

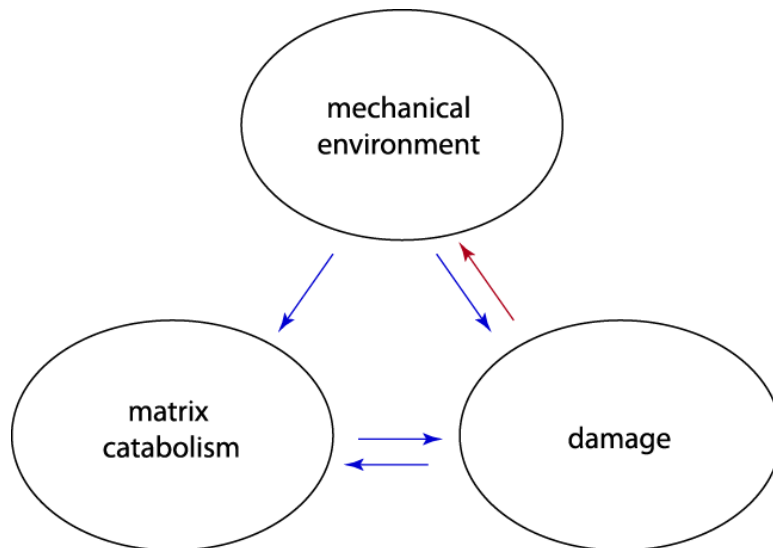
## *Cartilage Tribology and its role in Osteoarthritis*

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## Observations

- 1) Healthy cartilage is wear-free
- 2) OA initiated by mechanical factors (obesity, ACL, impact, meniscus, etc.)
- 3) Initiates locally and propagates to failure

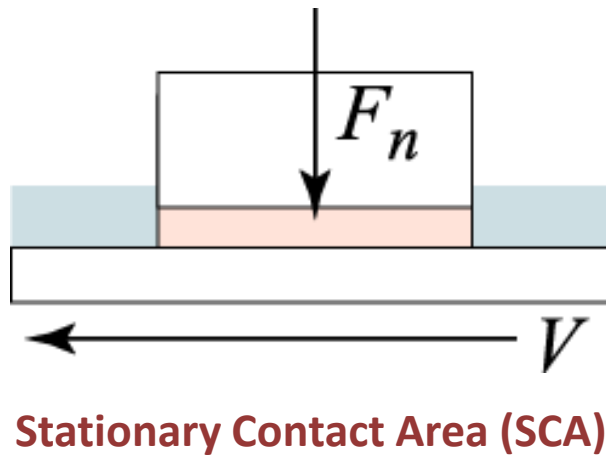


**Hypothesis: damage impedes lubrication, lubrication disruptions cause damage**

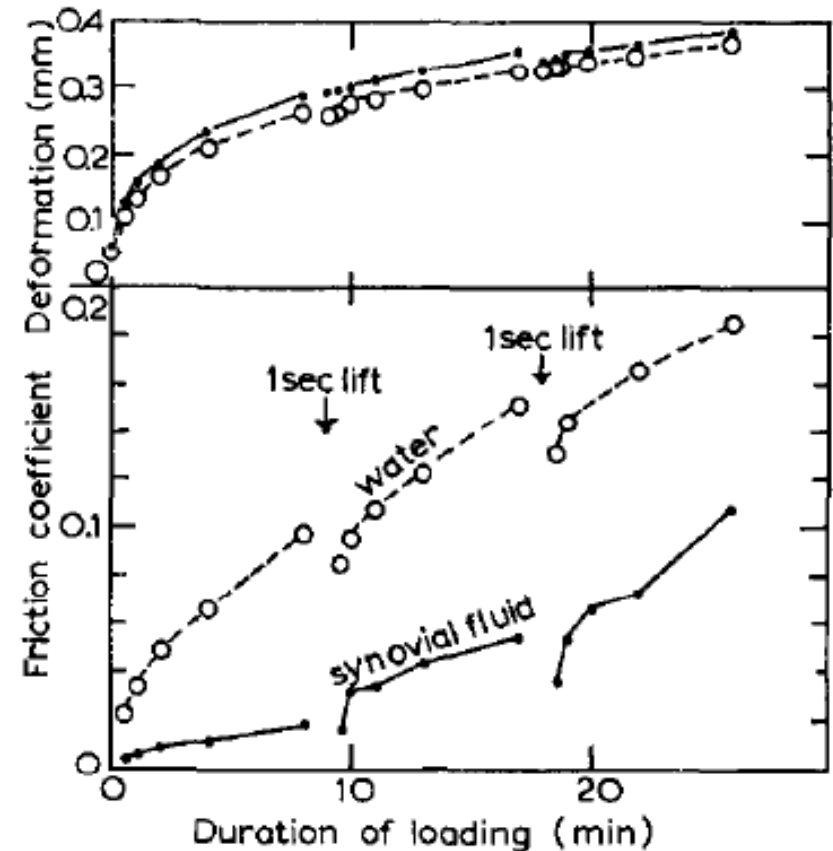


Rat knees-MMT, Bendele 2001

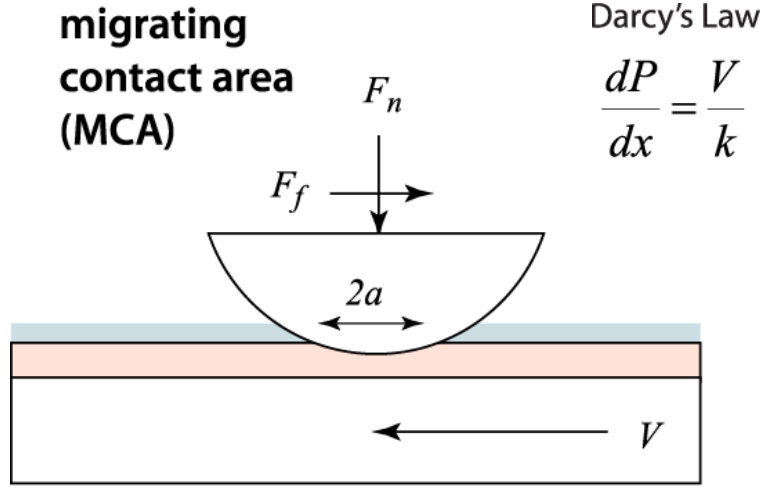
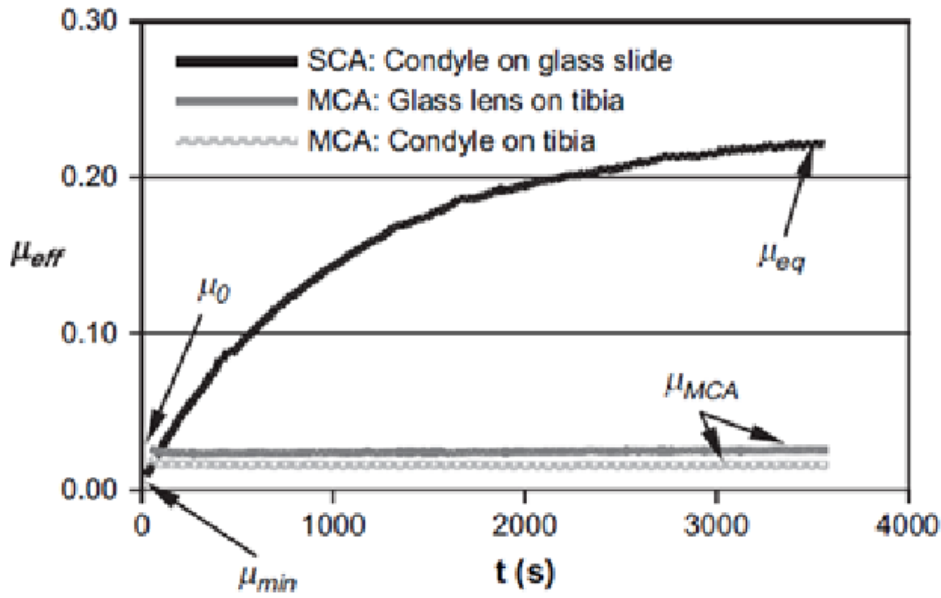
# Tissue composition and structure dominate lubrication



