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Thoracic Response Corridors of Small Female PMHS in Simplified Frontal and Side Impacts

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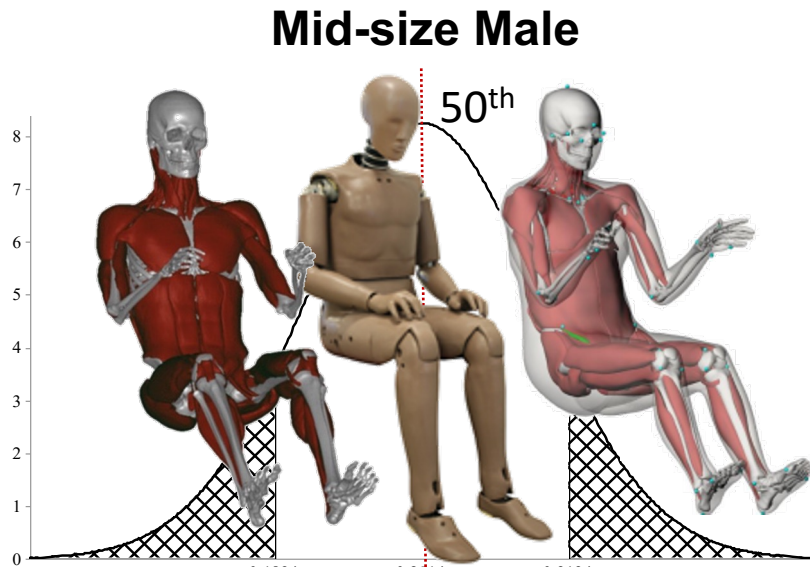
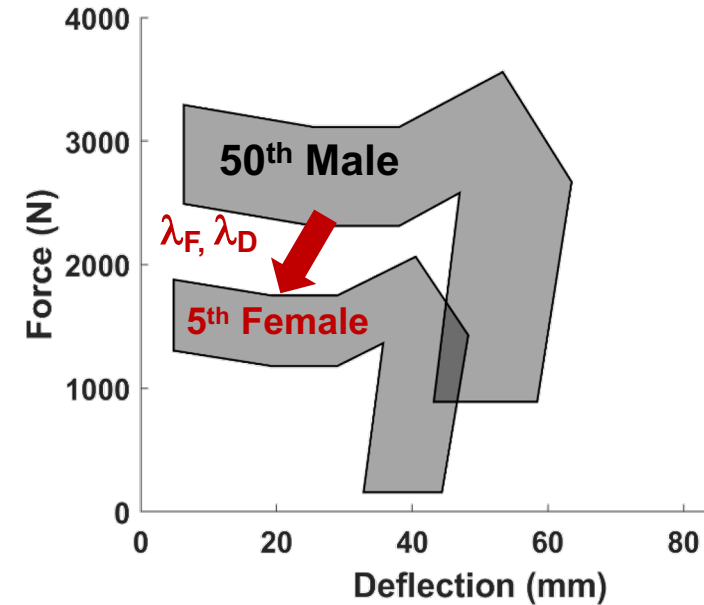
Content Warning



The following slides include cadaveric images that are graphic and may be considered disturbing to some viewers

Introduction

- Thoracic injuries frequent in MVCs
 - Females may be at greater risk of thoracic injuries than males in MVCs [Parenteau et al 2013, Forman et al 2019]
- Large body of work on thoracic response has focused on mid-size male



- Limited availability of female biomechanical data for the thorax
 - Requires scaling

Objective

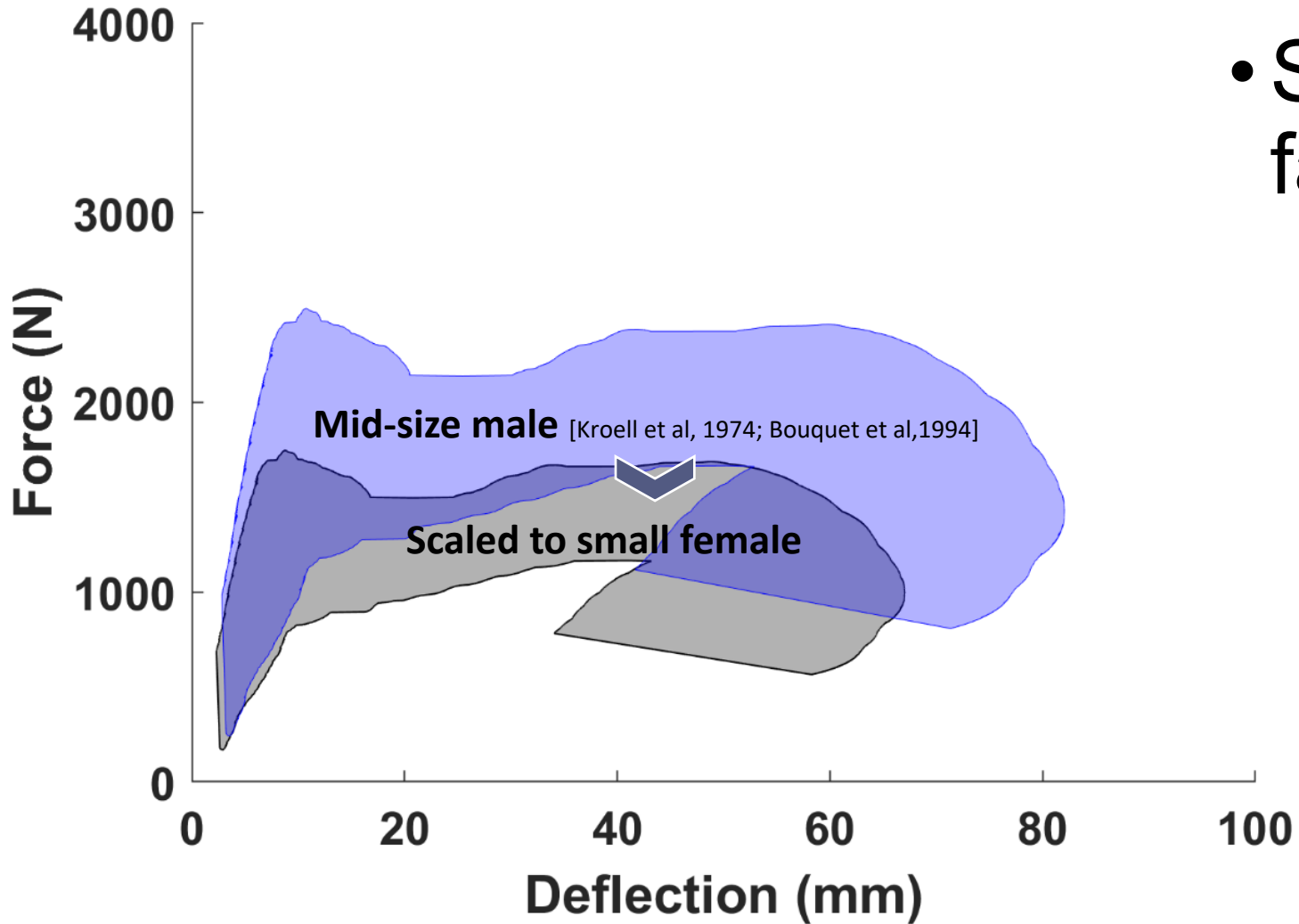
- Generate biomechanical thoracic response corridors for ***small female PMHS*** in simplified impacts
 - Evaluate scaled corridors used for female ATD & HBM development

- Frontal impact
- Side impacts
 - Lateral
 - Oblique

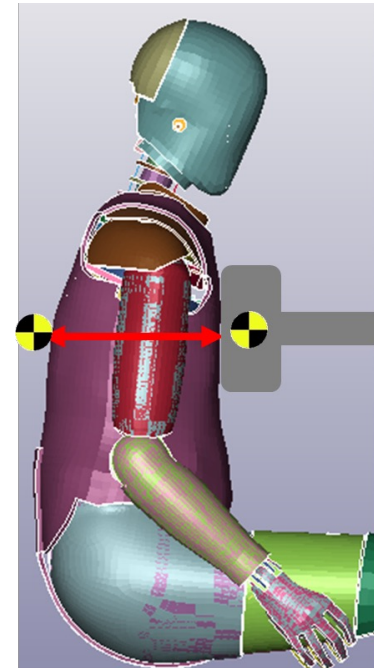


FRONTAL IMPACT

Frontal Scaled Corridors

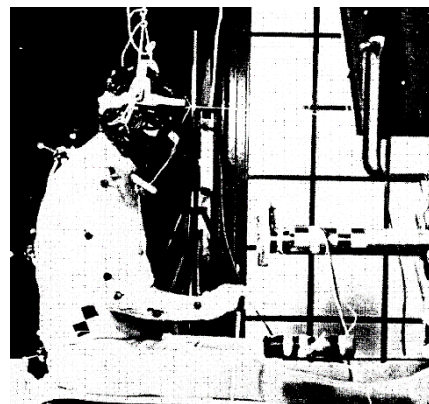
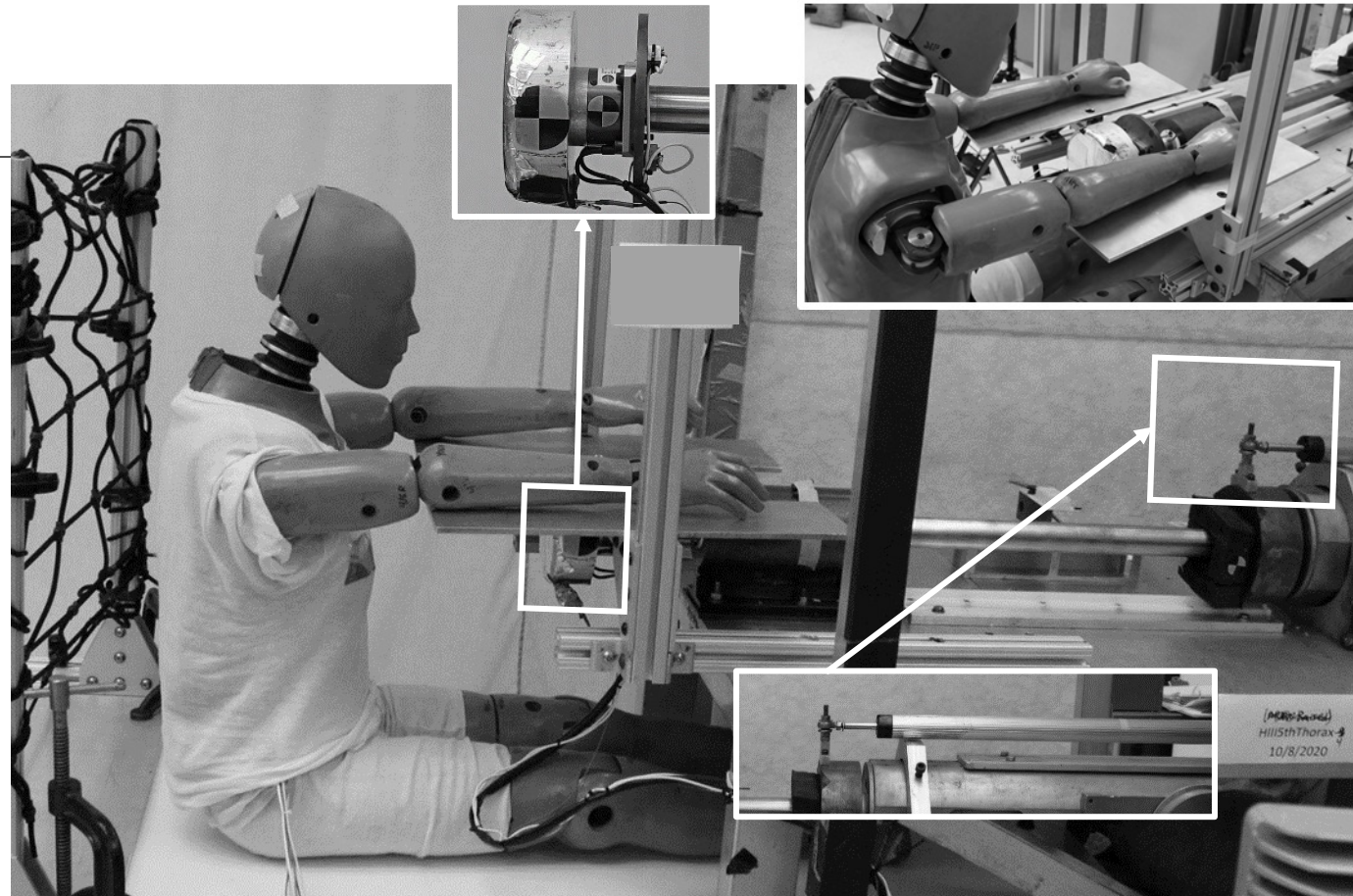


- Small female scaling factors based on:
 - Mertz et al 1989
 - Lee et al 2020, Wang et al 2018

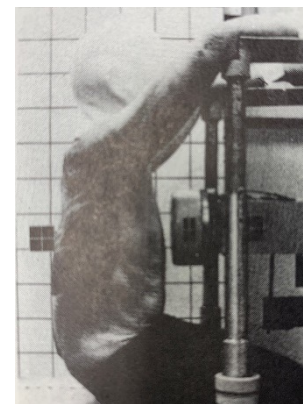


Frontal Experiment

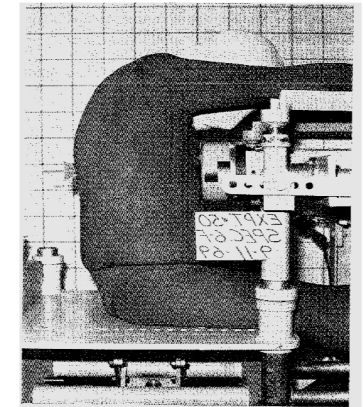
- Impact force
 - Inertially compensated 6 axis load cell data
 - 152mm, 14kg impactor
- External deflection
 - Same as Kroell^[1971,1974] and Bouquet^[1994] studies
 - Spinal displacement minus impactor displacement



