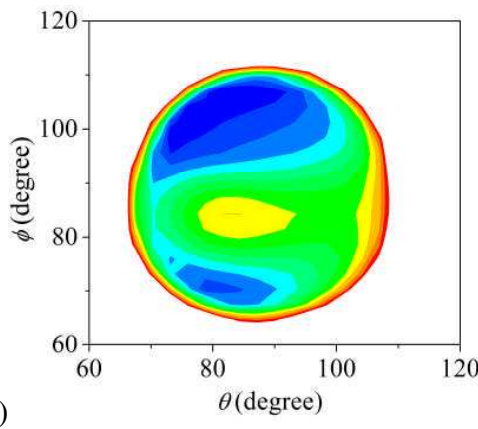
3



4



5



6

7

Figure 7 Contour plots of the film thickness (μm) of the full hip resurfacing model (a), model-s1 (b), model-s2 (c) and model-s3 (d)

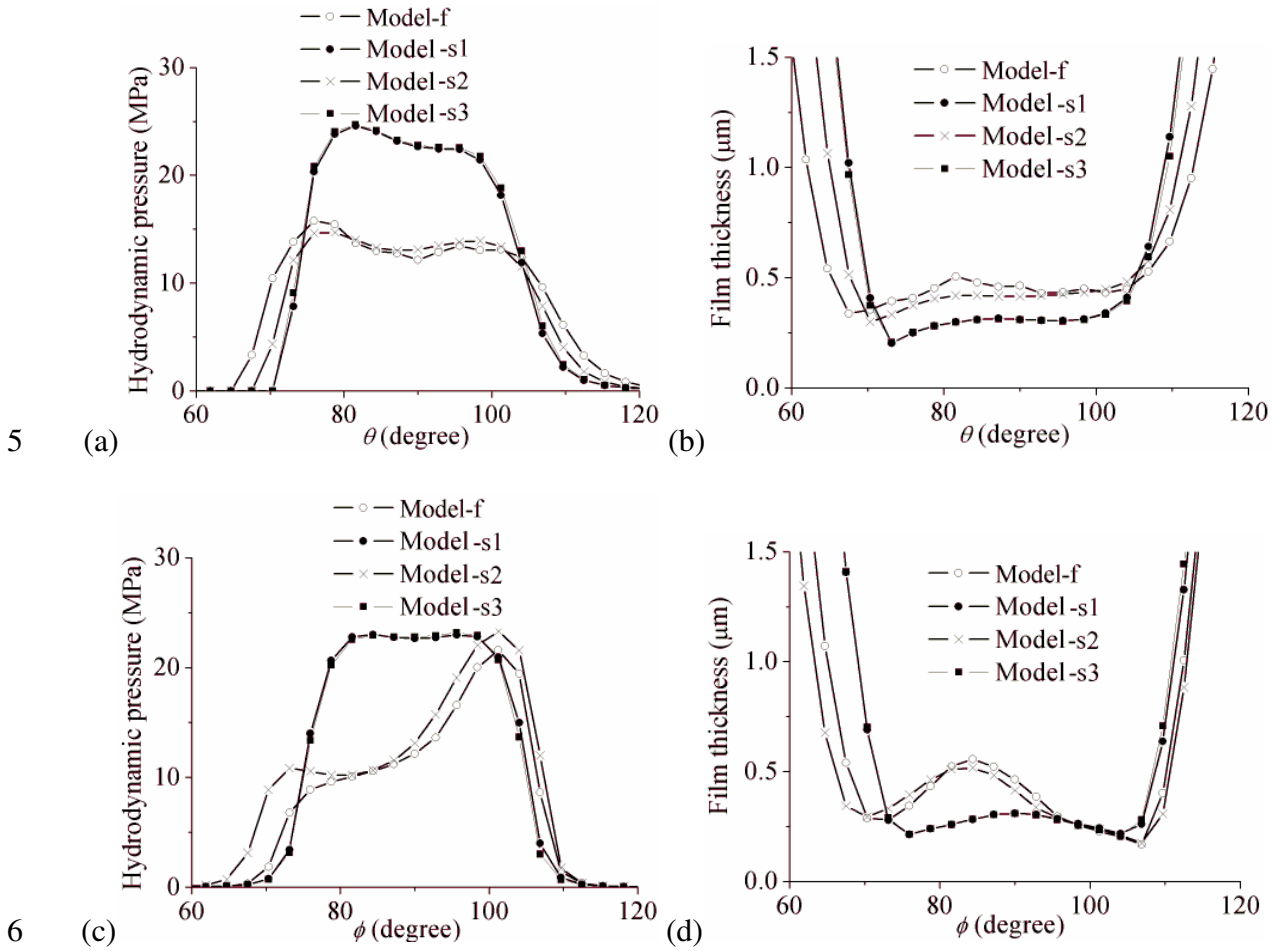
8

9

10

11

1
2
3
4



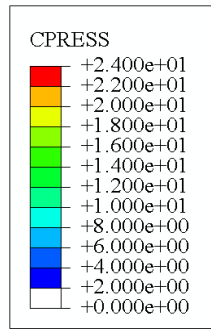