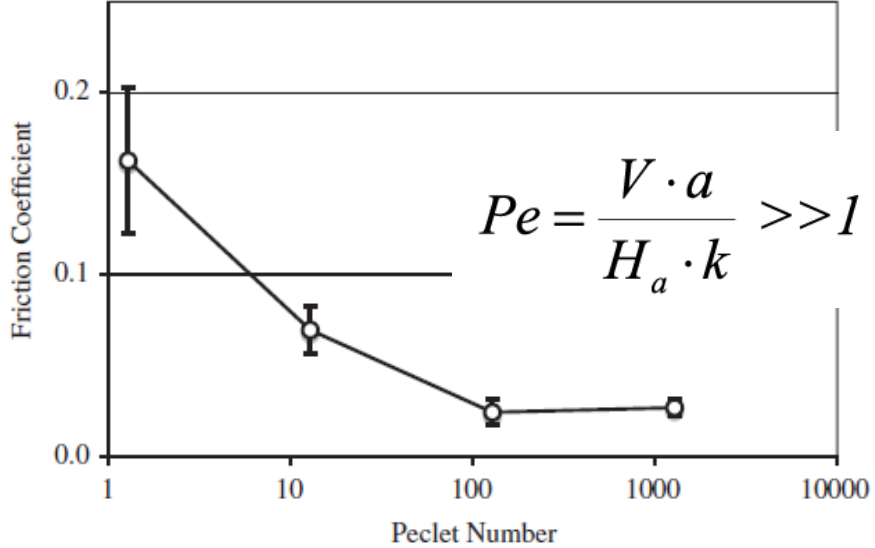
*The frictional properties of animal joints* C.W. McCutchen, *Wear*, 1962



1. Primary self-pressurization (interstitial lubrication)
2. Secondary boundary ( $\sim 2X$ ), HD, EHD, and squeeze film
3. Hydration restored during times of rest



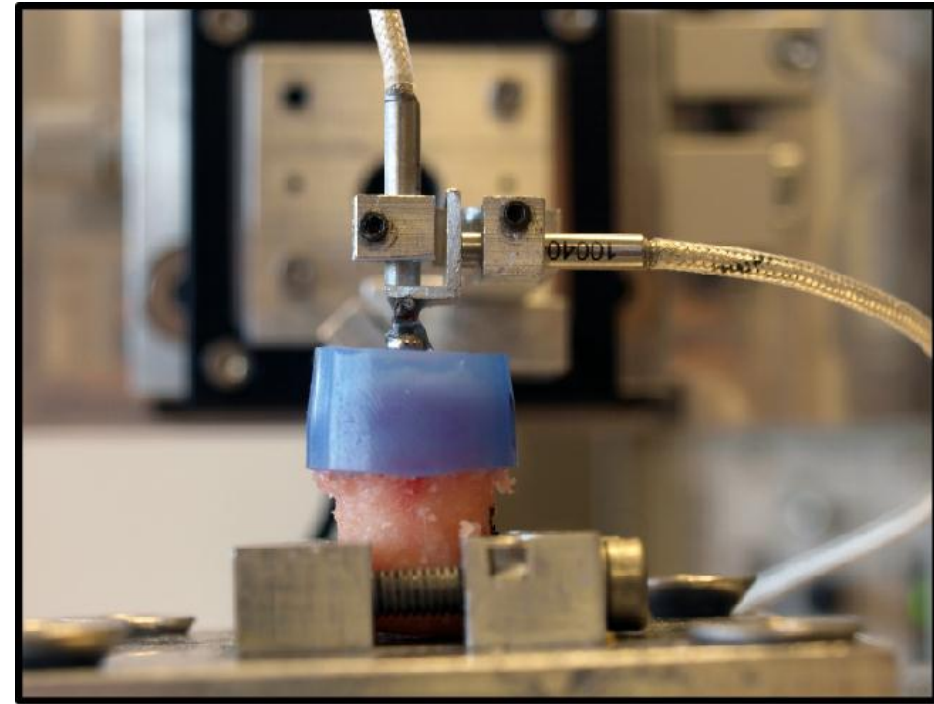
Caligaris et al., 2008



- Cartilage on cartilage is sustainable
- Pin-on cartilage produces a physiologically consistent response
- **Primary physiological mechanism:** Interstitial lubrication

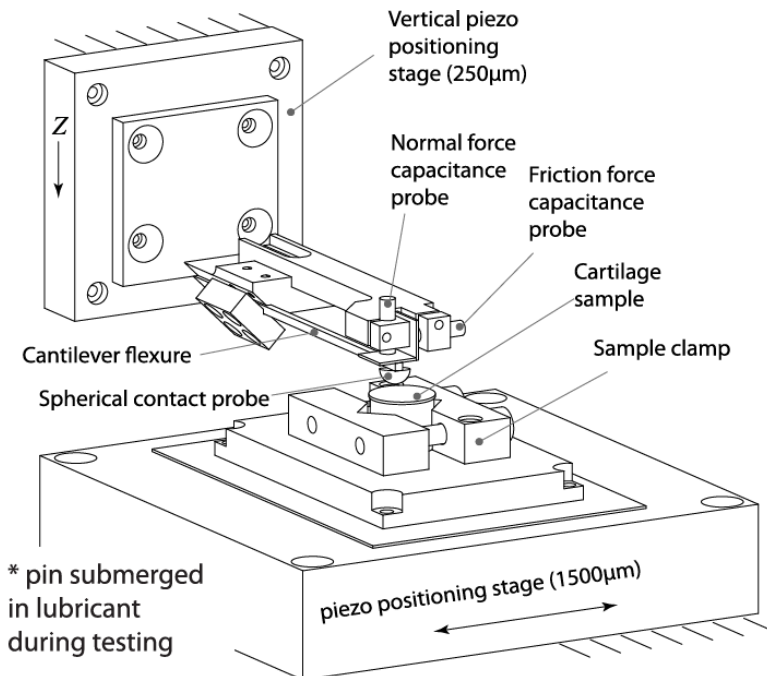
## Methods:

- 1) MCA: physiological maintenance
- 2) Localized
- 3) In-situ measurements of contact mechanics & fluid load support



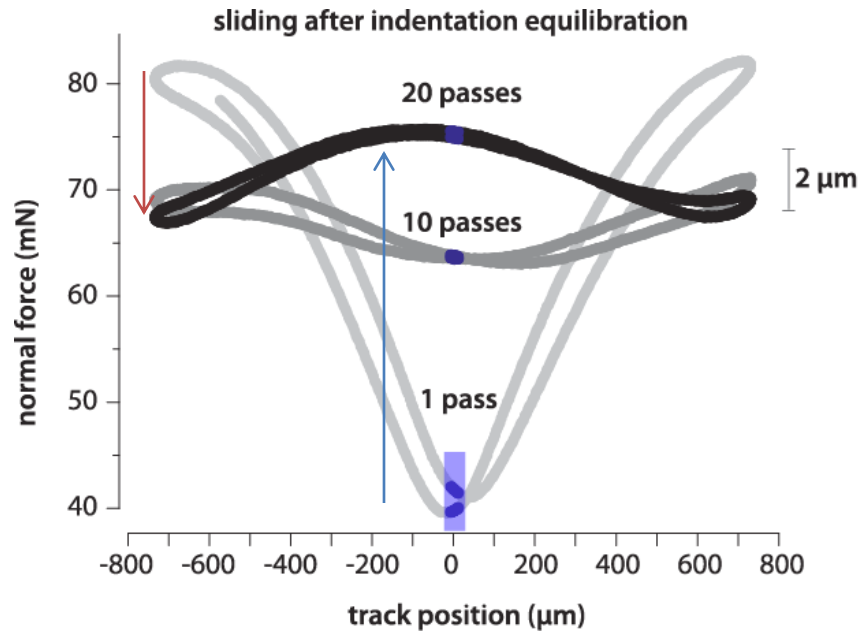
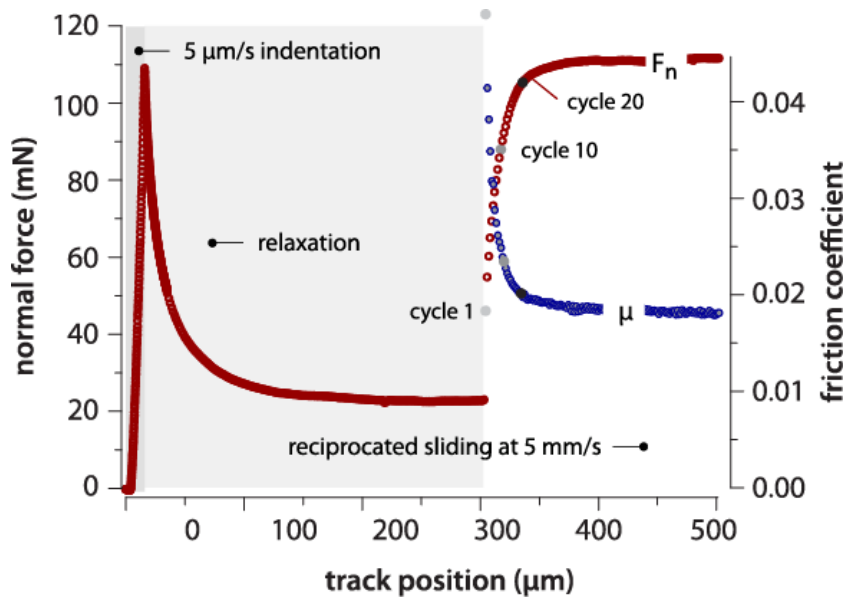
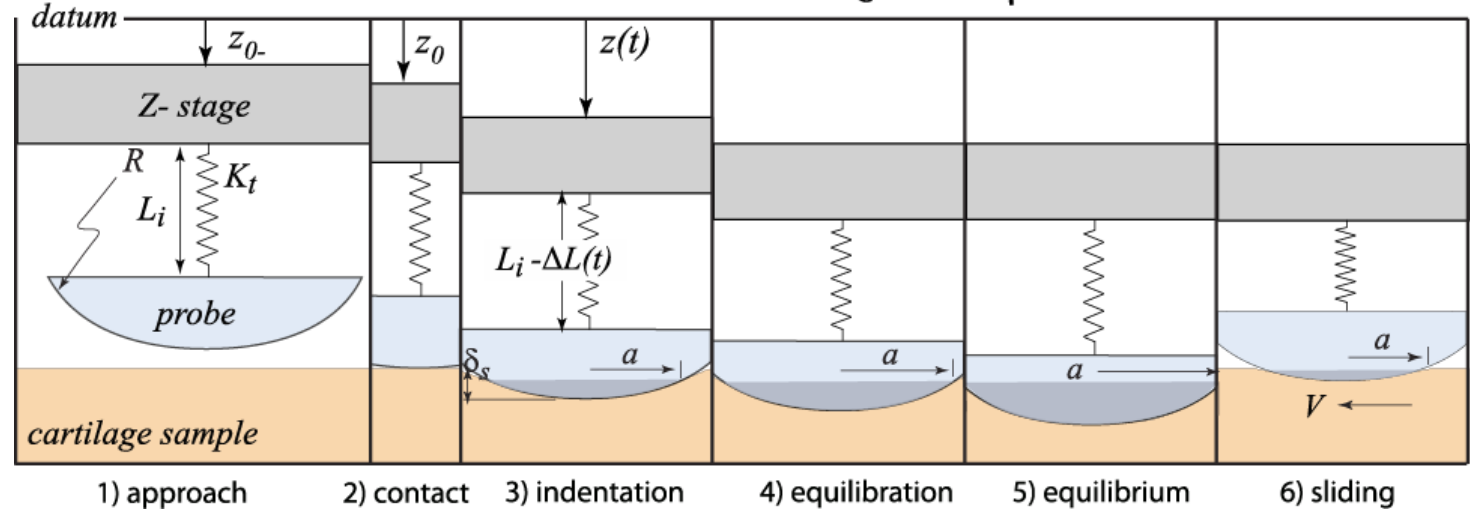
## Microtribometer Specs:

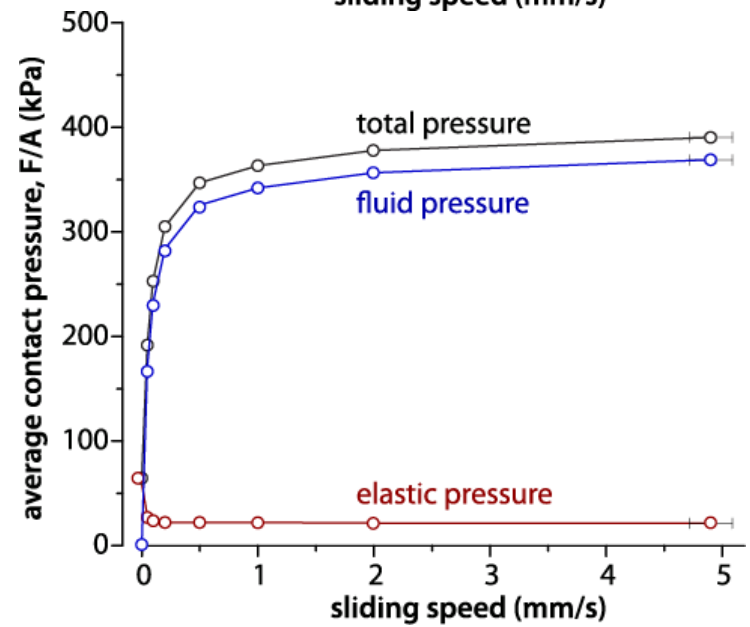
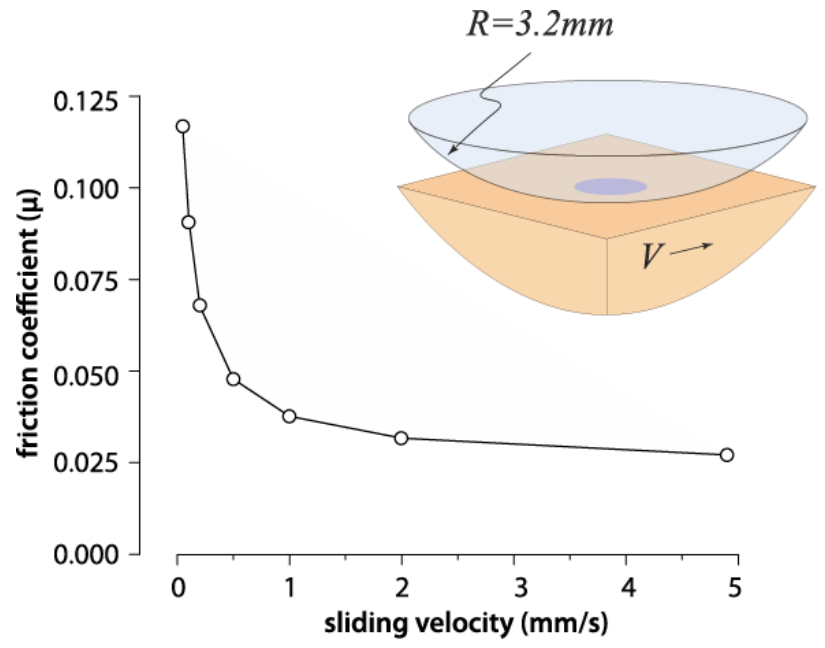
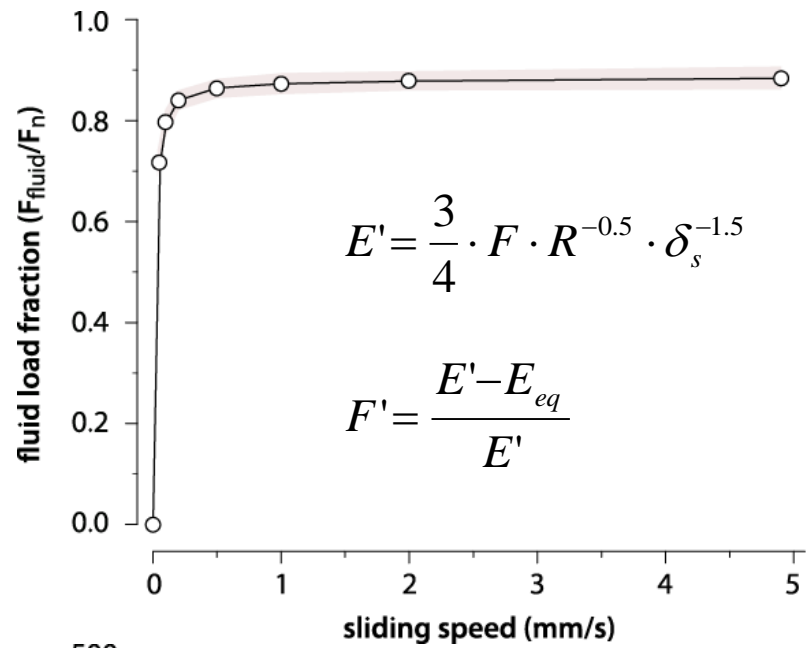
- 1) Load cell: 1-1000mN  $\pm$  1mN
- 2) Vertical stage: 0-250 $\mu$ m  $\pm$  25nm
- 3) Lateral stage: 0-1.5 mm, 0-5 mm/s