Bouquet et al 1994



Kroell et al 1974



Nahum et al 1970, Kroell et al 1971,1974

Frontal Experiment

- Instrumentation

- Strain gages

- Ribs 3-9 ■ ■

- 6DXs

- T4, T8, T12

- Chestband

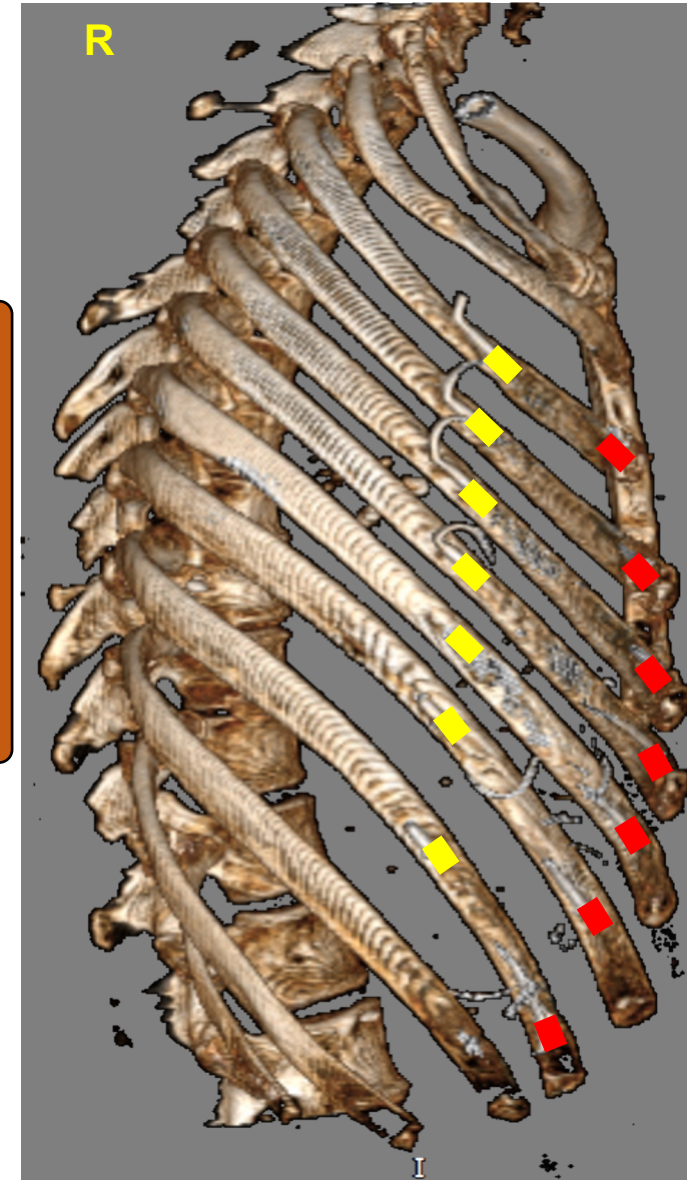
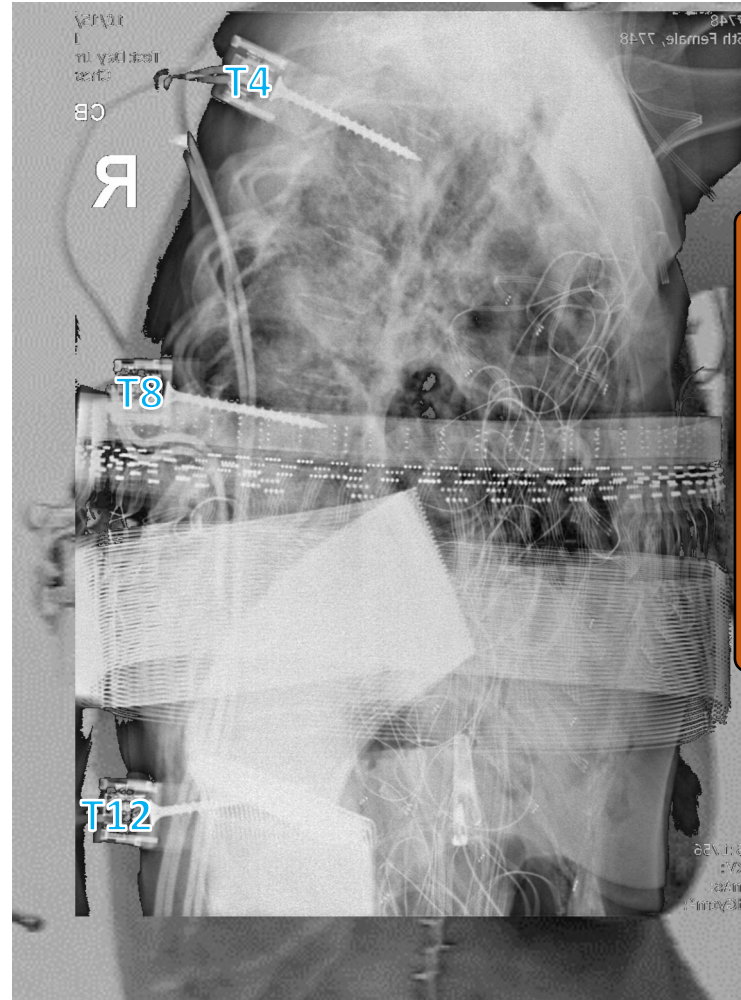
- Impact location

- 4th intercostal space

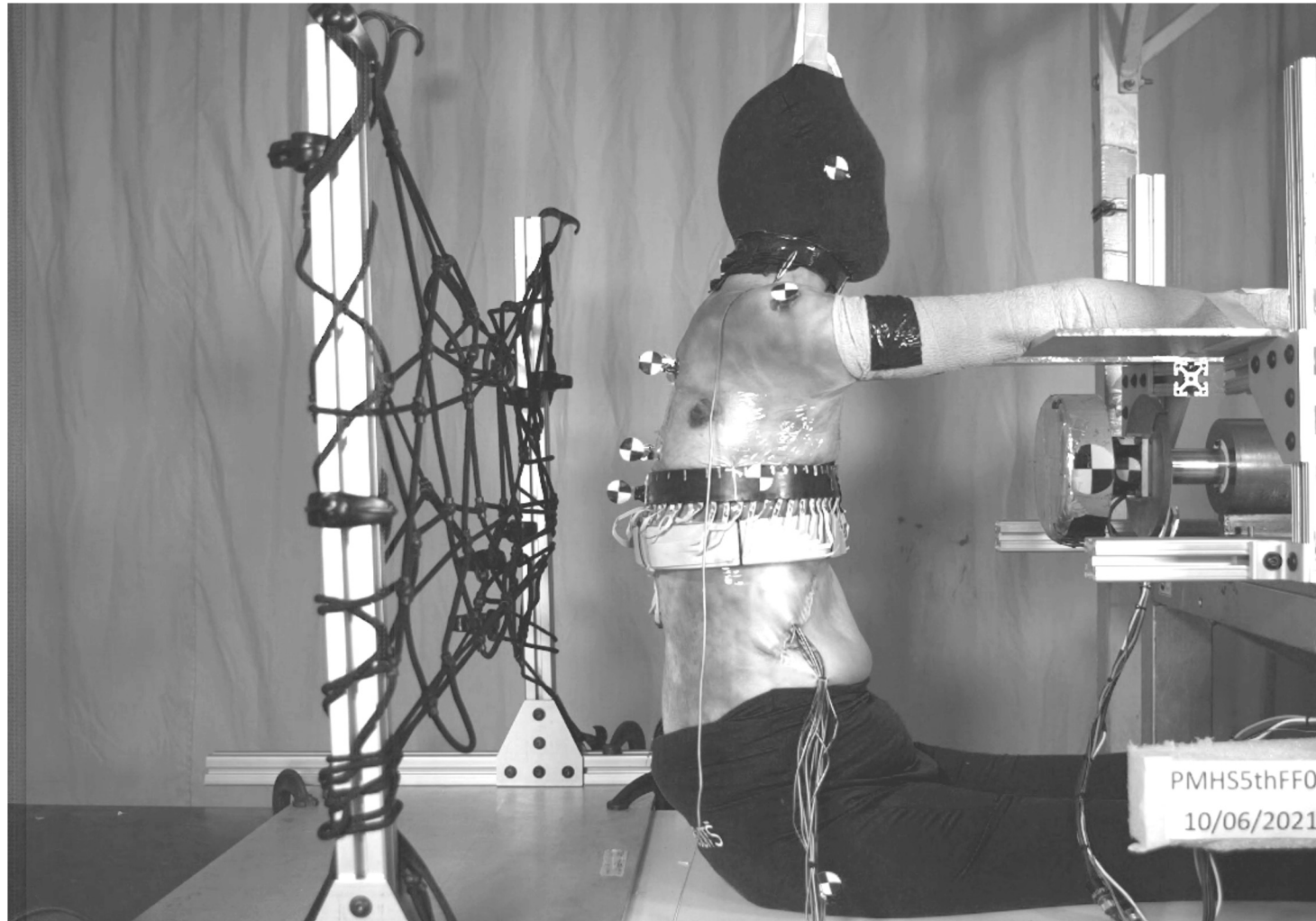
[Nahum et al 1970, Kroell et al 1971]

- Low speed (4.3m/s) to avoid injury

[Neathery 1974, Lebarbe & Petit 2012]



Frontal Experiment



10+: -59.200 ms

Img#: -296 Cam: Phantom v.7002 Rate: 5000

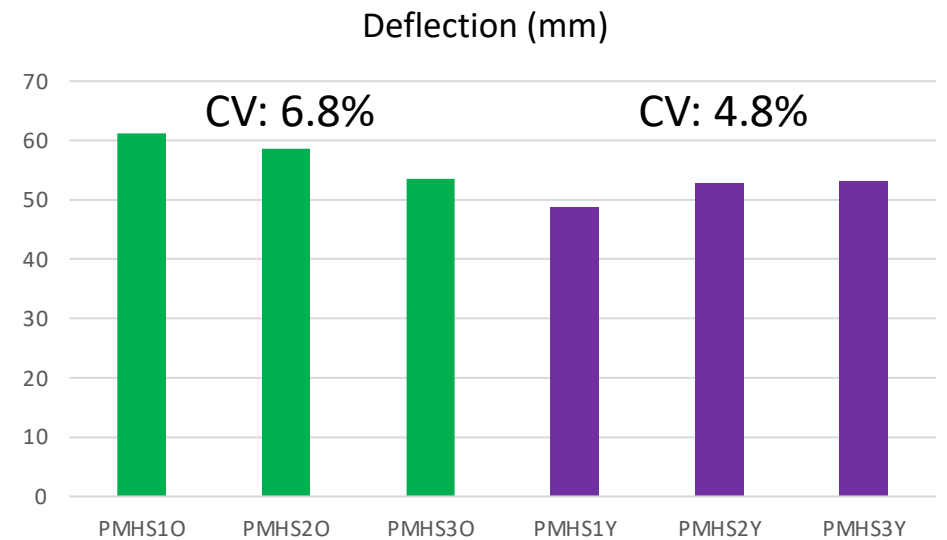
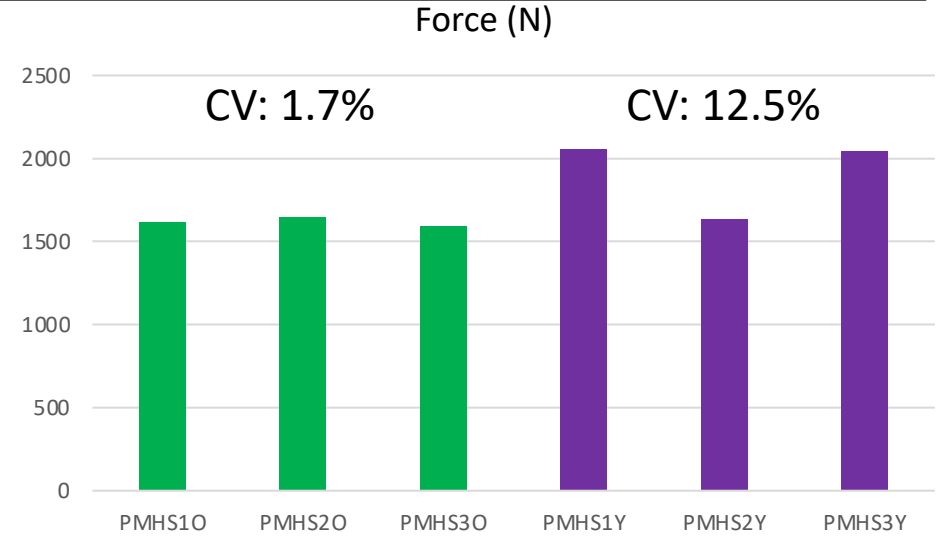
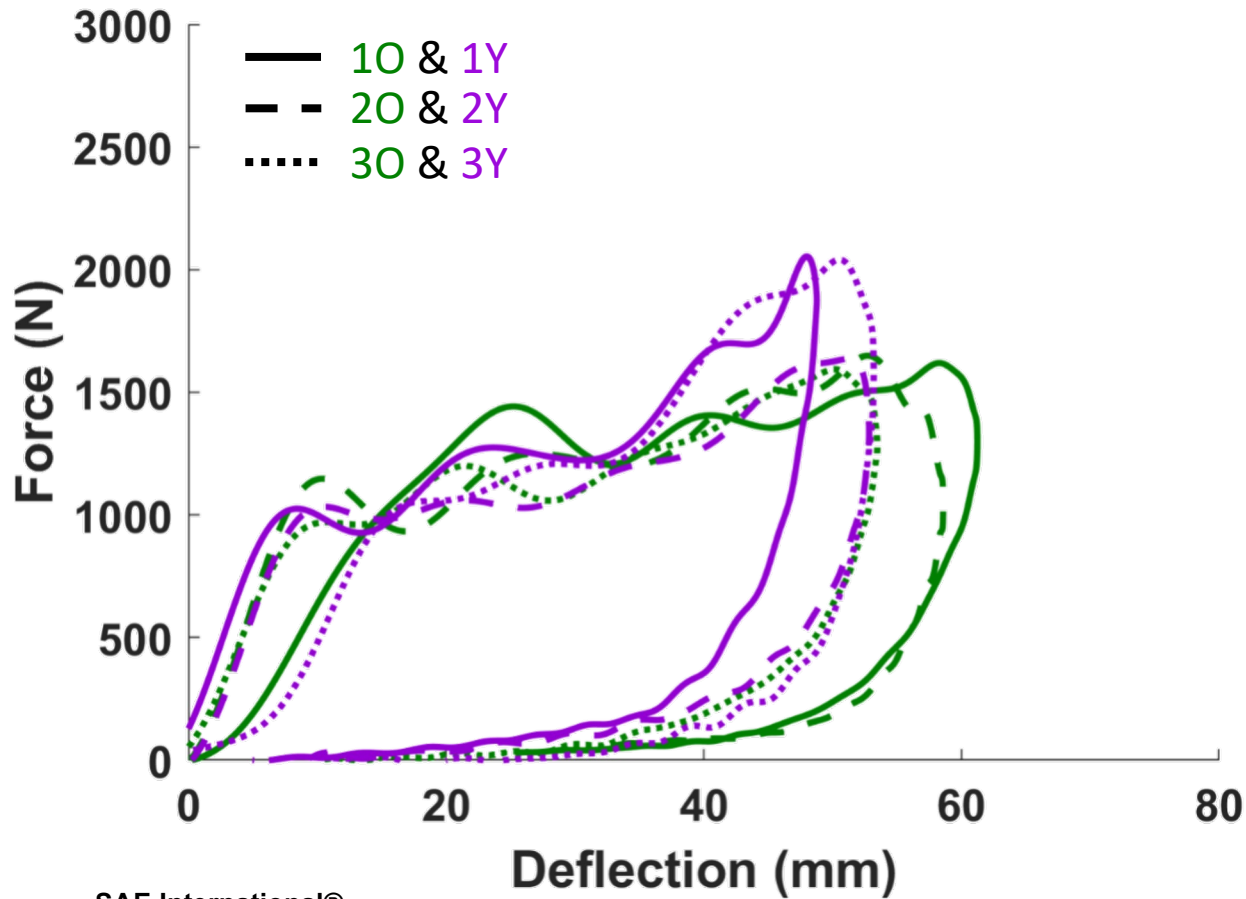
Frontal PMHS

