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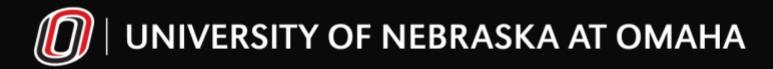
Development of 3D Printed Prostheses for Farmers and Veterans



Jorge Zuniga Ph.D. Associate Professor of Biomechanics Department of Biomechanics 3D Printed Prosthetic, Orthotic & Assistive Devices



Carl Nelson Ph.D. Professor of Mechanical & Materials Engineering Hergenrader Distinguished Scholar College of Engineering





Dr. Nick Stergiou Distinguished Community Research Director of the Biomechanics Research Building

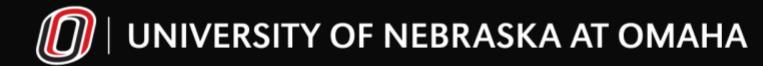
CENTER FOR RESEARCH IN HUMAN MOVEMENT VARIABILITY

73 people employed
Obtained the largest funding in UNO history

What is Biomechanics?



BROVED-AKIOS RESEARCH BUILDING ADDITION, PROGRAM STATEMENT SD MASSING - OPTION 2



Graduate Assistants



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REALDY YOUNG 35 Foods Advisor Dr. Zangs Puncky a Mattern Degree & Exercise Xience A.V. a. Fanner Samer, Union 17/4 Fahrenka al Correg



Christopher Copeland — ccopeland&unomaha.edu Student Worker Read profile



Claudio Cortes Reyes - contesreyes@unomaha.edu Master of Science in Biomechanics Department of Biomechanics, Team Zuniga Read profile

Professional Collaborators





CHI Health



Gabe Linke Cardiac CT/MR Imaging & 3D Printing Coordinator



Dr. Scott Fletcher M.D. Director, Cardiovascular Magnetic Resonance Imaging



UNMC Dr. Justin Cramer M.D. Assistant Professor of Radiology

COPPER GD



Andrés Acuña Daniel Martínez Dr. Claudio Soto

NASA Nebraska Space Office



Rohana Luna Supunta Chura Turi ato tita Sea Trivi fi macaskometawa





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THE PROBLEM



Upper-limb Prosthesis for Adults

- Many Veterans with upper-limb amputations **are not fitted** with a functional prosthesis due to cost of repairs, weight, and lack of adaptation to the new prosthesis.
- In the fiscal year 2016, 22% (n = 20,158) of the U.S. veterans who received amputation care at Veterans Affairs (VA) medical facilities had experienced an upper-limb amputation.
- For those patients that have access to an upper-limb prosthesis, **35% to 52% rejected or** abandoned the device.
- The term "transitional prosthesis" has been used to classify devices that are designed to introduce the patient to a prosthesis for restoring and preserving strength and range-of-motion.
- Transitional devices are often made by hand, requiring long construction time and highly skilled technicians to manufacture them taking **4 to 8 weeks**.
- In the adult population, fitting a patient with a prosthesis within 4 weeks after amputation will increase the likelihood of acceptance of the device.
- This time is known as the 'golden period' of upper extremity prosthetic rehabilitation and may be the most vital factor in the patients' acceptance of the prosthesis.









Upper-limb Prosthesis for Adults

 During the "Golden Period", infections, contractures and muscle atrophy are common risk factors that can affect prosthesis use and overall function



Bacterial Complications









Mucormycosis

Dermatoses

Folliculitis

Fungic Infection

ion Dehiscence

Estimated Cost: 28,2 Billion USD (only US)

Adams, P. et al, Current Estimates from the National Health Interview Survey, Vital and Health Statistics