# Example measurements: motion induced pressurization

\* all measurements made @  $x=0 \pm 10 \mu\text{m}$

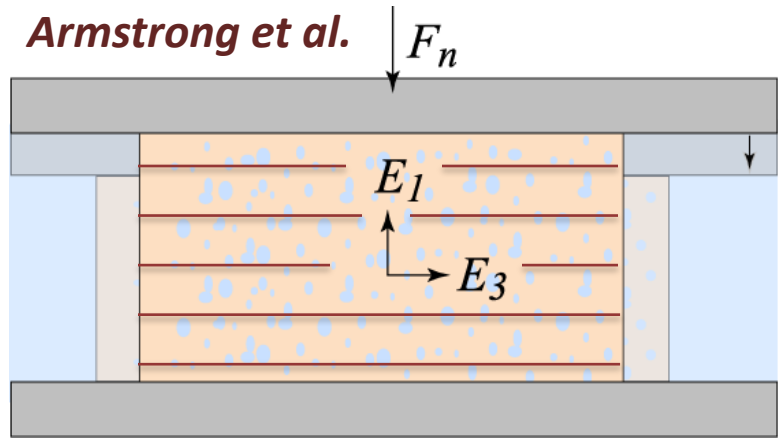




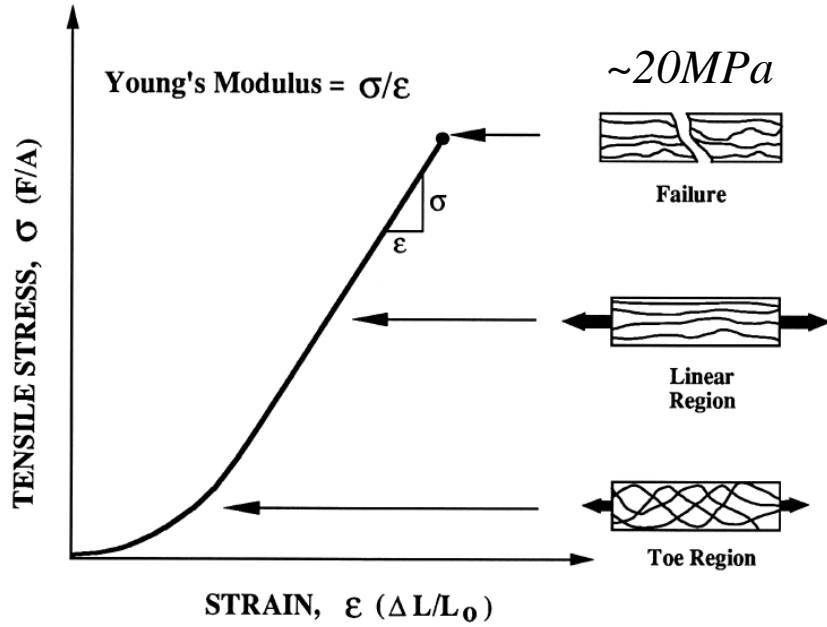
- 1) Interstitial pressure increases w/ speed
- 2) Fluid pressure dominates friction and matrix stress
- 3) **Maximum fluid load fraction** likely dominates **wear**

## Poroelastic solutions

- 1) Confined: 100%
- 2) Unconfined: 33%
- 3) Hertz: 50%



**Unconfined compression:  $F'_{max} = 33\%$**



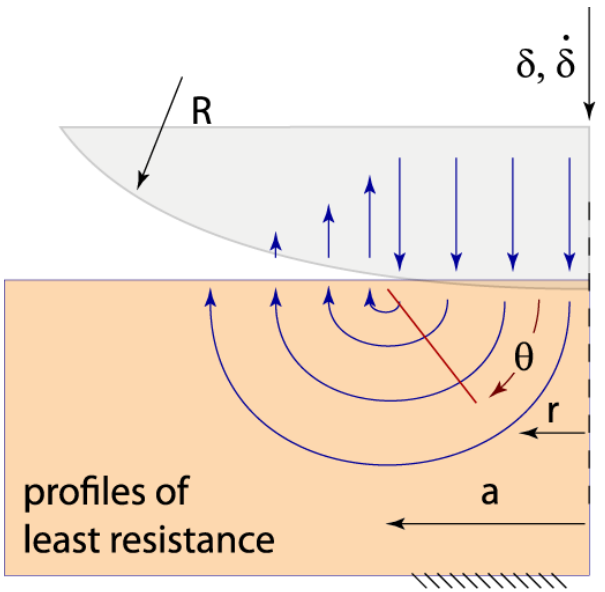
## Hertzian contacts

$$F'_{max} = \frac{E^*}{E^* + 1} \quad E^* = E_t / E_c$$

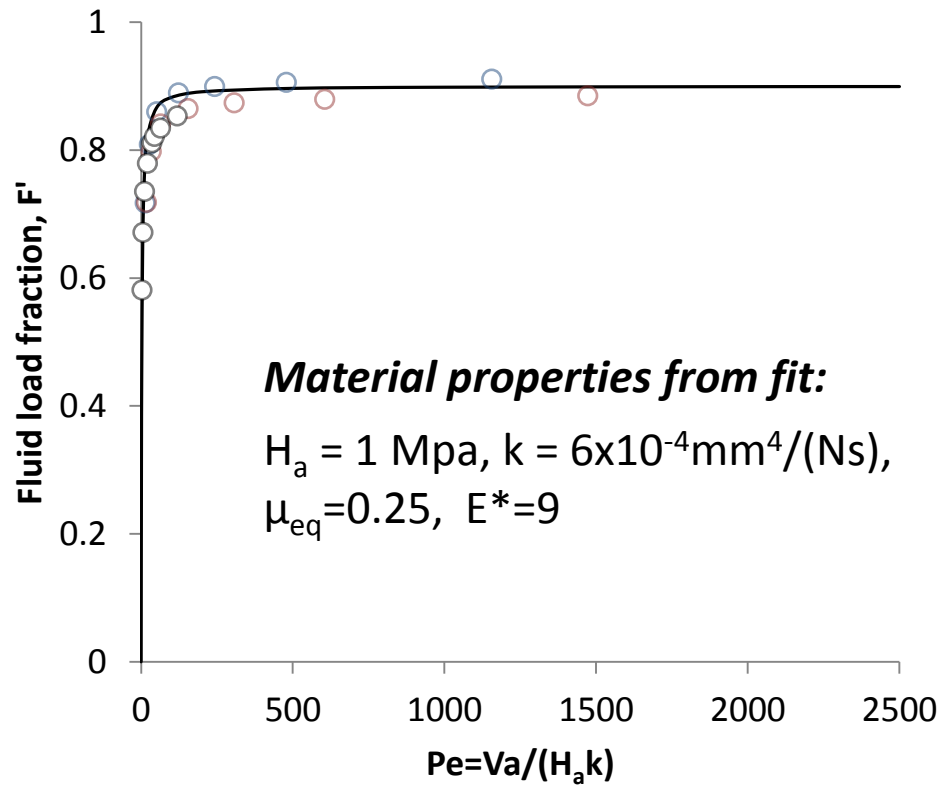
**Tensile stiffness is critically important to cartilage function\*\***