- N=6 small females
 - 3 Older
 - 3 Younger
- Each PMHS impacted once

ID	Age (yrs)	Height (cm)	Weight (kg)	BMI (kg/m ²)	Chest depth (cm)
PMHS1O	67	157.5	55.3	22	18.5
PMHS2O	89	158.8	52.6	21	20.0
PMHS3O	75	151.1	46.3	20	20.5
Mean	77	155.8	51.4	21	19.7
PMHS1Y	31	152.4	46.7	20	18.2
PMHS2Y	51	160.3	45.4	18	15.5
PMHS3Y	50	159.6	38.0	15	13.6
Mean	44	157.4	43.4	17.5	15.8
*5 th Female Target	-	151.3	46.7	20	18.7

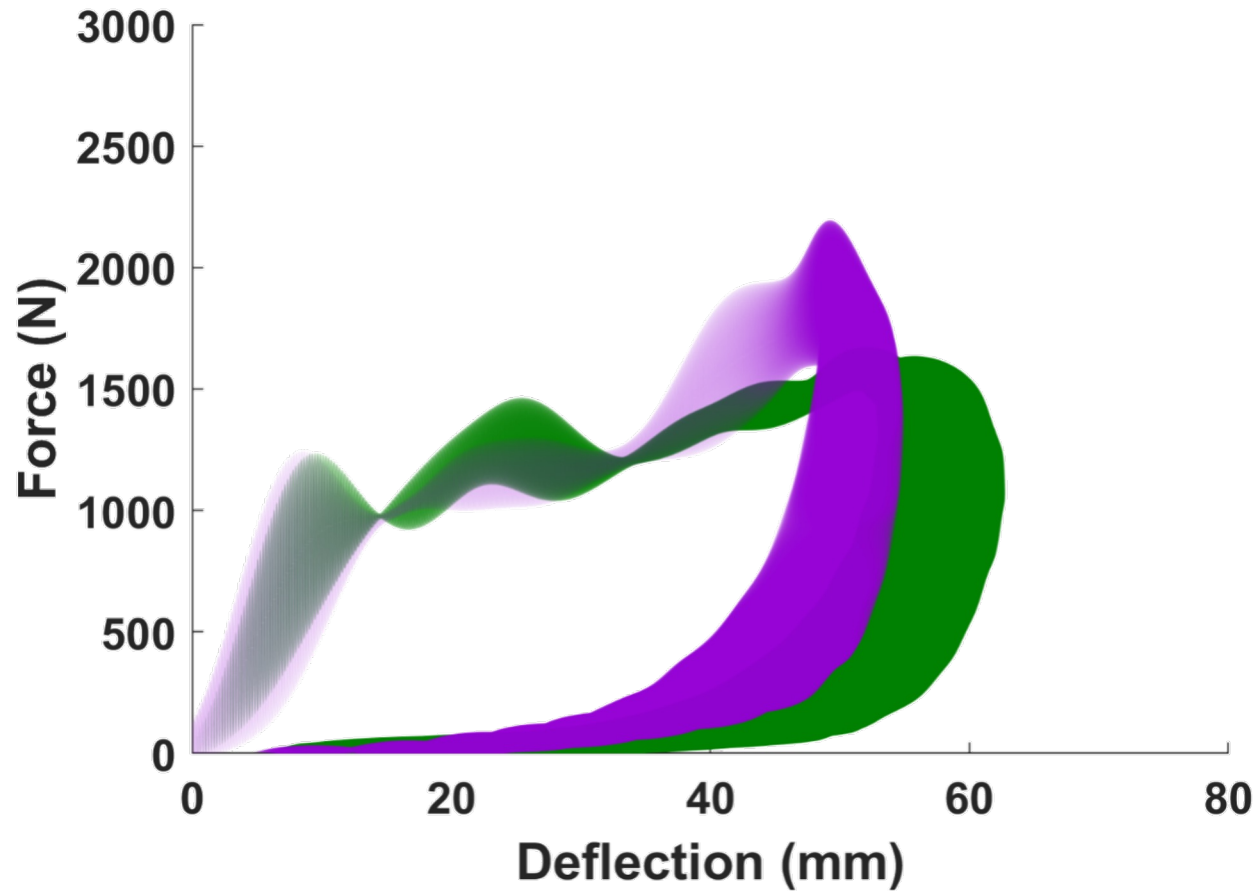
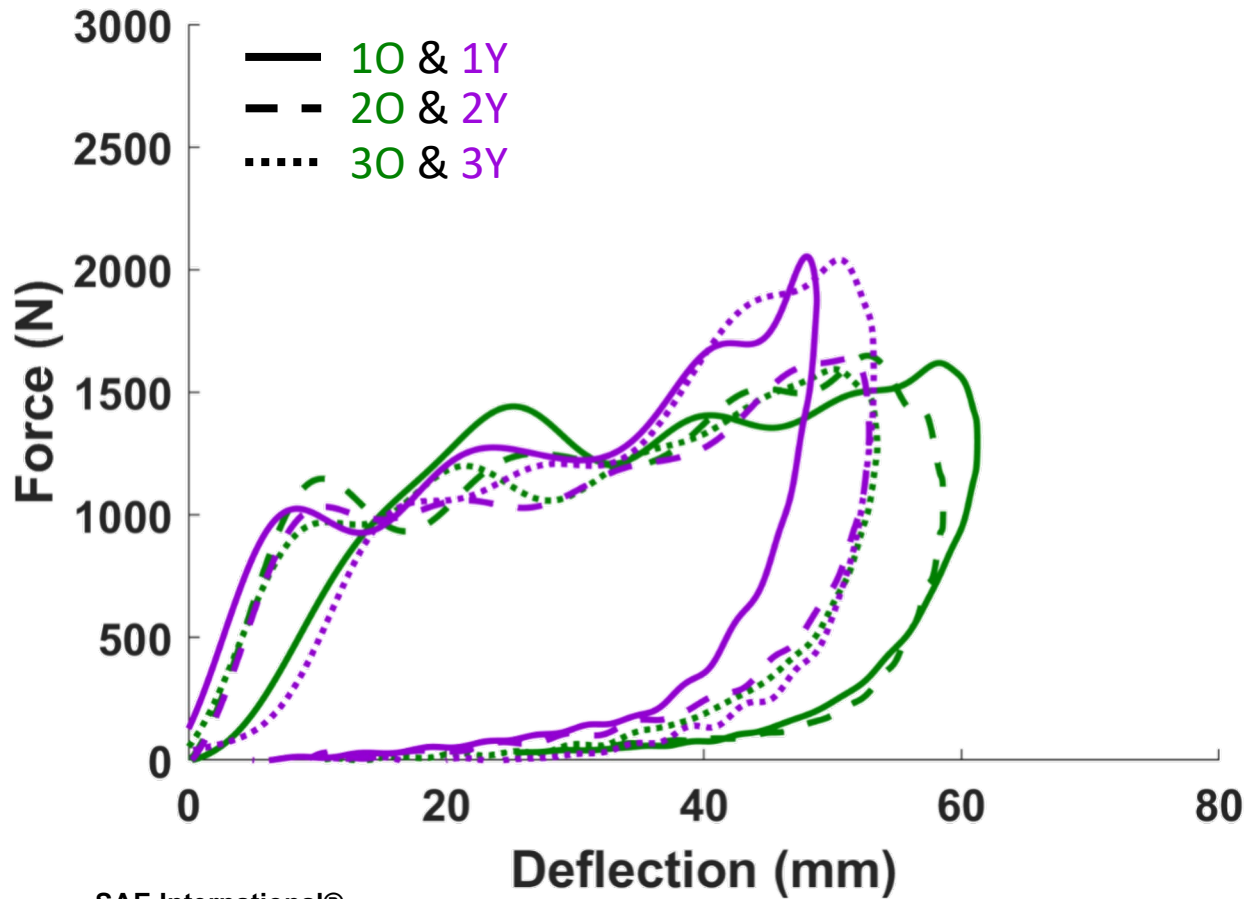
Frontal F-D

Small Female PMHS Y
 Small Female PMHS O

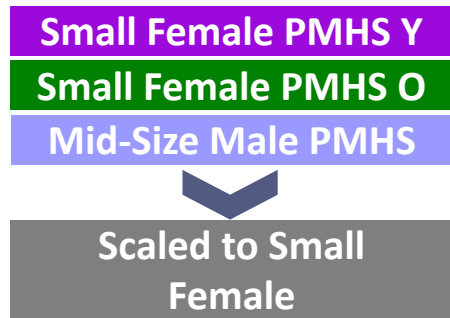


Frontal F-D Corridors

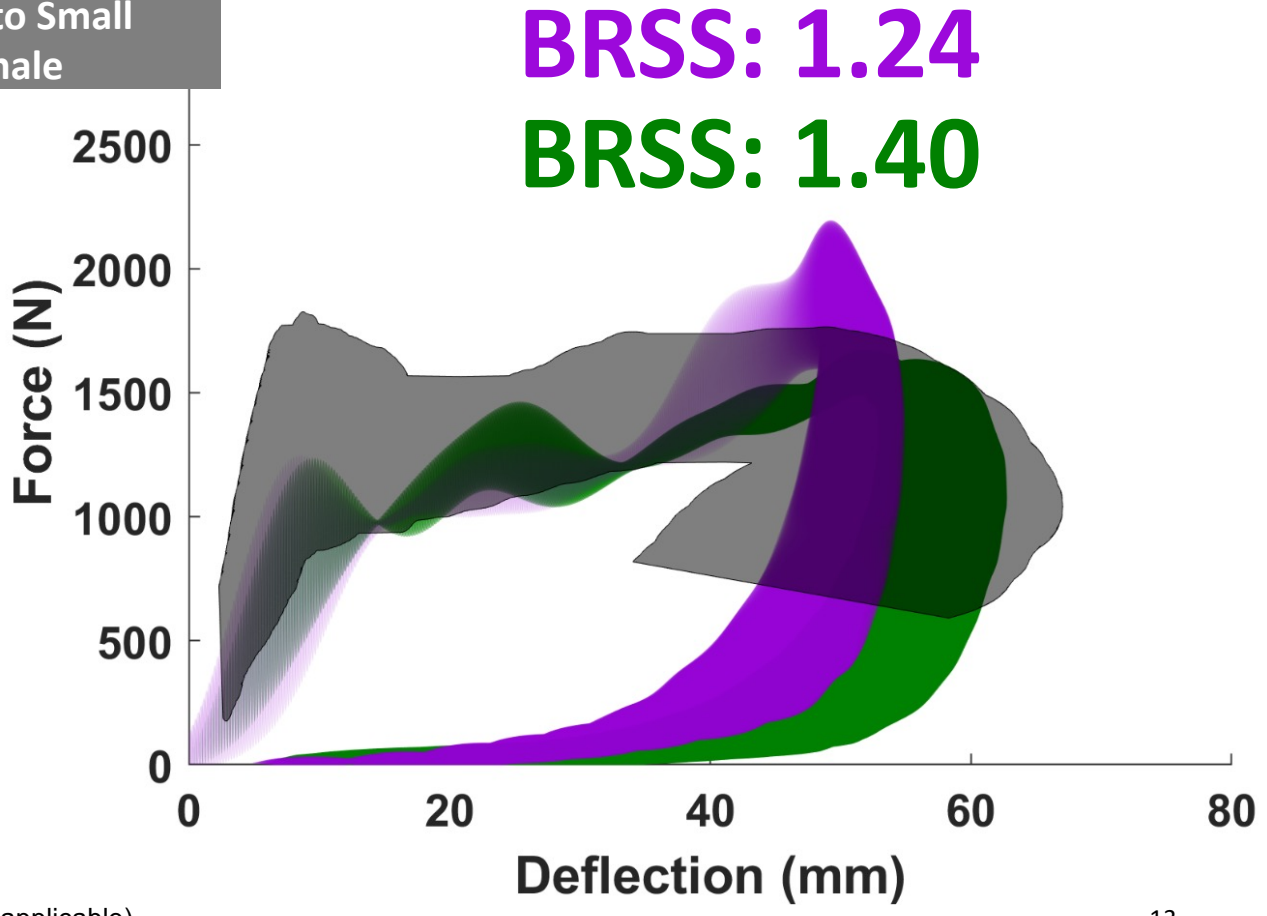
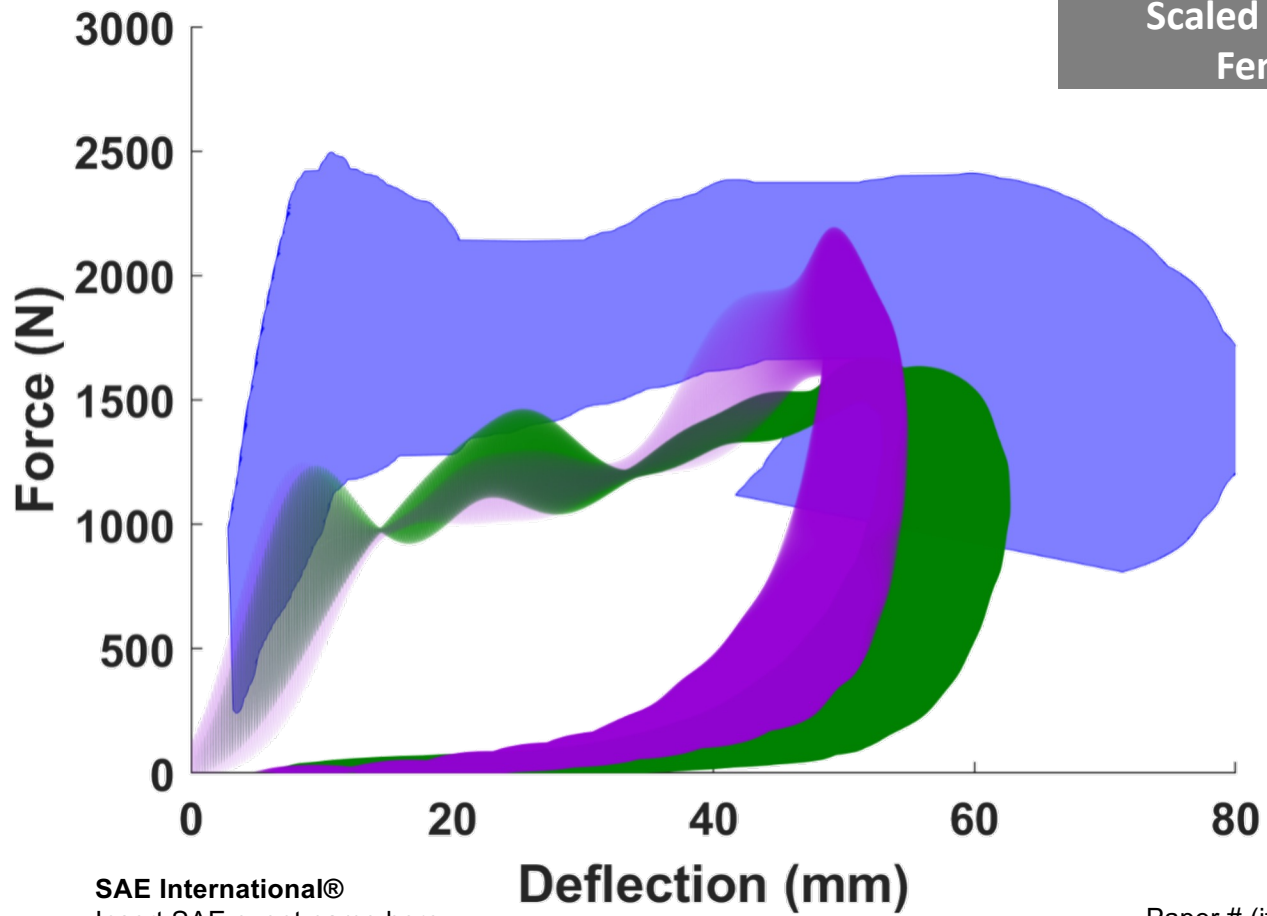
Small Female PMHS Y
Small Female PMHS O