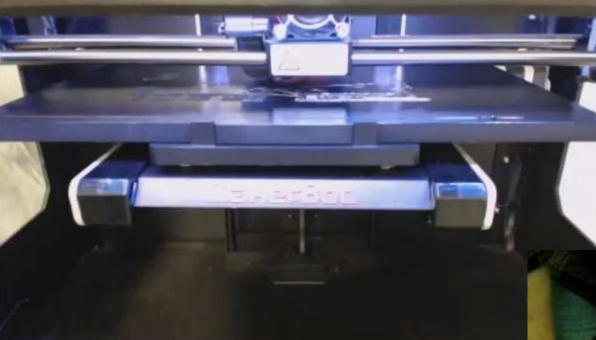


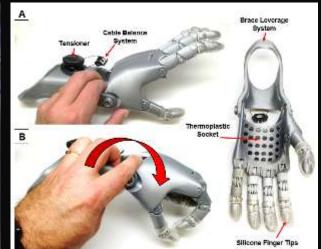
THE POTENTIAL SOLUTION

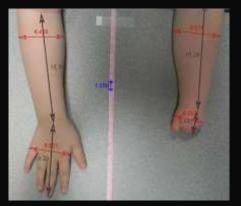


3D PRINTING PROCESS

3D PRINTED PROSTHESIS







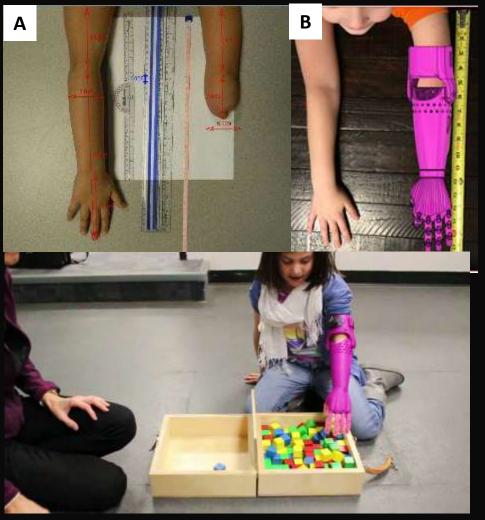








3D PRINTED ARM PROSTHESIS



CHILD FRIENDLY DESIGN

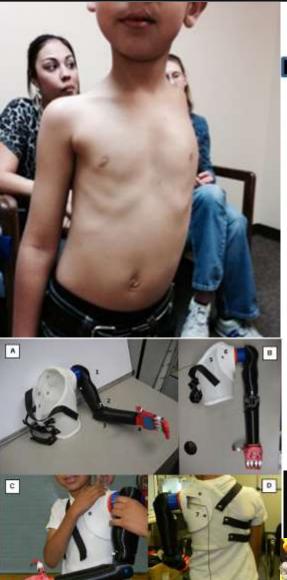


Jean Peck OT, CHT



Rakesh Srivastava MS, CPO

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It was great meet you and some of our team. I look forward to working with you all. As for my 6 year old. His name is **set to be an under the set of the s**

the cost of

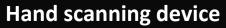
getting him a prosthesis with the help from a upper extremity specialist from the manufacture of the arm part, **1999** is \$38,956.70. Then there changes as he grow and additional cost. This is why it's so hard to get kids something that I hope they will use and not let it sit on a shelf. Cost, Cost, Cost! Here is a picture of the young man. I have a list of componentry and there cost. I will show that to you at our next get together if that's alright, or if you need it sooner just let me know. This young man really needs something.

Tom Kalina, C.P., President Lifestyles O & P 7710 Mercy Rd # 202 Omaha, NE 68124 Ph: 402-393-2354 Fax: 402-393-2509 Cell: 402-510-4329 tomk@lifestylesop.com

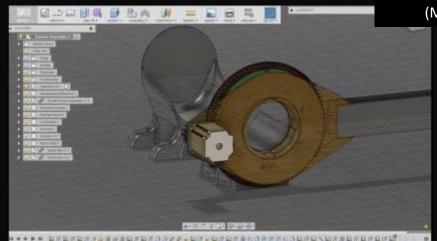
Material cost \$200

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Hand Exoskeleton













James Pierce (Master's)



Research Findings

- -Remote Fitting
- -Bench Testing
- -Trans-radial Prosthesis
- -Function





Remote fitting procedures for upper limb 3d printed prostheses

Jorge M. Zuniga, Keaton J. Young, Jean L. Peck, Rakesh Srivastava, James E. Pierce, Drew R. Dudley, David A. Salazar & Jeroen Bergmann

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Jeroen Bergmann BSc MSc Pho

Associate Professor of Engineering Science Director Oxford Biodesign Lecturer at Christ Church Senior Research Fellow in Engineering & Entrepreneurship



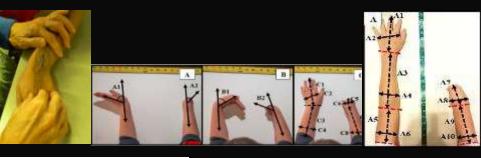
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General Procedures

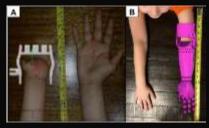
Direct and Remote Measurements

• Anthropometric Measurements: Several anthropometric and ROM measures are extracted using a CAD or image editing software.