**\*\*not widely-recognized**





E.D. Bonnevie *et al.*, Biomechanics, 2012

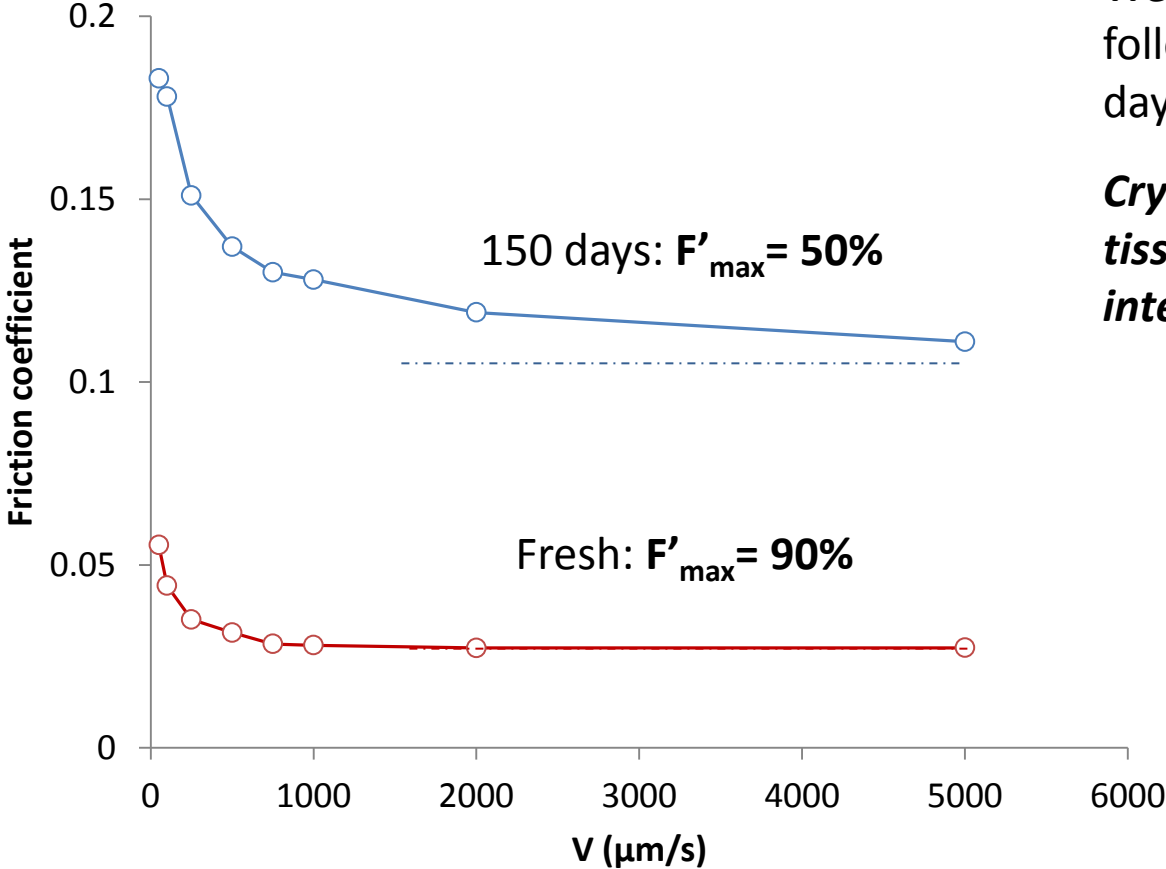


**Fluid load fraction:**

$$\frac{F_p}{F} = F' = \frac{Pe}{Pe+2} \quad Pe = \frac{\dot{\delta} \cdot R}{H_a \cdot k}$$

$$F' = F'_{max} \frac{Pe}{Pe+2} \quad F'_{max} = \frac{E^*}{E^*+1}$$

1. Indentation and sliding results agree
2. Fit gives expected material properties
3. Physiological:  $Pe \sim 10,000$
4. **Dominated by  $E^*$  not  $Ha$ ,  $k$**



**Ateshian, 2010:** unclear if tissue degradation results in functional degradation (literature SCA)

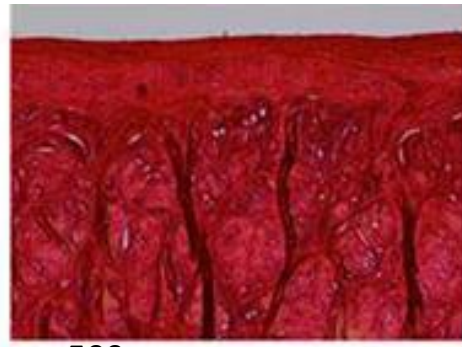
We tested a porcine TMJ condyle following extraction and after 150 days at  $-80^{\circ}\text{C}$