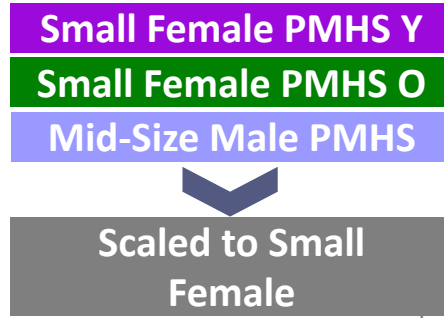
Frontal F-D Corridors



BioRank System Score (BRSS)^[Kang et al 2021]
-Avg of F-t and D-t BRSS
-BRSS <2 indicates good agreement



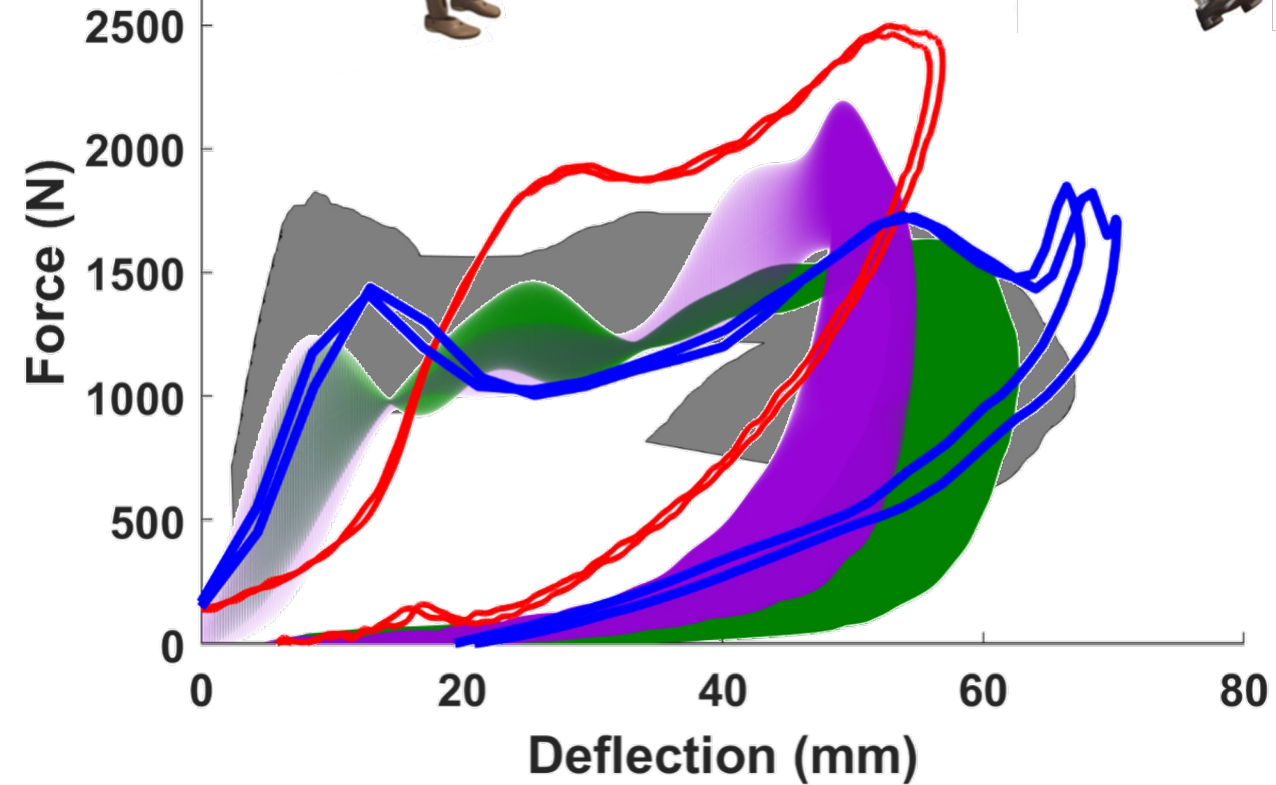
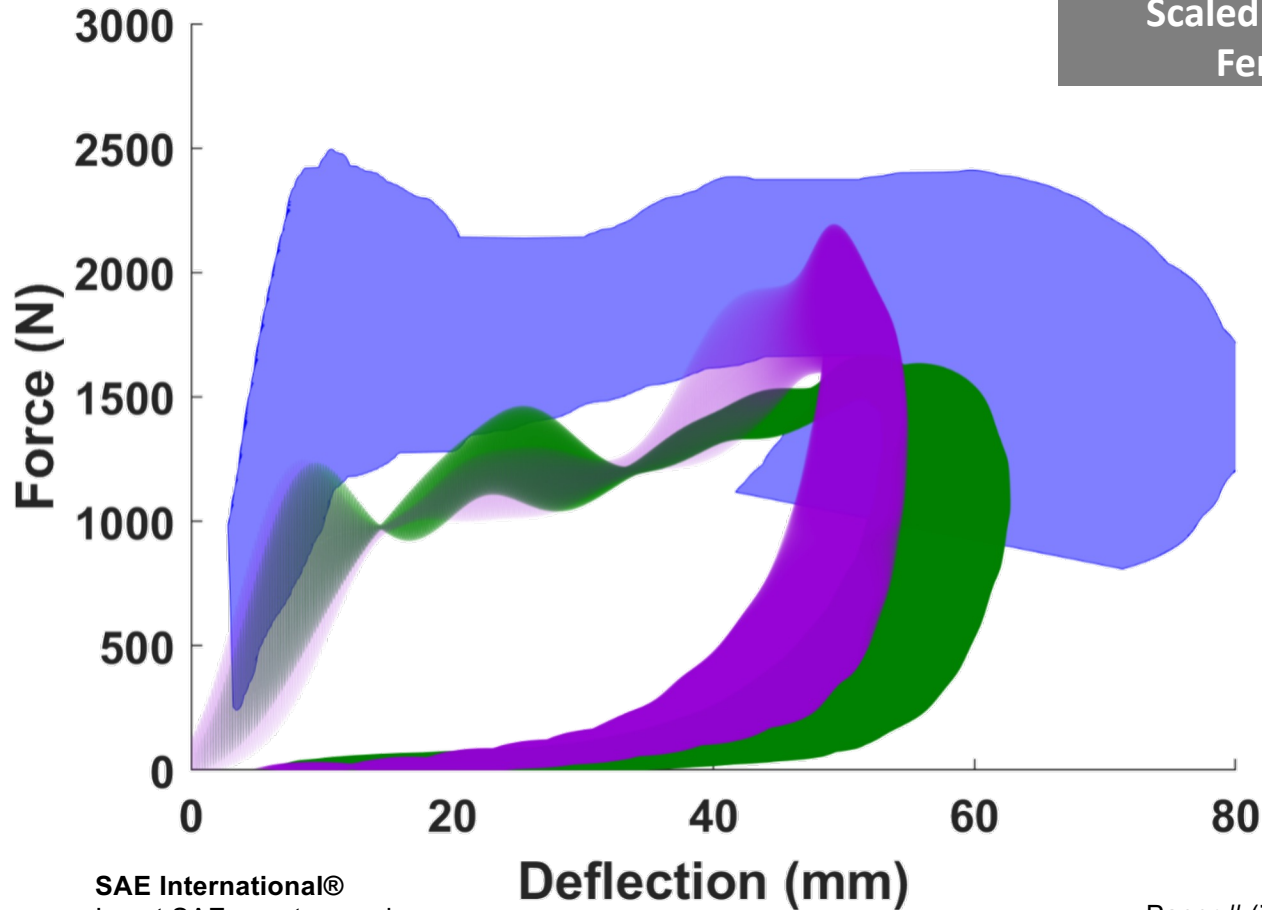
Frontal ATD Biofidelity



HIII5F

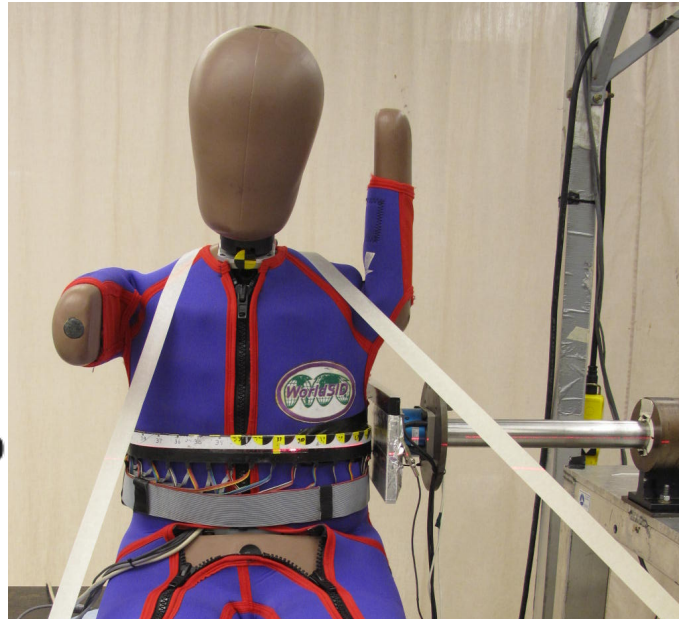
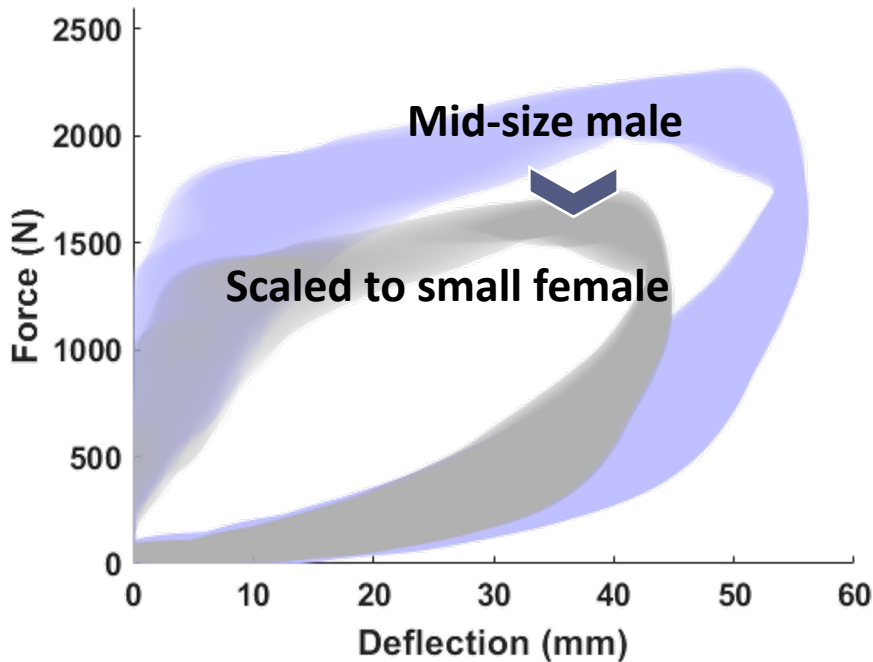


THOR-05F



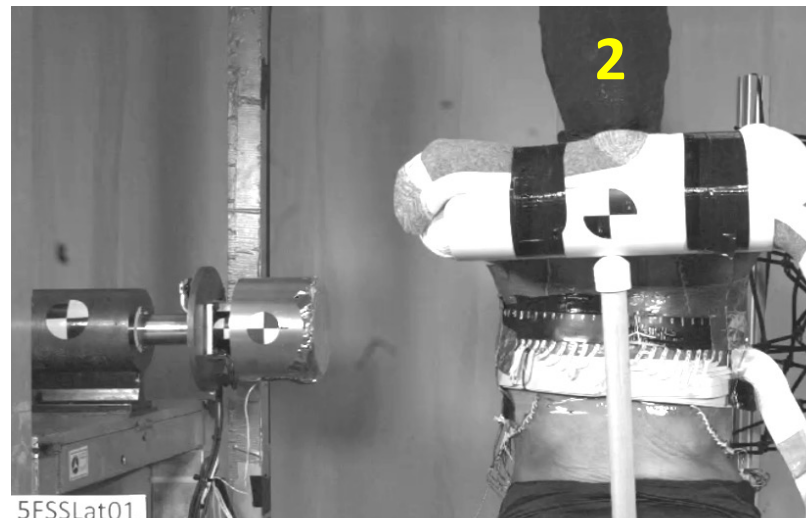
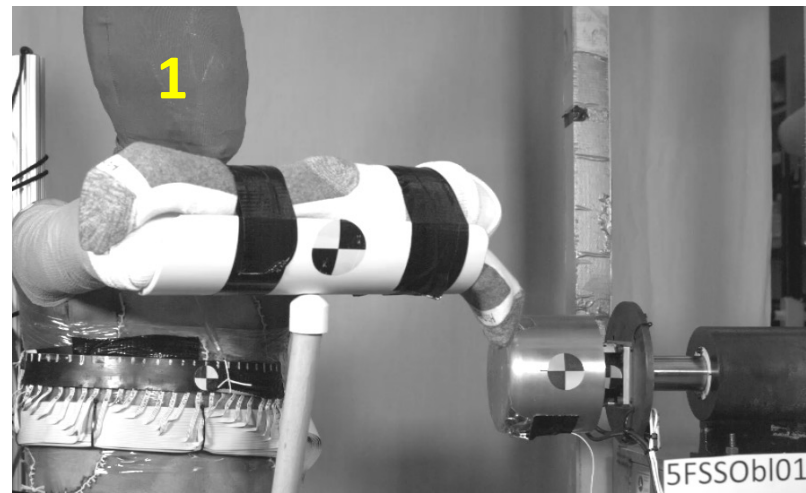
SIDE IMPACT

Side Scaled Corridors



- WorldSID-05F biofidelity evaluation
 - New normalization [Donnelly et al 2017] and corridor construction techniques applied to mid-size male PMHS
 - Scaled corridor to small female
 - Based on Mertz 1989
 - Lee et al 2017, 2020
 - Coming soon!

