

HIGHLY AUTOMATIC GENERATION OF PATIENT-SPECIFIC FOOT MODELS FOR BIOMECHANICAL SIMULATIONS

E. Morales-Orcajo¹, A. Stenti¹, A-X. Fan¹, A. Balabanis¹, S-Y. Yi¹, T. Leemrijse², P-A. Deleu², and B. Ferré³

¹ Digital Orthopaedics, Rue Emile Francqui 1, 1435 Mont-Saint-Guibert, Belgium,
emorales@01ortho.com, www.digital-orthopaedics.com/

² Foot & Ankle Institute, Building Ariane E0, Av. Ariane 5, 1200 Woluwe-St-Lambert, Belgium,
footandankleinstitute.be/

³ Medical and surgical orthopedic institute of Monaco, av. d'Ostende 11, 98000 Monaco,
www.im2s.mc/

Key Words: *Foot, Patient-specific, Finite element, Multibody, Biomechanics.*

The field of computational biomechanics is reaching a level of maturity that starts to bring meaningful advice to medical professionals. However, due to the large inter-patient variability, the predictions of a generic model become too vague for real clinical applications. The solution is the creation of patient-specific models that answer specific clinical questions for the patient with enough reliability to help in the clinical practice, the so-called personalized medicine [1]. But the creation of such tailored models is highly time-consuming which keeps them only practical for research purposes [2]. Therefore, the challenge is the generation of patient-specific models within the time period of the clinical decision-making process and at mass scale.

In the present work, we validate a highly automated workflow to generate patient-specific foot finite element models with detailed inner structure including: the bones, the ligaments, the tendons, the cartilages, the fascia the fat pads, and the skin. The generation process consists of a combination of three models that feed each other semiautomatically via custom codes. First, a CAD model reconstructs the patient's anatomy base on a CT-scan. Second, a multibody model reconstructs the patient walking muscle activation pattern base on gait lab measurements. Third, a finite element model combines the patient-specific anatomy and movement to generate a digital replica of the mechanical response of the patient. Then, the biofidelity of the model is assessed against a broad range of *in-vivo* measurements.

The fast and automatic creation of patient-specific models opens new avenues not only in the field of personalized medicine but also in the fields of *in-silico* clinical trial, human digital twin and surgery planning [3].

REFERENCES

- [1] Pokorska-Bocci, A. et al. (2014) “Personalized medicine”: What’s in a name?”, *Personalized Medicine*, 11(2), pp. 197–210.
- [2] Morales-Orcajo, E., Bayod, J. and Barbosa de Las Casas, E. (2016) ‘Computational Foot Modeling: Scope and Applications’, *Arch Comput Method E*, 23(3), pp. 389–416.
- [3] Chinesta, F. et al. (2018) ‘Virtual, Digital and Hybrid Twins: A New Paradigm in Data-Based Engineering and Engineered Data’, *Arch Comput Method E*.