3D Modeling and Scaling

•The main aspects of our digital fitting procedures consisted of properly scale the digital design of the prosthesis to the dimensions of: 1) the patient's residual limb for generating an appropriately sized socket, and 2) the non-affected limb to approximate limbs length and overall symmetry.



3D Printing and Assembling •The 3D printed prostheses can be manufactured using desktop or industrial 3D printers.

•The materials used for printing the prosthetic hand were Raptor polylactic acid.

All parts were printed at 40% infill (hexagon pattern for desktop, crosshatch for industrial), 60-100 mm/s print speed, 150-200 mm/s travel speed, 70° C heated chamber for acrylonitrile butadiene styrene (50° C heated bed for plolylactic acid), 0.15-.25 mm layer height, and 1mm shell thickness.





Bench Testing of a 3D Printed Partial Hand Prostheses

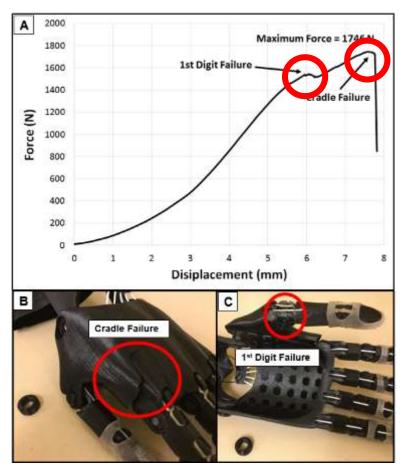
Compression Failure Test

- 1. The 1st digit failed at the joint housing allowing for separation of the digit from the hand at 1550 N (348.5 lbf)
- 2. The prosthetic hand ultimately failed at 1746 N (392.5 lbf)
- 3. The palm failed by shattering on the dorsal side.





We would like to thank **Jennifer Murphy** from the Department of Physical Medicine and Rehabilitation, Northwestern University Feinberg School of Medicine for her help with designing and preparing the bench test setup.





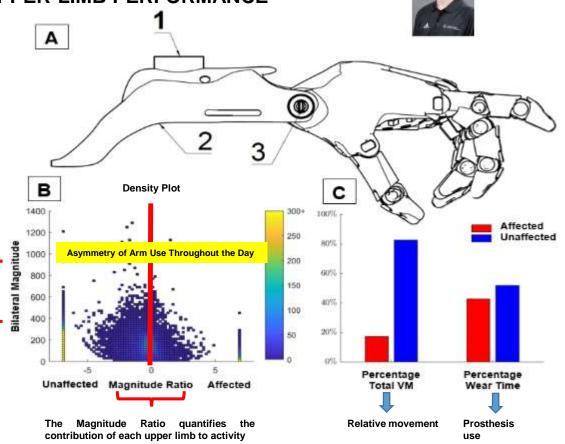
Brian Knarr, PhD



QUANTITATIVE ASSESSMENT OF UPPER-LIMB PERFORMANCE

Figure 1. A) Wireframe drawing showing the integration of sensors into the 3D printed prosthesis. (1) Inertial measurement unit (IMU) and data processing module (2) Thermistor embedded into the gauntlet of the prosthesis (2) Potentiometer embedded into the wrist actuation interface. B) Density plot analysis proposed by Lang et al.,⁴⁹ showing asymmetry of arm use favoring the unaffected arm during a 2 day-period of prosthetic use. C) Percentage of wear time and vector magnitude during a 2 day-period. *Data from a 12-year-old research subject with a right partial hand reduction using a 3D printed partial hand prosthesis.

The Bilateral Magnitude quantifies the intensity of activity across both upper limbs

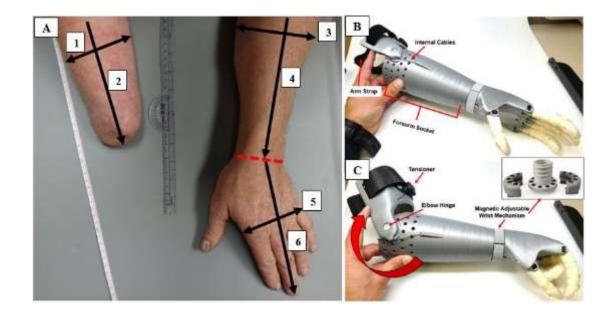




Functional Performance and Patient Satisfaction Comparison between a 3D Printed and a Standard Arm Prostheses

Purpose: The purpose of the current investigation is to compare functional outcomes and patient satisfaction between a standard arm prosthesis fitted in a clinic with a 3D printed arm prosthesis fitted remotely.