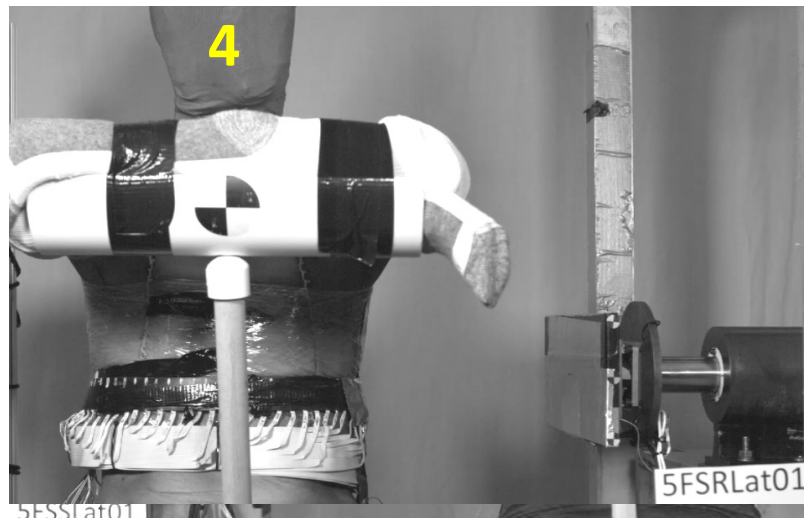
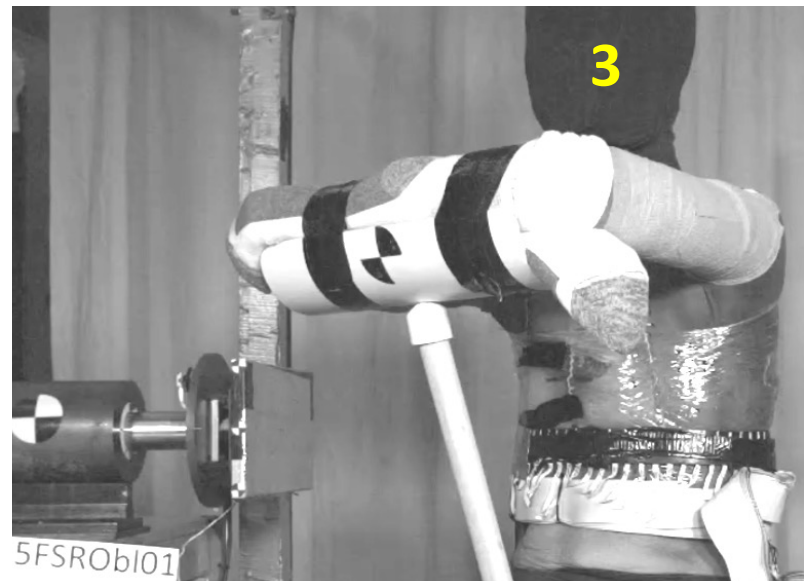
Side Test Matrix



Test	Impact Direction	Impactor Face	Impact Velocity (m/s)	Impact Side	Impact Level
-1- Shaw	Oblique 60°	Circle	2.5	Left	4 th IC space
-2- Shaw	Lateral 90°	Circle	2.5	Right	4 th IC space
-3- Rhule	Oblique 60°	Rectangle	4.5	Right	Xiphoid
-4- Rhule	Lateral 90°	Rectangle	4.5	Left	Xiphoid



Side Test Matrix

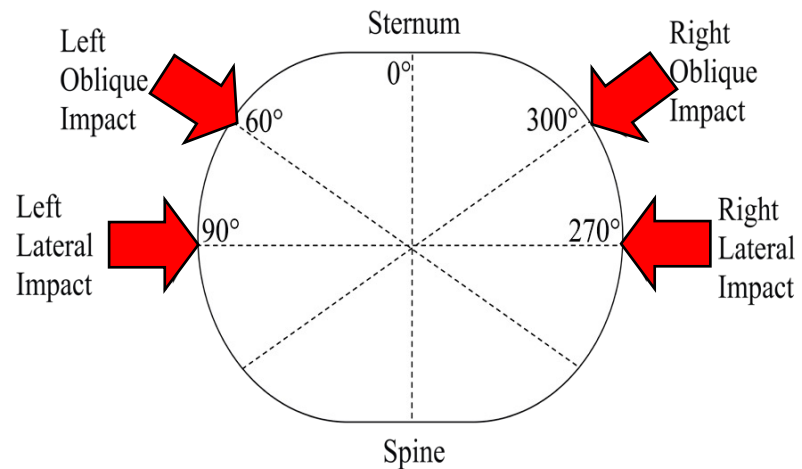


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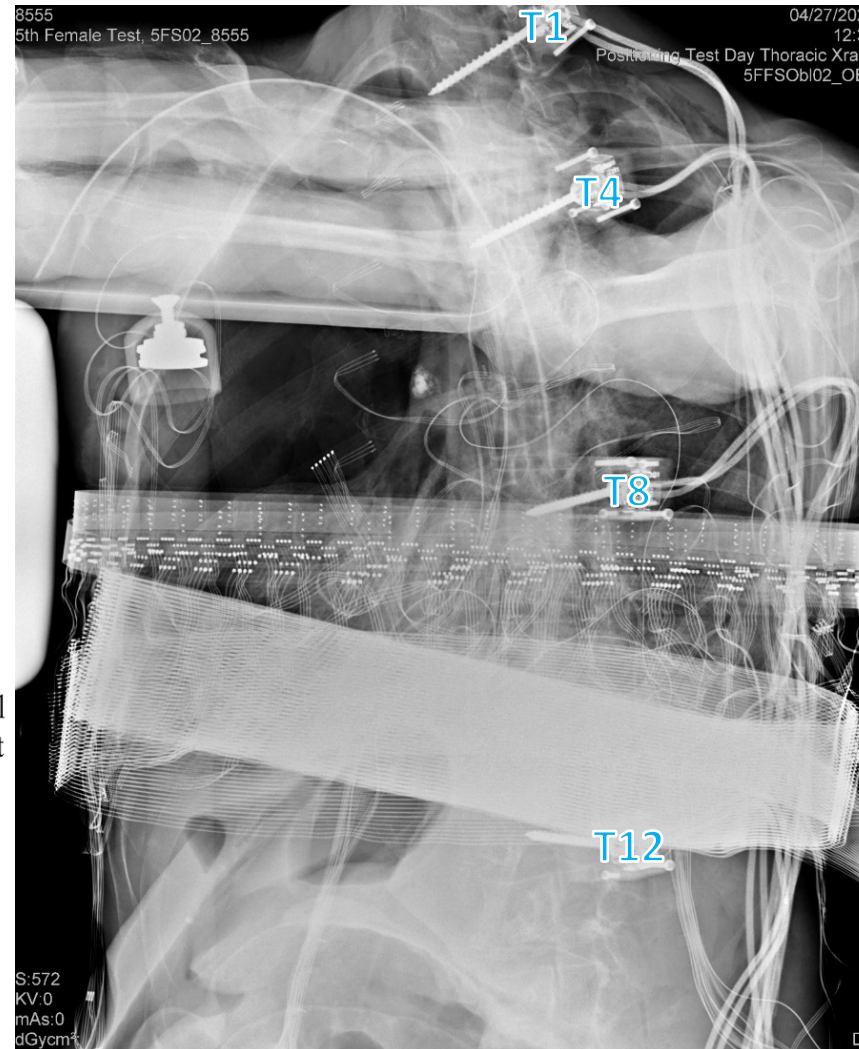
Side Experiment

- Instrumentation
 - Strain gages
 - Ribs 3-9
 - 6DXs
 - T1, T4, T8, T12
 - Chestband @ impact location

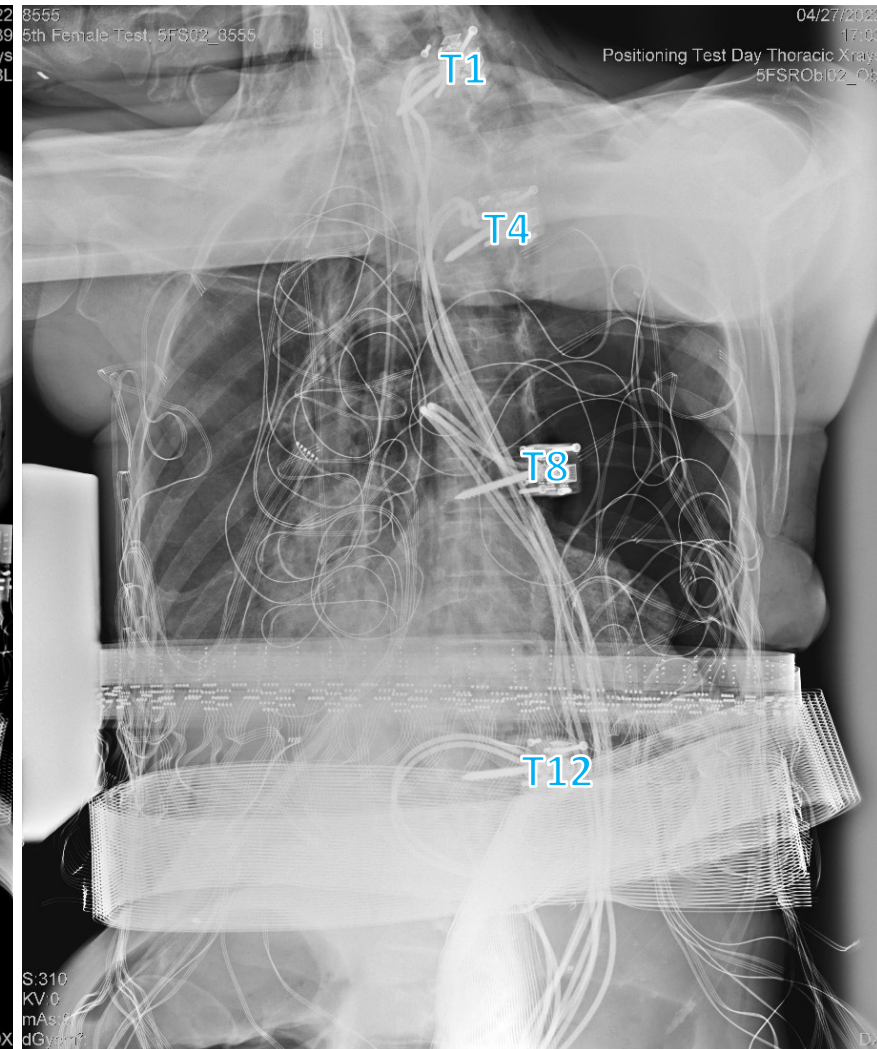


SAE International®
Insert SAE event name here



Shaw et al 2006

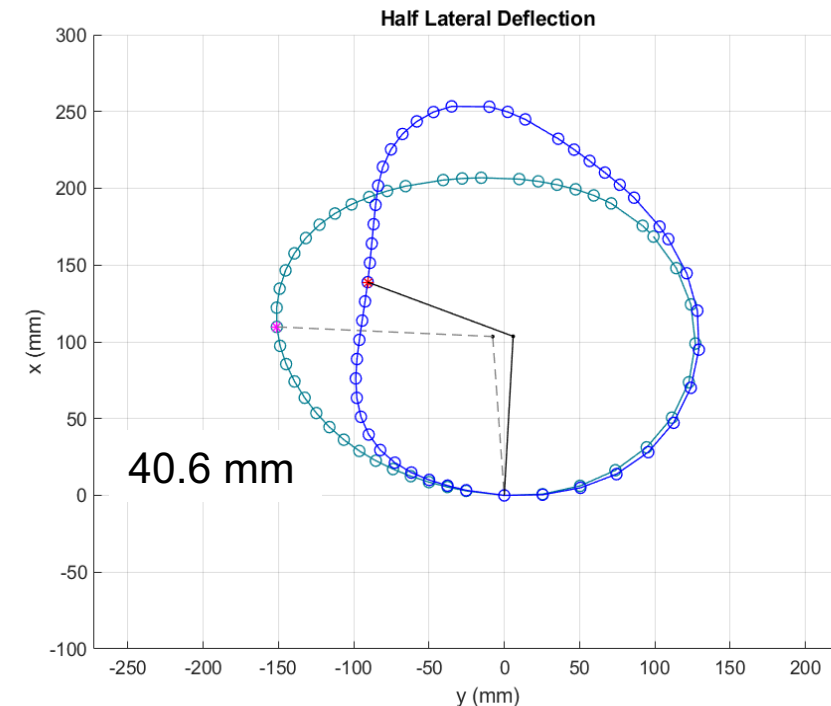
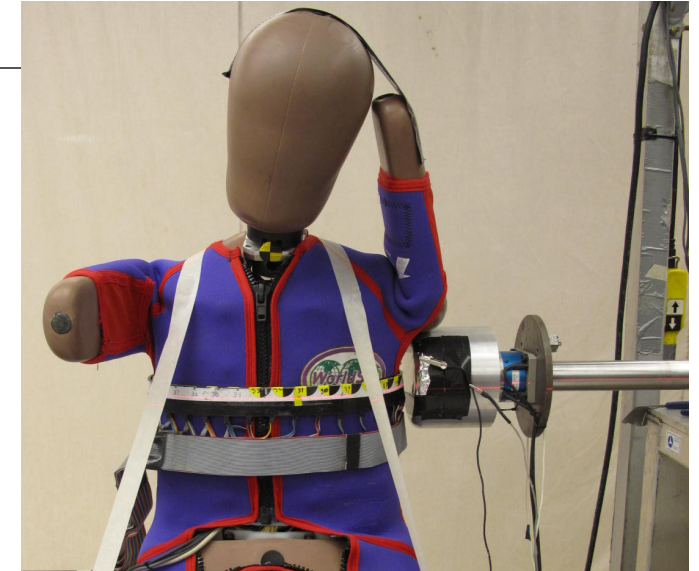


Rhule et al 2011



Force and Deflection Measurements

- Impact force
 - Inertially compensated
6 axis load cell data
 - 14 kg impactor
 - Shaw: 125mm 
 - Rhule: 125 x 275mm 
- External deflection
 - Chest band



Side PMHS

- N=3 small females in each condition
 - Each impacted once in each of 4 conditions

ID	Age (yrs)	Height (cm)	Weight (kg)	BMI (kg/m ²)	Chest Breadth (cm)	Chest Circumference (cm)
PMHS 1	53	170.0	48.5	17	28.3	82.0
PMHS 2	69	157.0	44.2	18	24.3	77.3
PMHS 3	63	170.0	51.3	18	26.7	81.6
PMHS 4	68	152.9	43.1	18	24.1	77.9
Mean	63.5	162.5	46.8	17.7	25.9	79.7
*5th Female Target	-	151.3	46.7	20	26.0	79.2