7 Figure 8 The pressure distribution and film thickness on the lines of $\phi = 90^\circ$ (a, b) and $\theta = 90^\circ$
8 (c, d) of the full hip resurfacing EHL model and simplified models

9
10
11
12
13
14

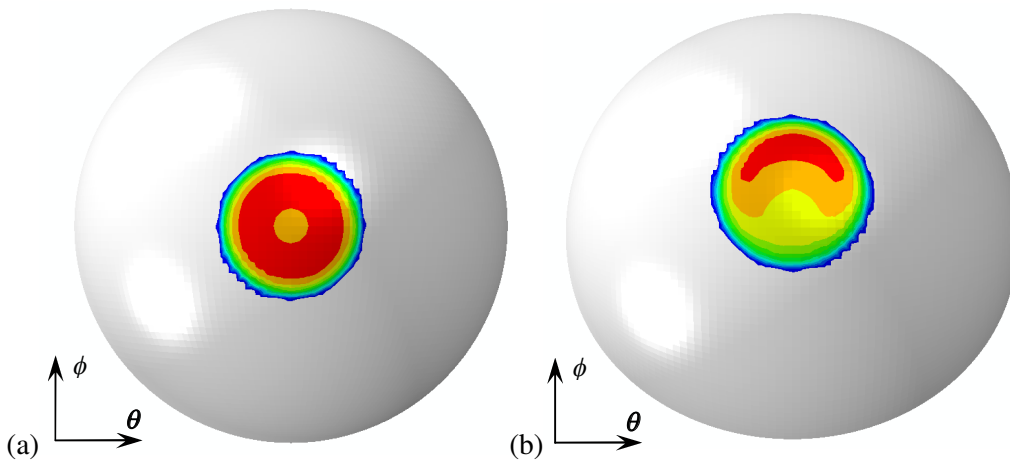
1

2

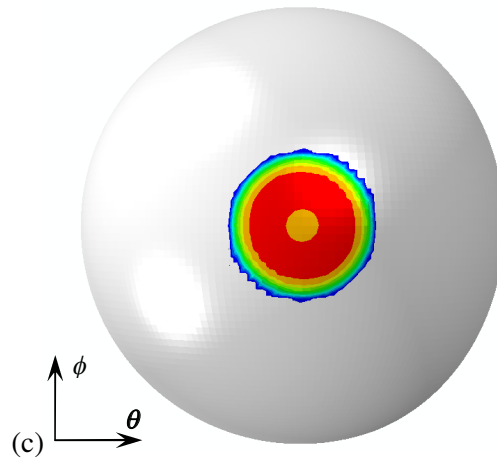
3



4



5



6

Figure 9 Dry contact pressure distribution (MPa) of simplified models: model-s1 (a), model-