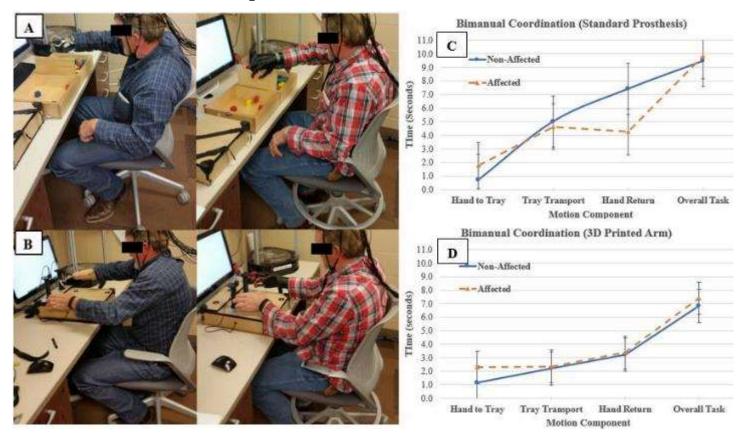
Methods: The patient was a 59-year-old male with a traumatic trans-radial amputation of the dominant arm. This case report describes the functional and patient satisfaction outcomes of a 3D printed arm prosthesis fitted remotely versus a standard arm prosthesis after 4 weeks of use.





Functional Performance and Patient Satisfaction Comparison between a 3D Printed and a Standard Arm Prostheses

Results: The main finding of this case study was that the use of a 3D printed arm prosthesis fitted remotely resulted in a better functional performance, but lower overall patient satisfaction than the standard arm prosthesis.



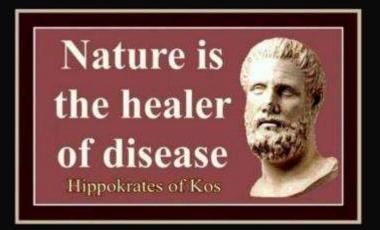


Advance Materials

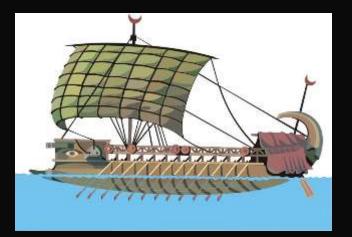
- -Copper Nanocomposites (Mechanism of Action)
- -Development of Antimicrobial 3D Printing Filaments
- -Research Findings



Copper as a Biocidal Tool



• The ancient Greeks in the time of Hypocrates (400 BC) were the first to discover the sanitizing power of copper.



 The early Phoenicians nailed copper strips to the body of their ships to inhibit microorganisms, plants, and algae, since cleaner vessels are faster and more maneuverable.