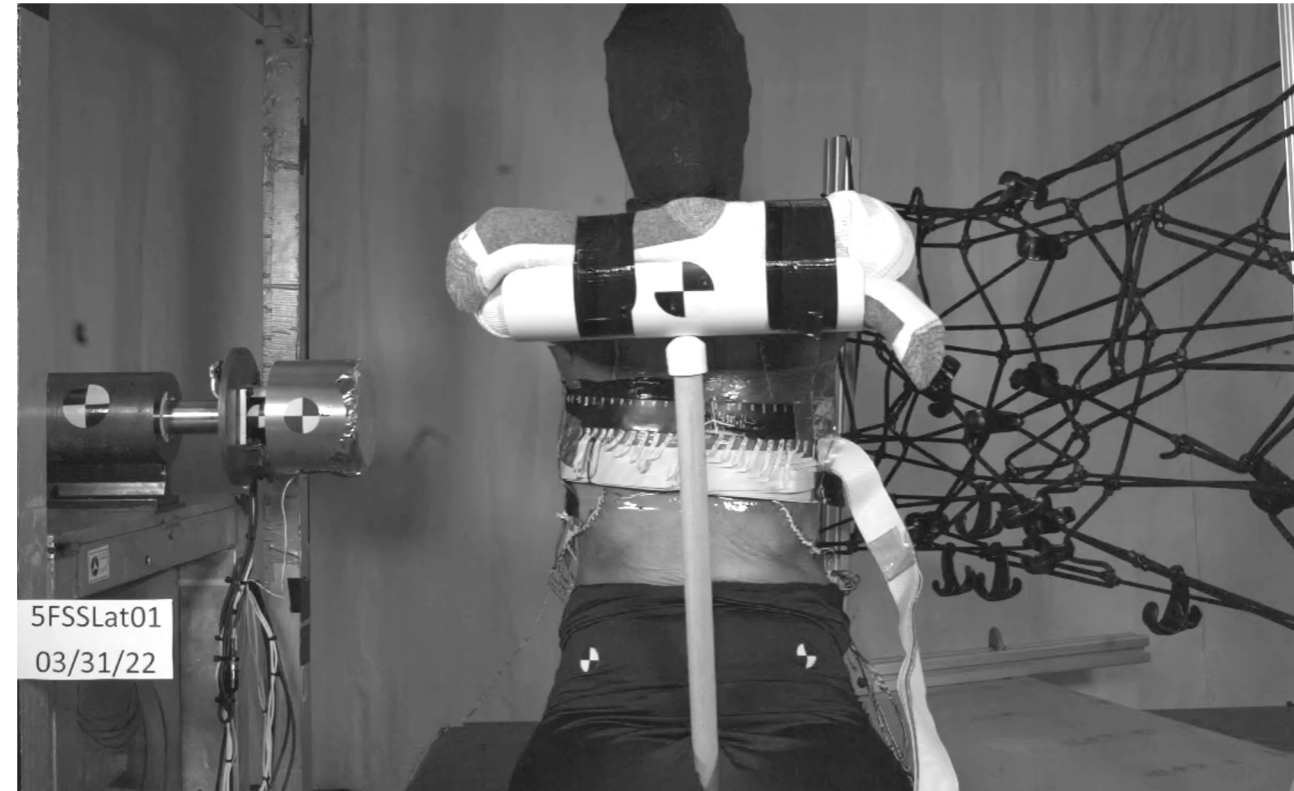
*Mertz et al. 2001

Side Experiment - Shaw

Oblique



Lateral

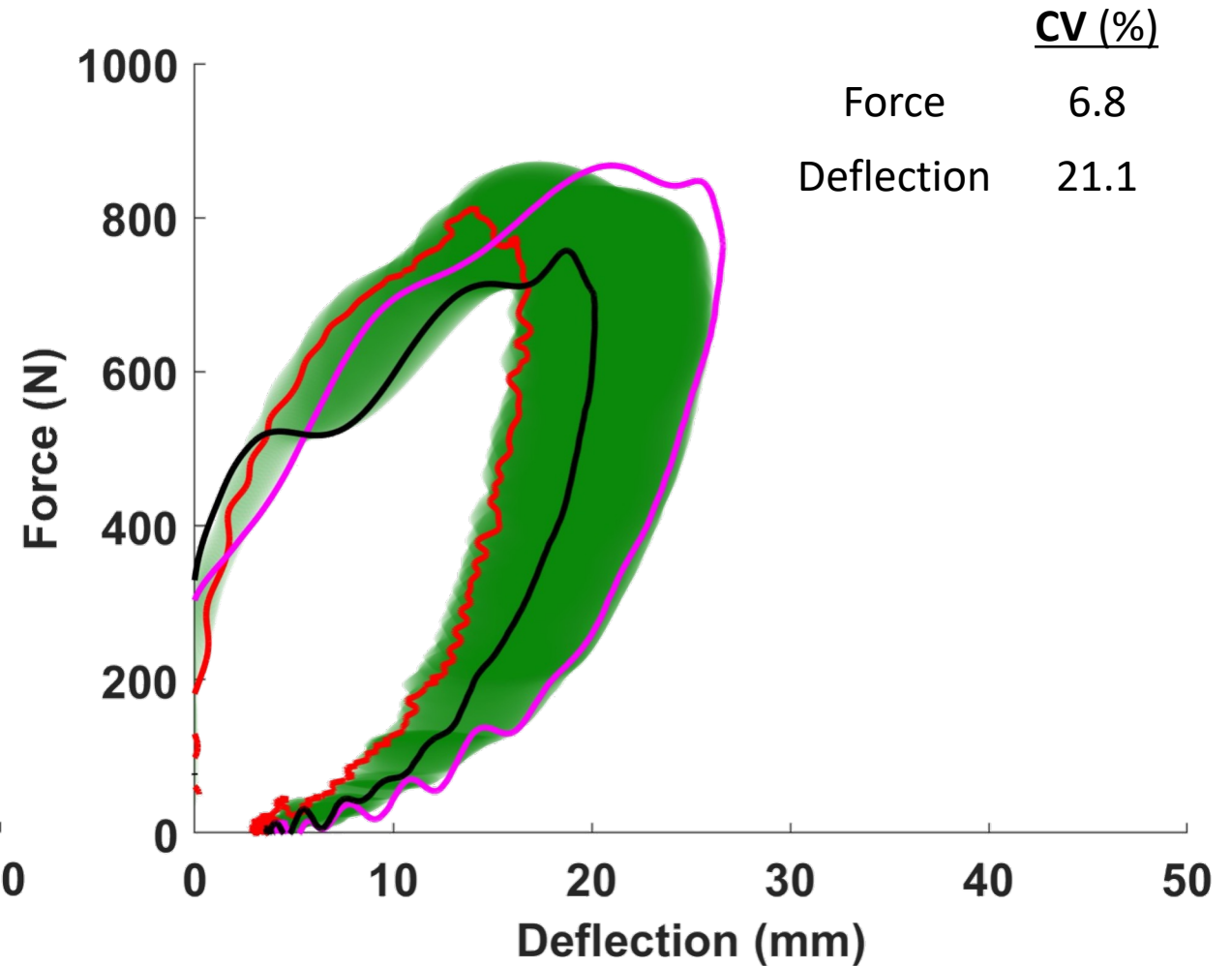
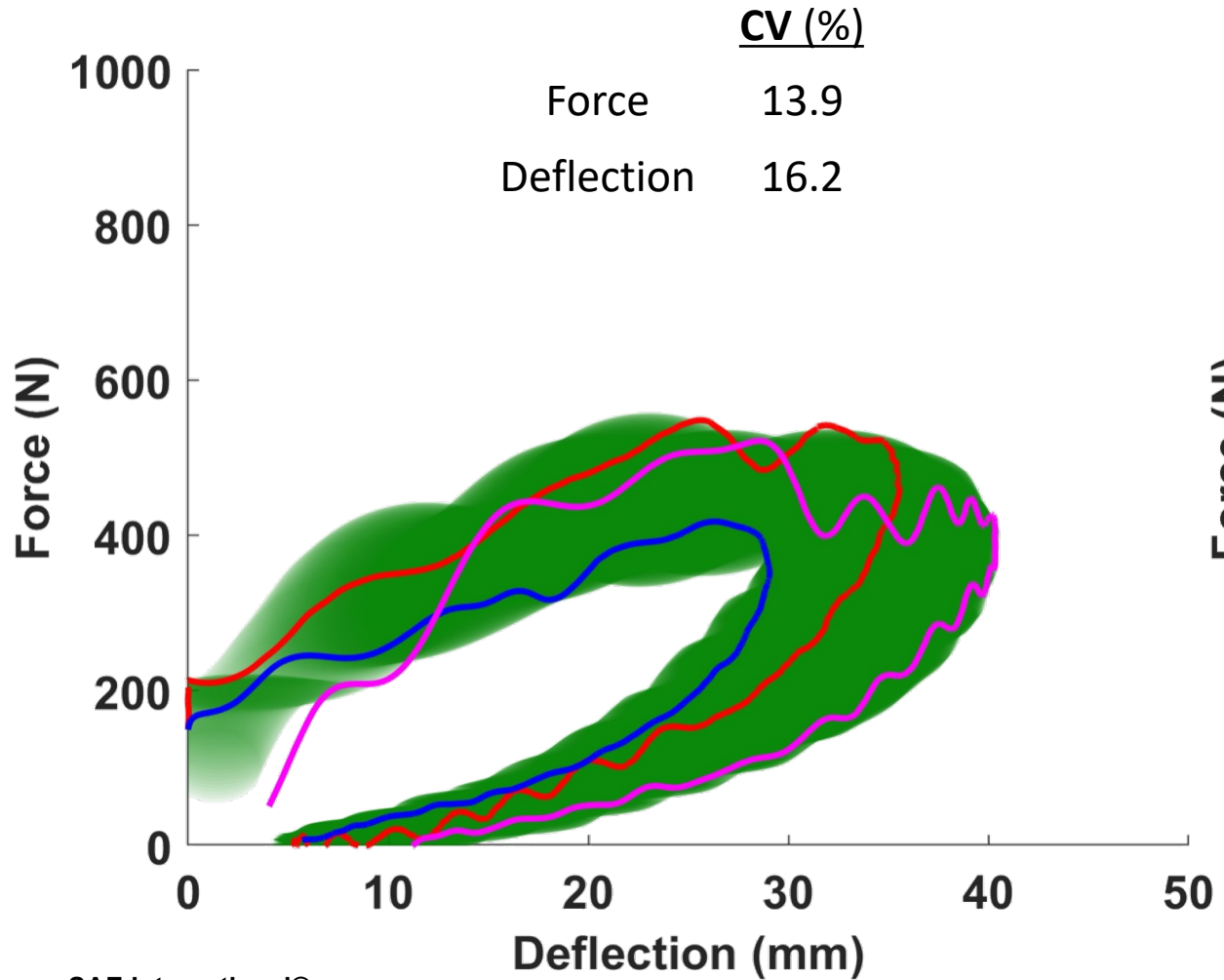


Side F-D Corridors - Shaw

Small Female PMHS

Oblique

Lateral



Side F-D Corridors - Shaw

Oblique

BRSS: 1.16

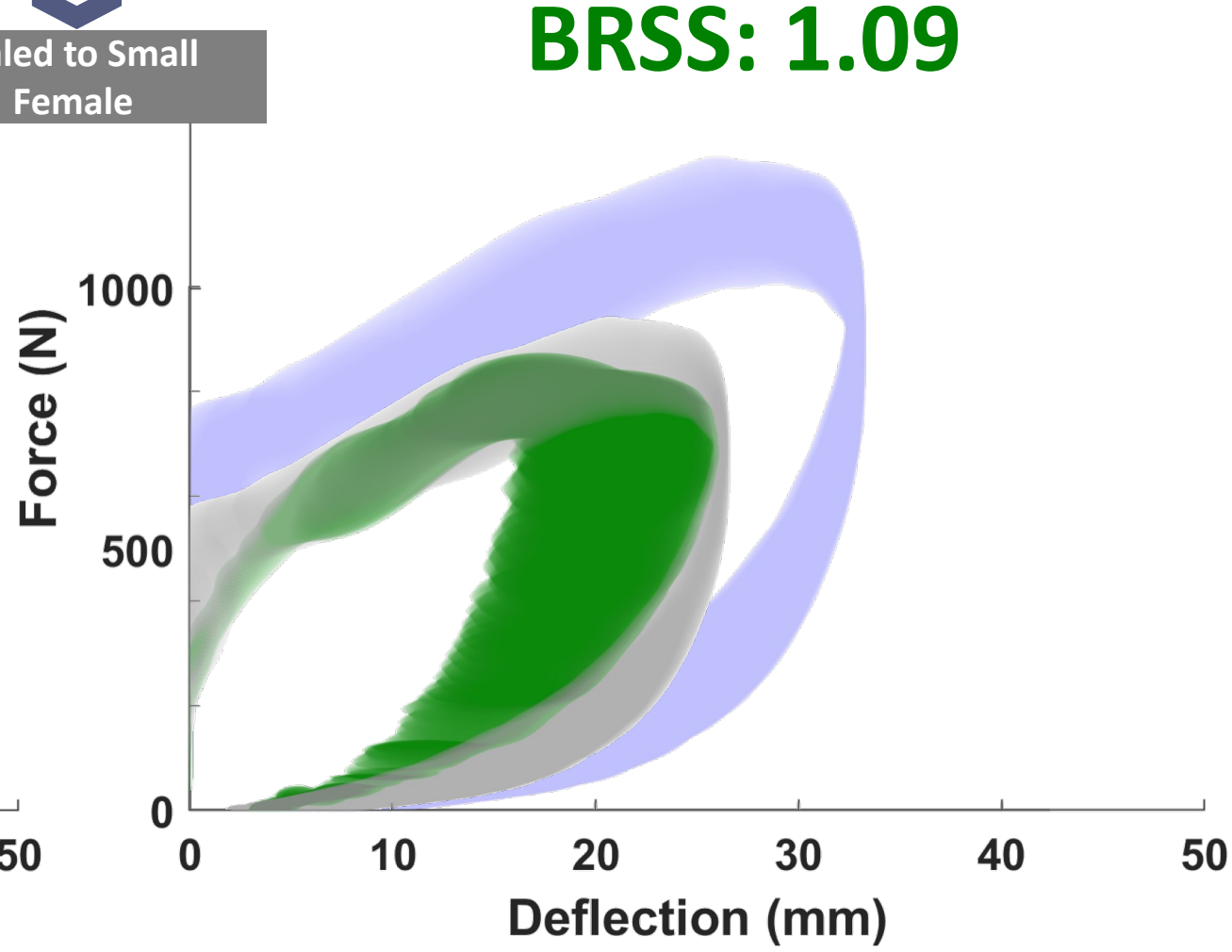
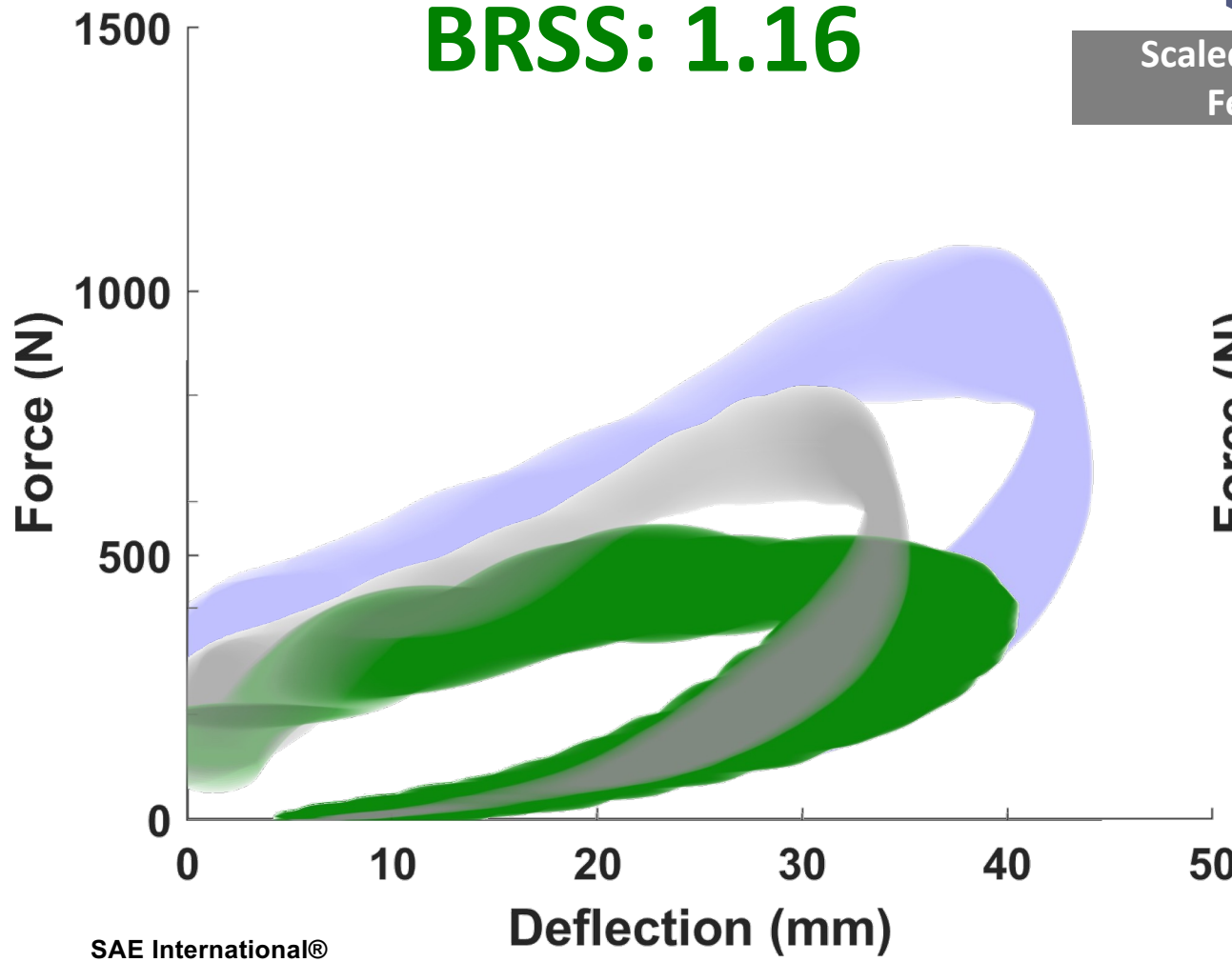
Small Female PMHS