7

s2 (b) and model-s3 (c), respectively, under a vertical load of 3200 N

8

9

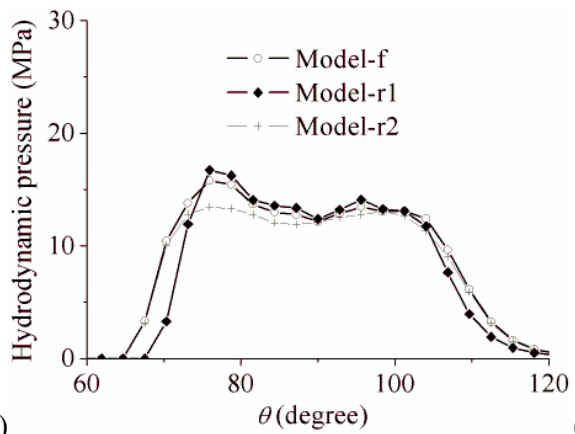
1

2

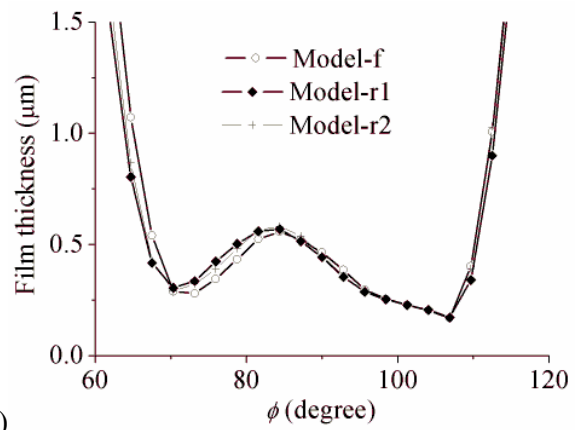
3

4

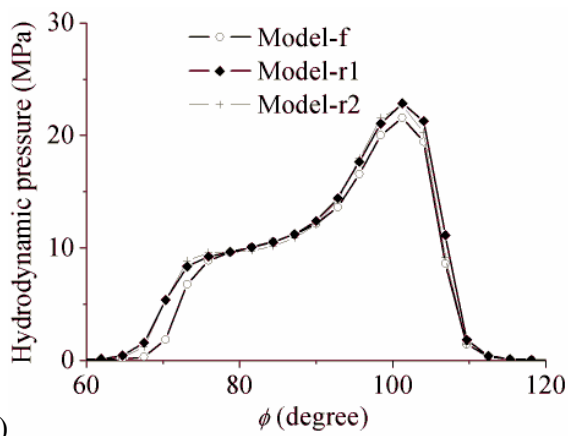
5



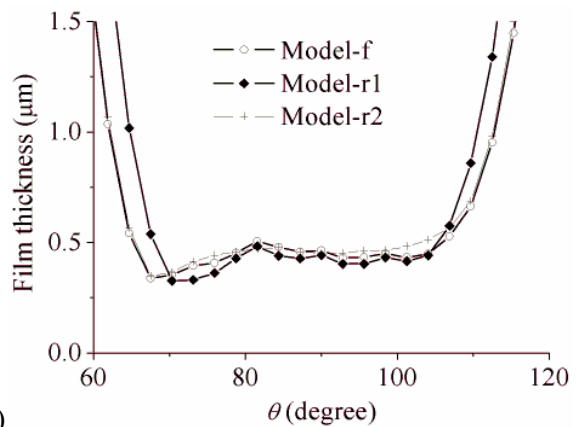
(b)



6



(d)



7 Figure 10 The pressure distribution and film thickness on the lines of $\phi = 90^\circ$ (a, b) and $\theta =$
 8 90° (c, d) of the full hip resurfacing EHL model and reference models

9

10

11

12