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Mechanism of Action

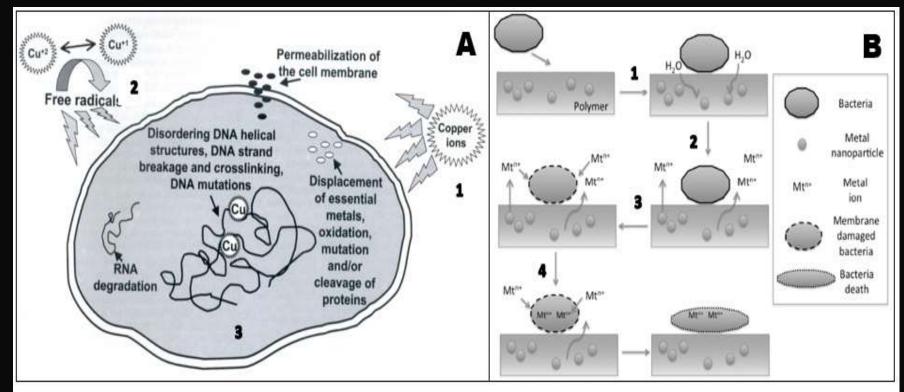


Figure 1. Copper is an essential element for optimal human body function, but toxic to microorganisms. **A.** The main antimicrobial mechanisms of copper consist in producing cell membrane damage via copper ions that damage polyunsaturated fatty acid compromising the structure of the cell membrane and producing leakage of mobile cellular solutes (i.e., potassium ions) resulting in cell death (**A1**). The redox cycling between Cu^{2+} and Cu^{1+} can catalyze the production of highly reactive hydroxyl radicals (part of reactive oxygen species or ROS), which can subsequently damage cell membrane lipids, proteins, DNA, RNA, and other biomolecules (**A2**). Once copper and associated hydroxyl radicals are inside of the cell, it produces DNA denaturalization damaging helical structures. Copper also damage and alter proteins acting as a protein inactivator via RNA, useful to deactivate virus such as herpes, HIV-1, and West Nile (**A3**). **B.** Mechanisms for the enhanced antimicrobial behavior of copper nanocomposites on thermoplastic matrices. Copper nanoparticles on a polymer structure present a stronger antimicrobial effect than microparticles or metal surfaces and facilitate the following process: adsorption of bacteria on the polymer surface triggering the diffusion of water through the polymer matrix due to the medium surrounded the bacteria (**B1**); water with dissolved oxygen reaches the surface of embedded metal nanoparticles allowing dissolution or corrosion processes and in this way metal ions are realized (**B2**); metal ions reach the composite surface damaging the bacteria membrane (**B3**); Afterward, metal ions can diffuse into the bacteria (**B4**).







Brief Report 3D Printed Antibacterial Prostheses

Jorge M. Zuniga 1,2

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Featured Application: The use of antibacterial 3D printed filaments has promising potential applications in the development of medical devices associated with bacterial development, such as postoperative prostheses, wound dressings, and surgical equipment.



INTRODUCTION

Bacterial Complications

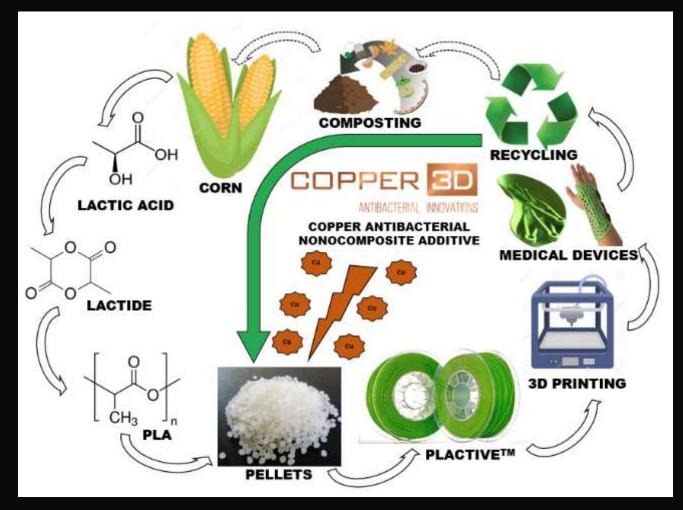


Estimated Cost: 28,2 Billion USD (only US)

Adams, P. et al, Current Estimates from the National Health Interview Survey, Vital and Health Statistics



METHODS Antimicrobial Filament Development



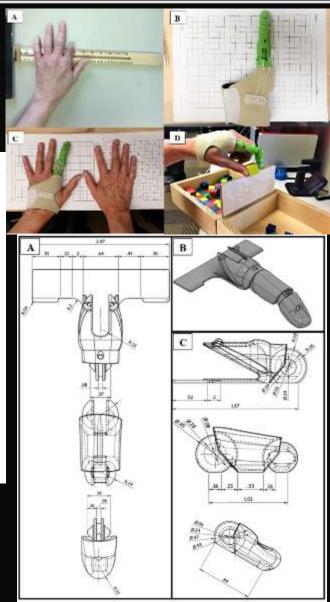
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RESULTS

Table 2. Quebec User Evaluation of Satisfaction with assistive Technology (QUEST) Ratings and Box and Block Test.