Mid-Size Male PMHS

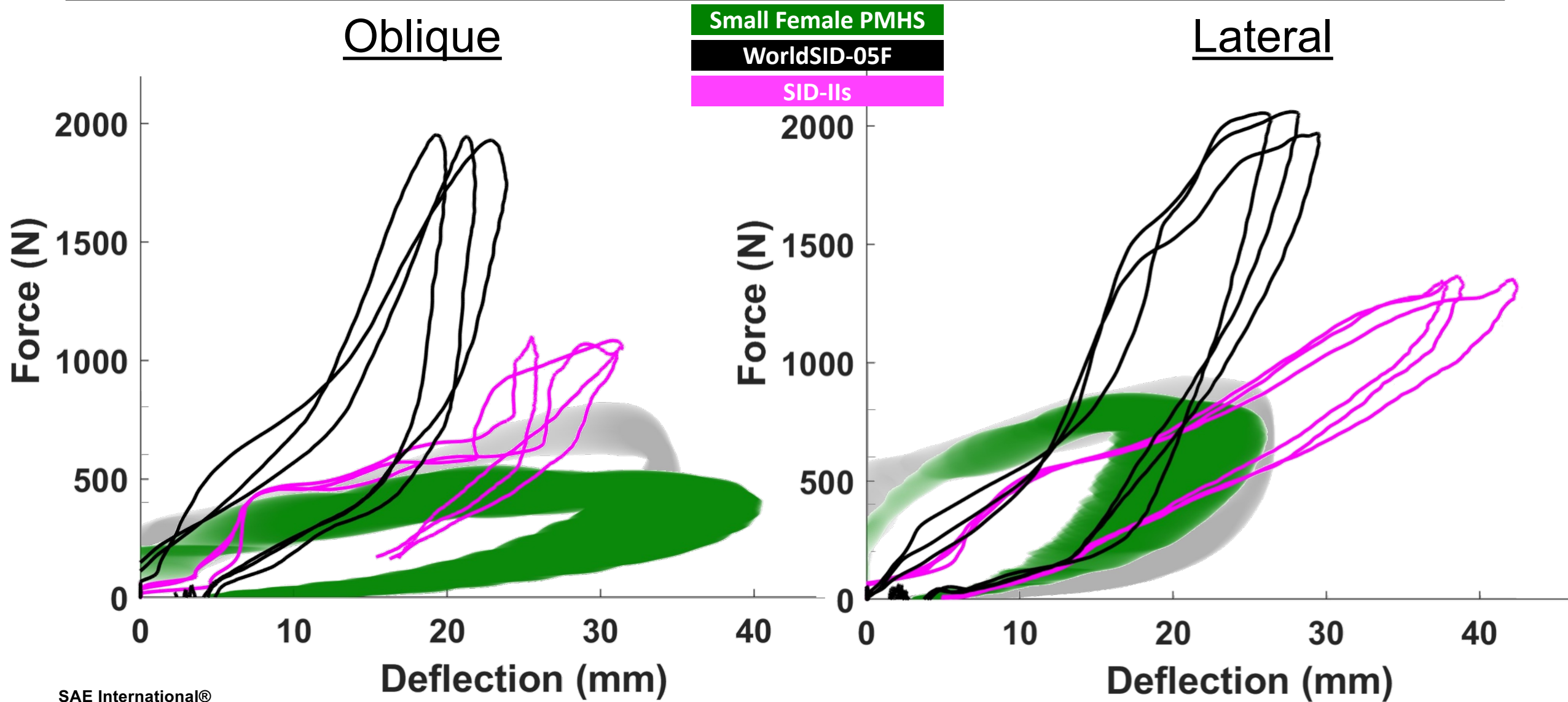
▼
Scaled to Small Female

Lateral

BRSS: 1.09



Side ATD Biofidelity - Shaw

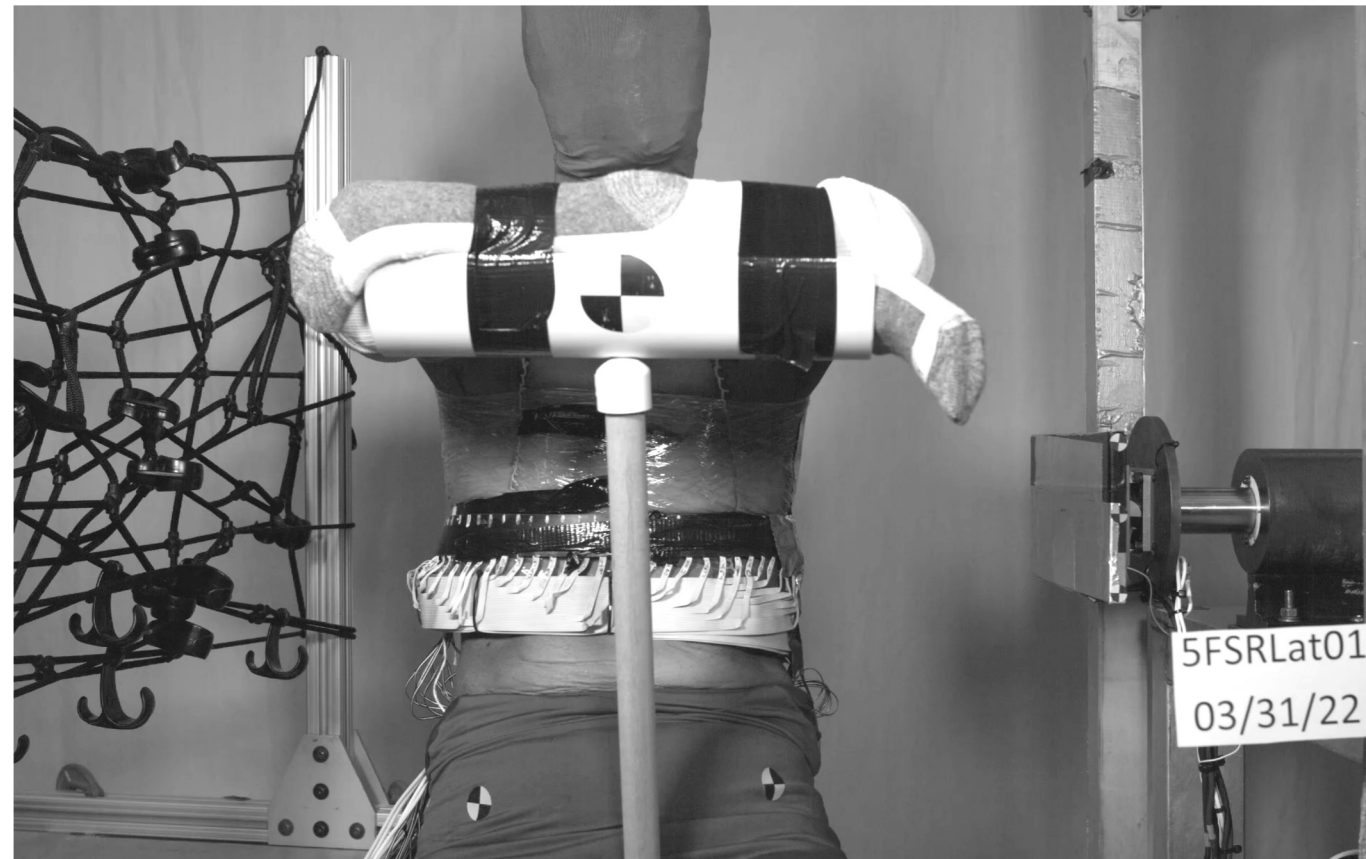


Side Experiment - Rhule

Oblique



Lateral



Side F-D - Rhule

Small Female PMHS

Oblique

Lateral

CV (%)

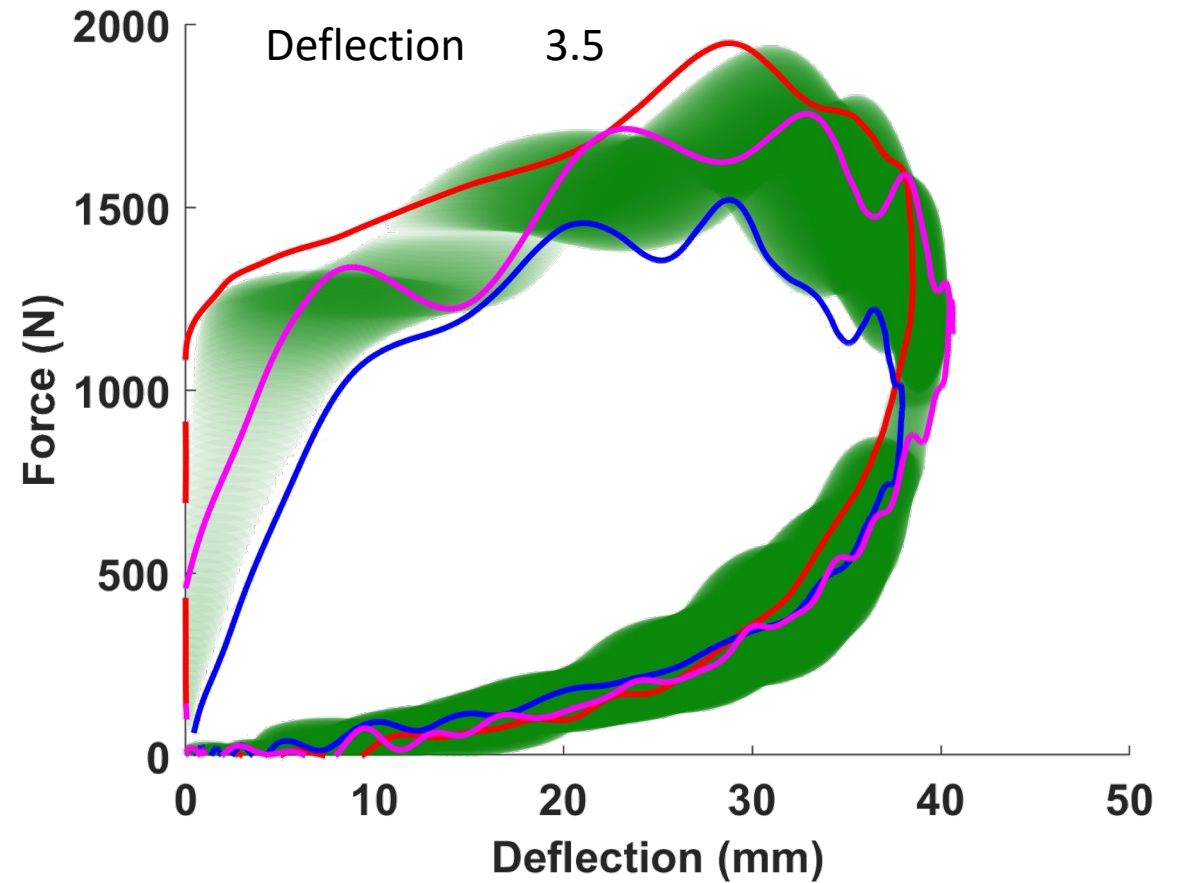
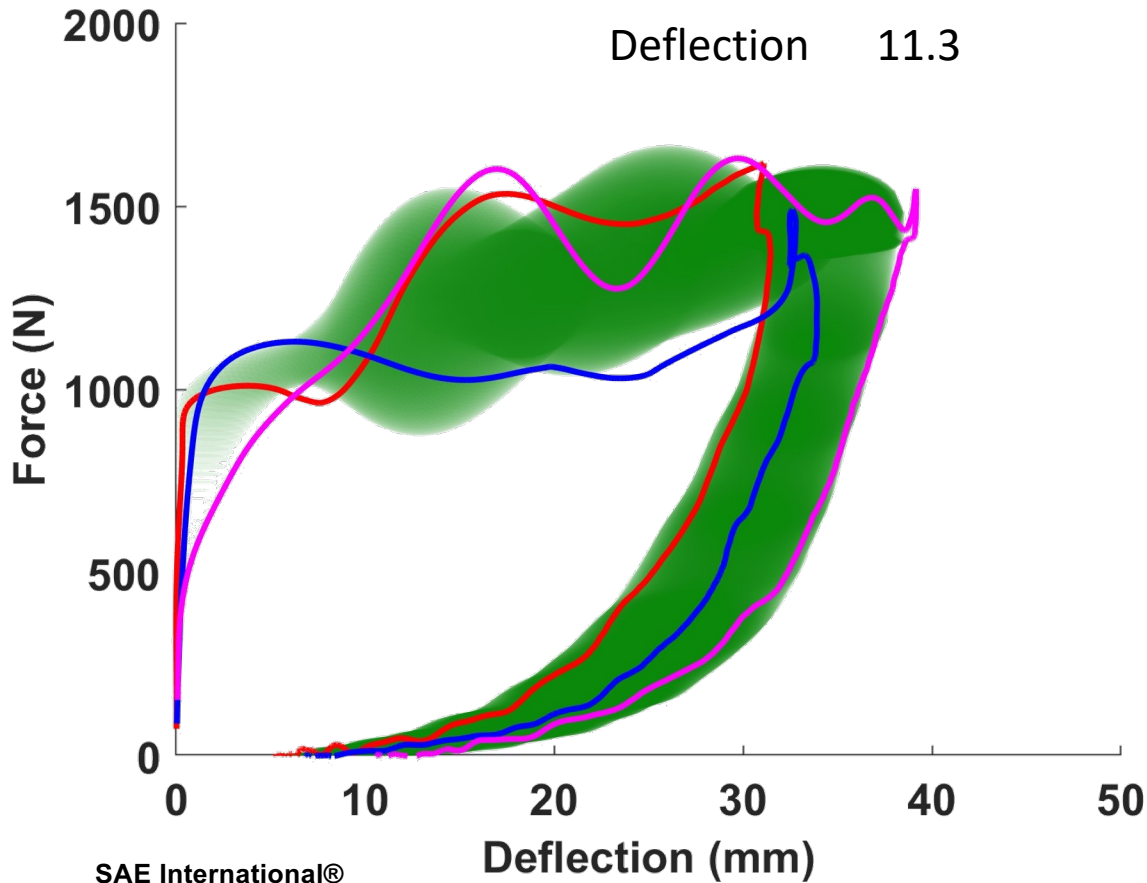
Force 4.9