***Cryopreservation can damage tissue and severely compromise interstitial lubrication***

control

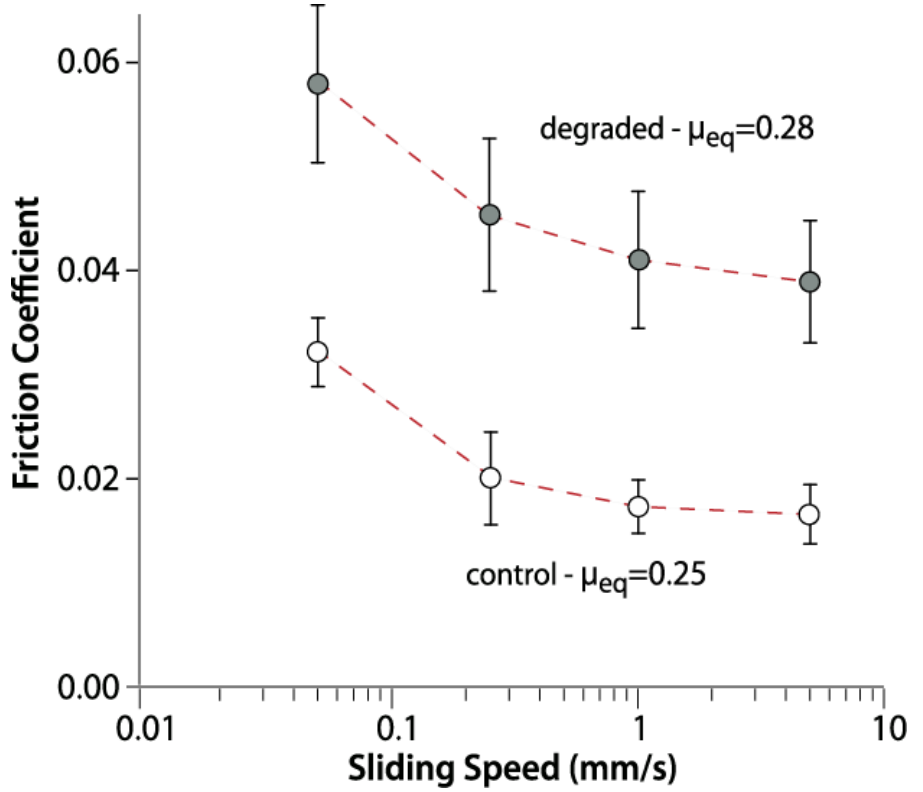


digested



500  $\mu\text{m}$

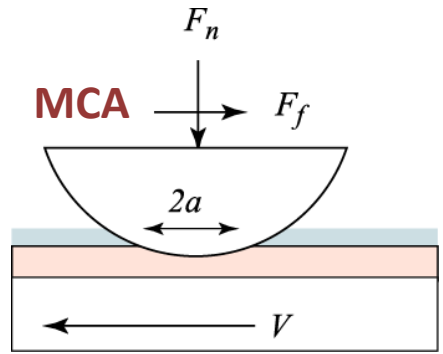
V.J. Baro *et al.*, Bone, 2012



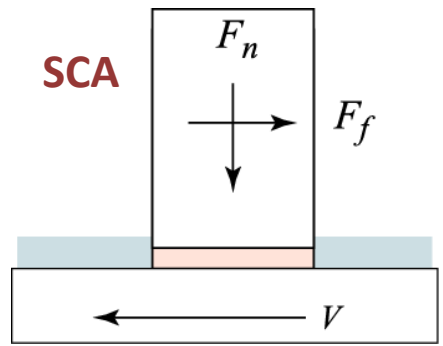
- 1) No visual damage
- 2) Aggregate modulus and total load capacity reduced (~60%)
- 3) Friction increased (~120%)
- 4)  $F'_{max}=93\% \Rightarrow F'_{max}=86\%$
- 5)  $E^*=13 \Rightarrow E^*=6$

**Function is sensitive to tissue degradation**

# Reducing interstitial lubrication causes damage



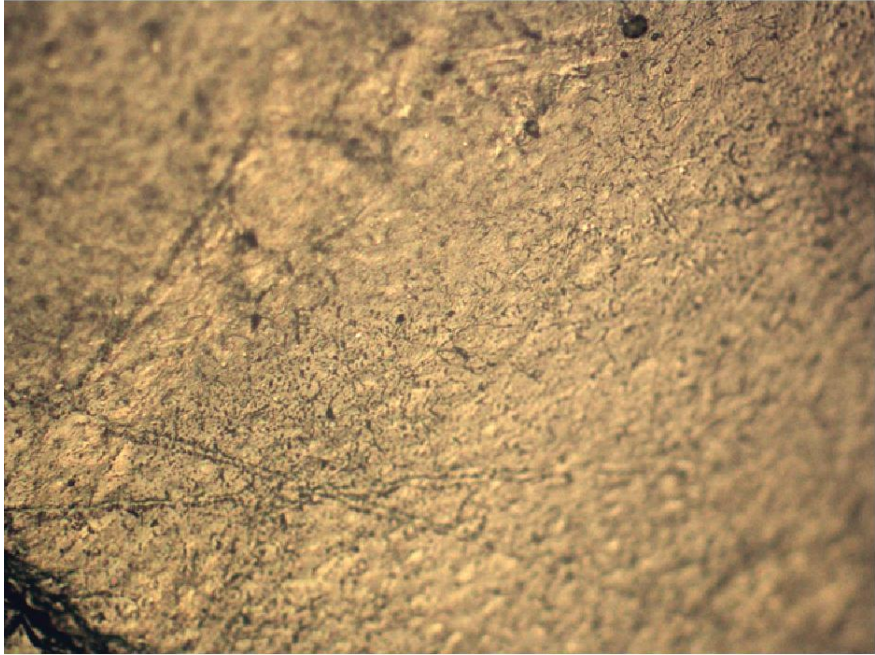
$R=1.6\text{mm}$   
 $R_a=100\text{nm}$   
 $F_n=50\text{mN}$   
 $N=1,000$  cycles  
 $D=3\text{m}$   
 $P=680$  kPa



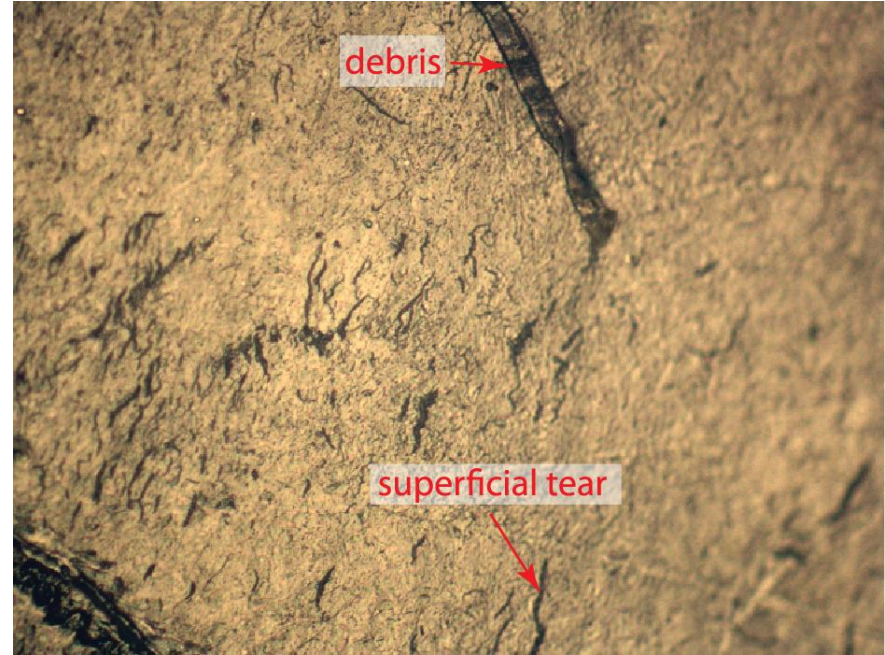
$A=77\text{mm}^2$   
 $R_a=15\text{nm}$   
 $F_n=10\text{N}$   
 $N=70$  cycles  
 $D=0.7\text{m}$   
 $P=150$  kPa

Worn MCA, 2.04MPa-m

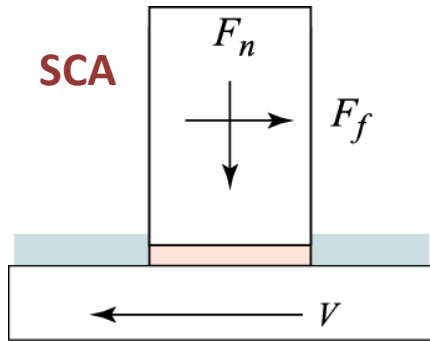
100μm



Worn SCA, 0.105MPa-m



# Progression of wear in the absence of interstitial pressure



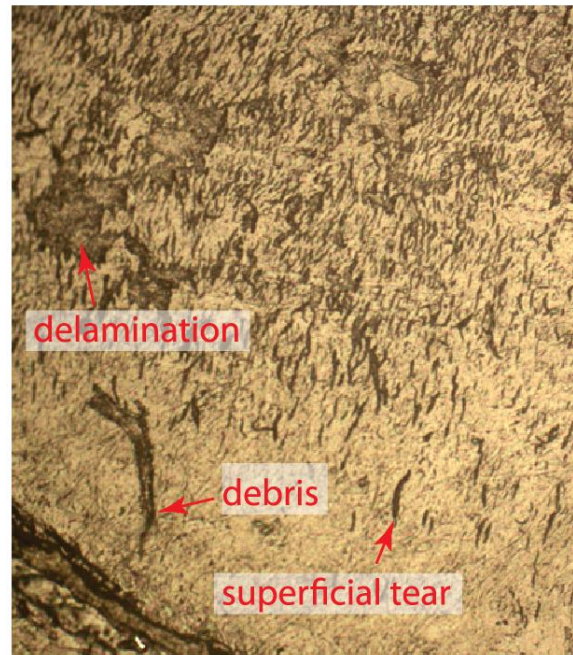
$A=77\text{mm}^2$   
 $R_a=15\text{nm}$   
 $F_n=20\text{N}$   
 $N=70$  cycles  
 $D=0.7\text{m}$   
 $P=300$  kPa