Items How Satisfied Are You with *:	Subject 1	Subject 2
Dimensions (size, height, length, width)	5.0	4.2
Weight	4.7	4.7
Adjustments (fixing, fastening)	4.3	4.3
Safety (secure)	5.0	5.0
Durability (endurance, resistance to wear)	4.5	4.5
Ease of use	5.0	4.5
Comfort	5.0	5.0
Effectiveness (the degree to which your device meets your needs)	4.6	4.5
Device satisfaction	4.76 ± 0.28	4.59 ± 0.29
Box and Block Test (Blocks per Minute)		
Without prosthesis (3 trials)	17.7 ± 0.6	21.0 ± 1.0
With prosthesis (3 trials)	22.3 ± 1.5	32.3 ± 2.5

* 1 = not satisfied at all, 2 = not very satisfied, 3 = more or less satisfied, 4 = quite satisfied, 5 = very satisfied.





RESULTS

Table 1. Bacterial Analysis Summary				
Laboratory	Inoculum (initial load, CFU/ml)	Log10 Reduction	Reduction (%)	
	at 24 hours			
1	Methicillin-resistant	1.65	98.95	
	Staphylococcus aureus (7.10E+9)			
	Escherichia coli (3.33E+9)	1.32	95.03	
2	Staphylococcus aureus (6.3E+5)	5.7	99.99	
	Escherichia coli (9.3E+5)	4.6	99.99	

*CFU: colony forming unit.







DISCUSSION

- The main findings of the current investigation were that the antibacterial 3D printed filament, PLACTIVE[™], can be effectively used for the development of functional 3D printed finger prostheses.
- Furthermore, the antibacterial properties of the 3D printing filament after extrusion were not affected.
- The thermoforming properties of polylactic acid were not affected by the addition of copper nanoparticles and allowed for necessary post-processing modifications for the final fitting of the 3D printed antibacterial finger prosthesis.

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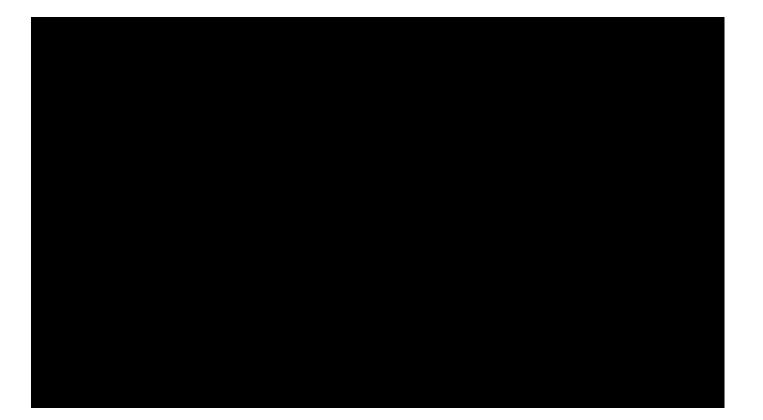


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Body-driven (passive mechanical) prosthetics



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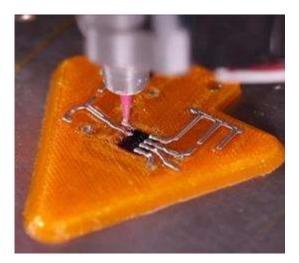
Active (motorized) prosthetics





Enabling tech: multi-material 3D printing

- Specify different material properties (stiffness, hardness, color)
- Commercial systems (high quality)
 - 3D Systems: ProJet
 - Stratasys: Polyjet
- Desktop or DIY
 - Multi-extruder 3D printers
 - Accessories to add extruders to 1-extruder machines
 - Manually stop/start printing (exchange filaments)





Enabling tech: laser scanning

- Low-cost way to digitize an individual's body shape
- Example: Sense scanner (~\$500)
- Easily convert to CAD formats for 3D printing







Enabling tech: microcontrollers

- "Brains" of a powered prosthesis
- Have become extremely affordable over the past 5 years
- Example: Arduino
 - Huge user community and open programming resources
 - Digital and analog input/output
 - Kits for ~\$50 include lots of extras (buttons, switches, wire, sensors...)





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Enabling tech: EMG

- Electromyography (picking up electrical signals from muscle)
- Allows prosthetic to act based on wearer's intent
- Simple "sticker" sensors
- Requires some signal conditioning (noisy otherwise)
- Myo Band is a popular new product making this more accessible





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3D modeling and libraries

- NIH 3D Print Exchange (e-NABLE)
 - <u>https://3dprint.nih.gov/collections/prosthetics</u>
- Thingiverse
 - UnLimbited Arm
- Free CAD software (build/customize models)
 - SketchUp
 - FreeCAD
- No need to reinvent the wheel!





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