Deflection 11.3

CV (%)

Force 12.3

Deflection 3.5



Side F-D Corridors - Rhule

Oblique

BRSS: 1.38

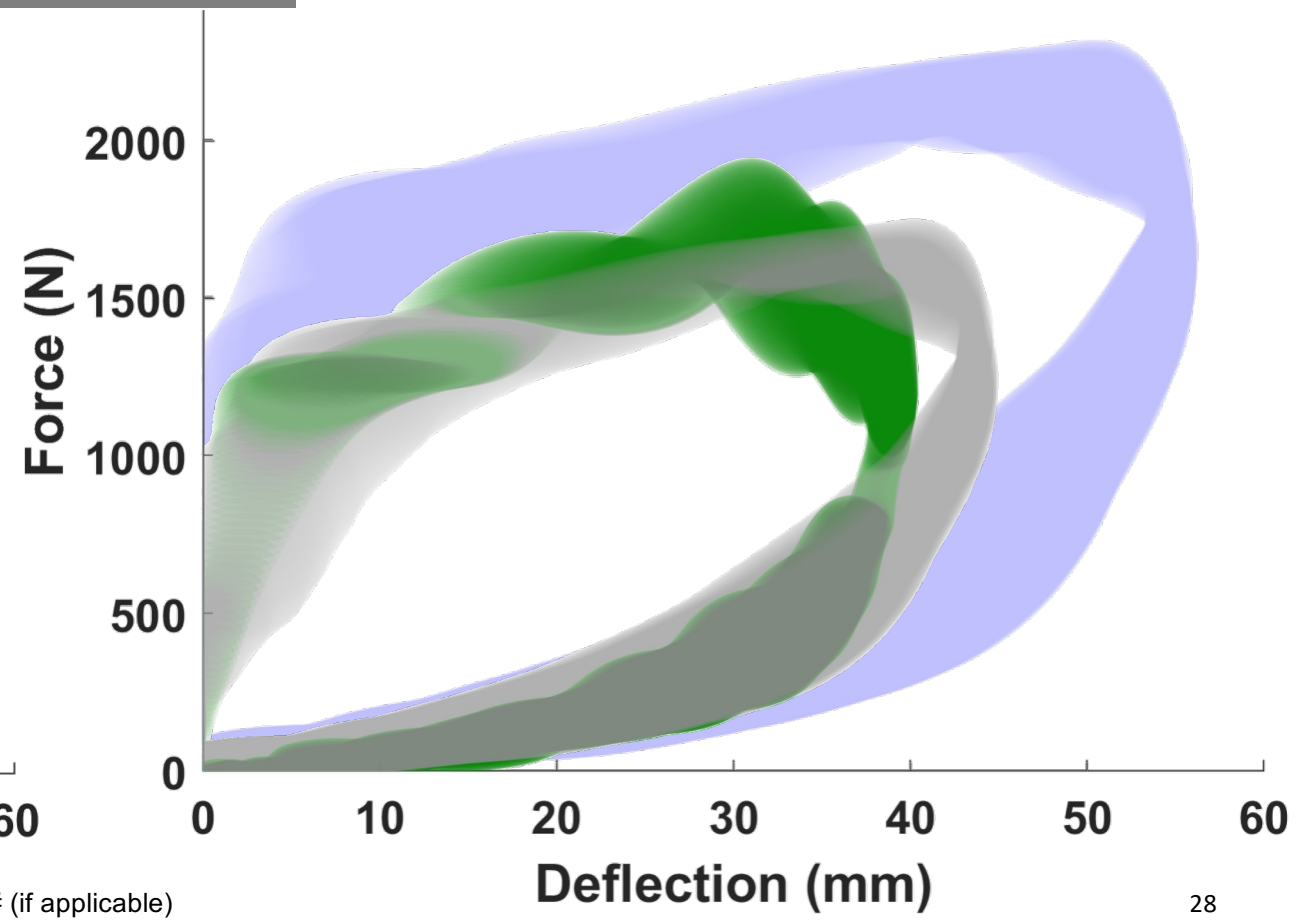
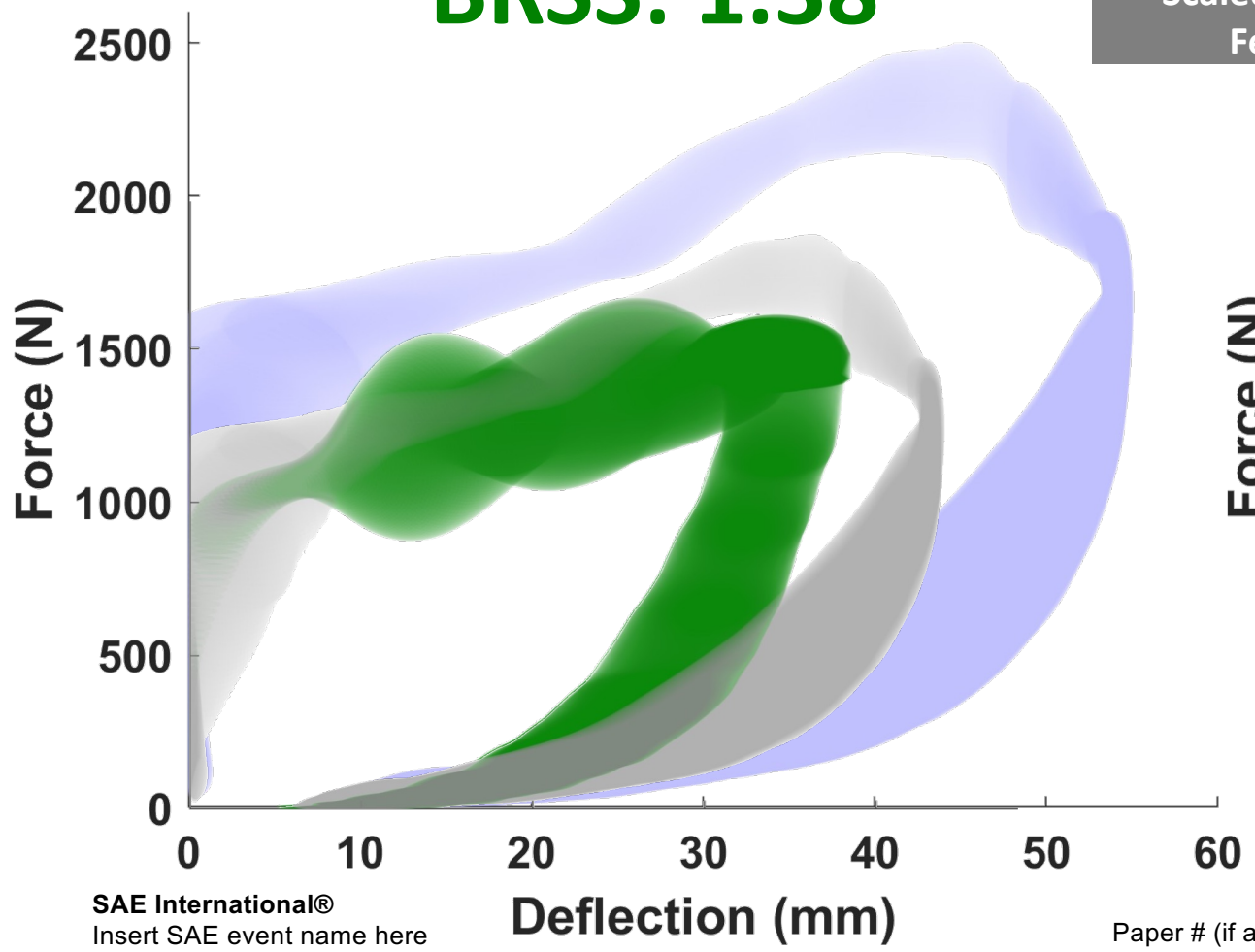
Small Female PMHS

Mid-Size Male PMHS

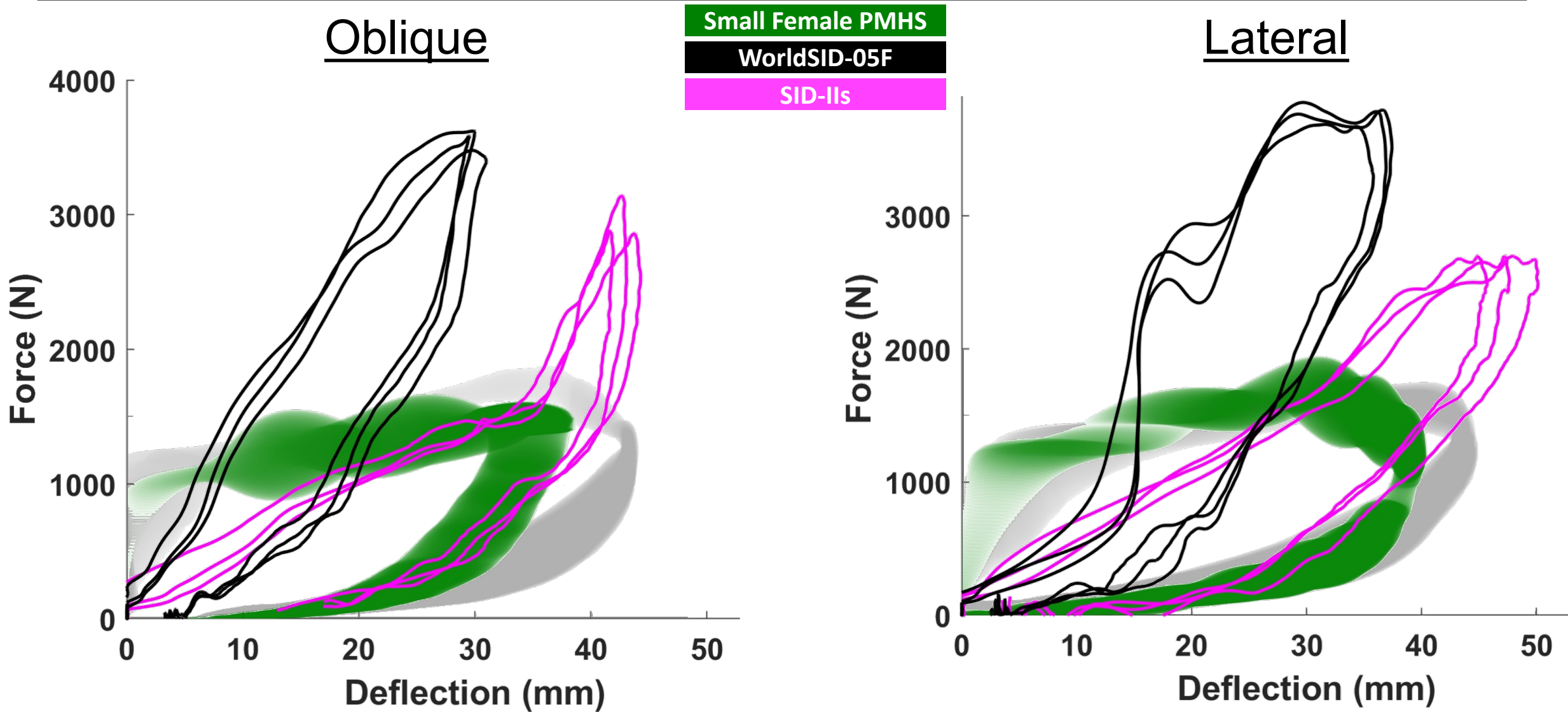
Scalped to Small Female

Lateral

BRSS: 0.57



Side ATD Biofidelity - Rhule



Summary & Conclusions

- Small female PMHS thoracic response corridors in simplified impacts
 - Frontal
 - Older and younger PMHS
 - Side
 - Lateral and oblique conditions
- Scaled corridors → good agreement in all conditions
 - Current safety tools typically optimized to scaled corridors
- Female biomechanical data are valuable
 - Improvements to scaling techniques and interpretation of ATD data
 - Improvements to HBMs

Limitations & Future work

- Simplified impacts
 - Future work will focus on more realistic loading scenarios
- Small sample sizes
- Multiple side impacts to PMHS
- Small female data not normalized
 - 50M side data were renormalized and scaled
- Breast tissue removal
 - Focus on skeletal response
 - No scaled corridors accounted for breast tissue
 - Future work will explore the effects of breast tissue on thoracic response and injury

Acknowledgements

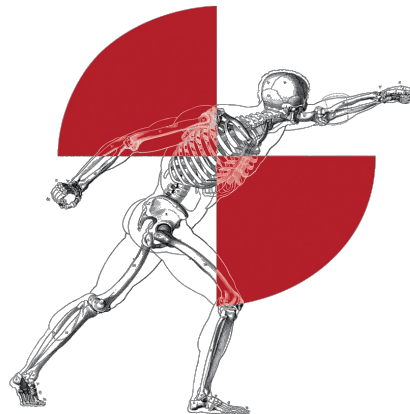
Anatomical Donors of...



THE OHIO STATE
UNIVERSITY



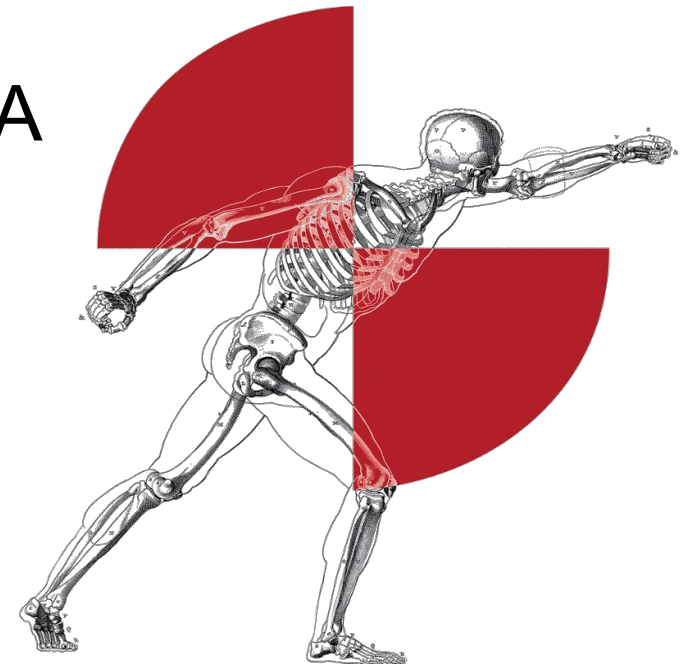
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Students and staff of the Injury
Biomechanics Research Center

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