- Reducing interstitial pressure caused rapid surface damage
- Damage caused 3X increase in friction in subsequent MCA testing
- ***Damage disrupts lubrication which causes damage – positive feedback***

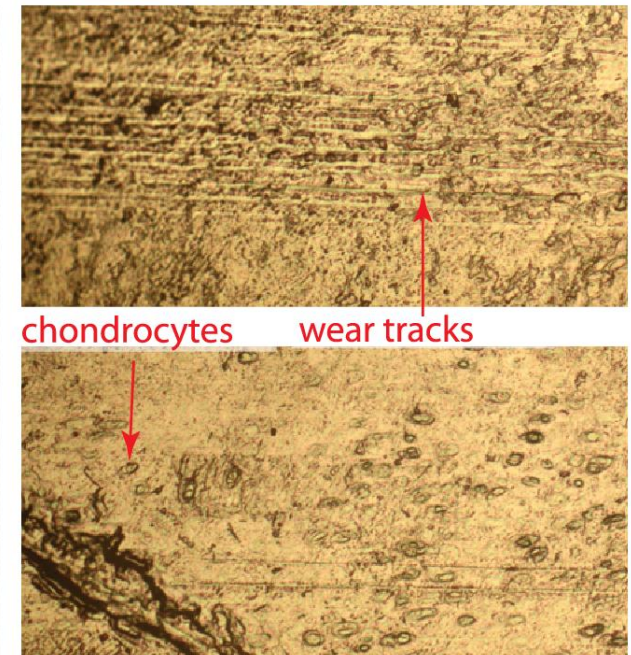
SCA, 0.105 MPa-m

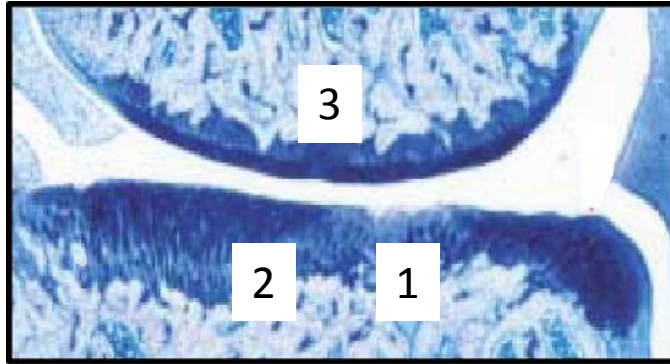


SCA, 0.135MPa-m

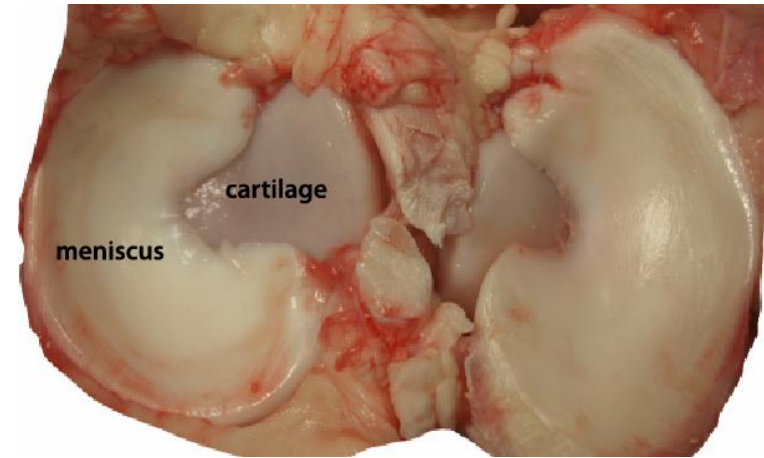


SCA, 0.285MPa-m 100μm 

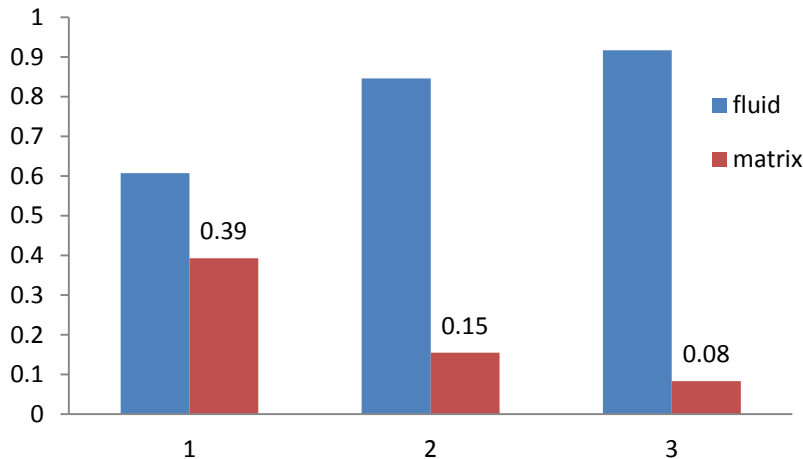




2 weeks after meniscus removed



## load share during sliding



Site 1 is buried beneath the meniscus and never experiences sliding contact. This is where damage initiates after meniscus tear (Bendele, 2001)

Site 1 has relatively poor interstitial lubrication ( $E^* \sim 1$ )

***May explain altered loading as a risk factor for OA***

- 1) Joint motion actively maintains and restores interstitial lubrication  
***passive motion for therapy, rehabilitation, prevention***
- 2) Tissue damage impedes lubrication  
***impact can damage tissue initiating OA***
- 3) Reduced interstitial lubrication increases wear by orders of magnitude  
***initiated damage progresses rapidly to failure***
- 4) Underexposed regions may be underprepared for sliding contact  
***altered loading can initiate OA***
- 5) Indicate an independent biomechanical mechanism of OA

## Acknowledgements

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