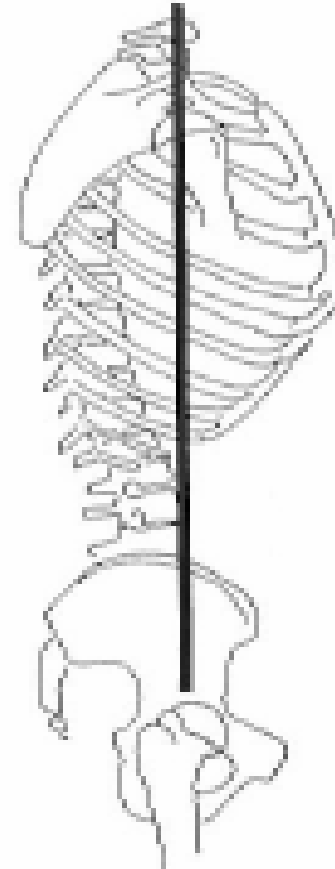


# Section 36: Spine Biomechanics

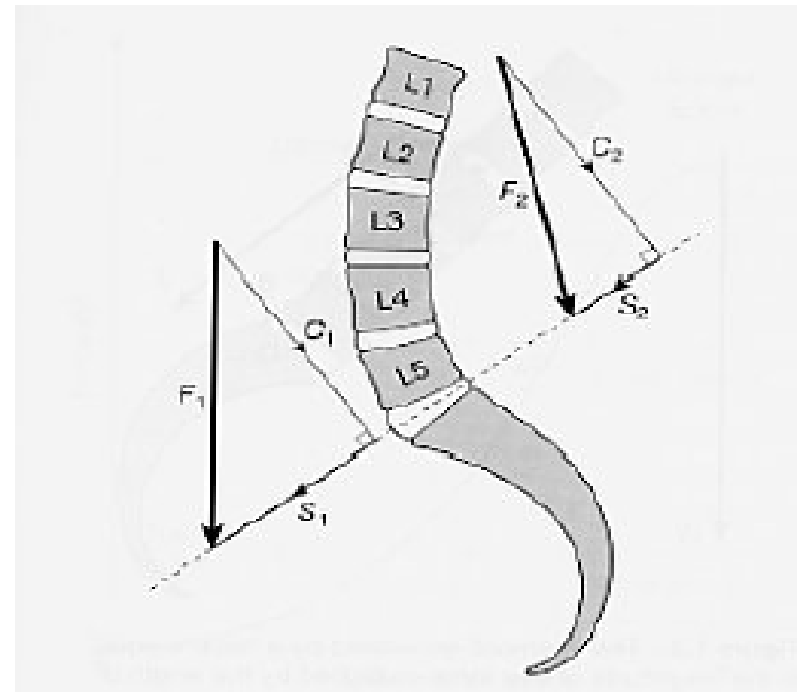
# Loads on the Spine

- Produced by:
  - Body weight
  - Muscle activity
  - Pre stress exerted by ligaments
  - Externally applied loads
- Constant forward bending moment produced by position of the line of gravity



# Loading on the spine

- Abdominal ( $F_1$ ) and back ( $F_2$ ) muscle forces both have compression and shear components
- Adams et al., 2002

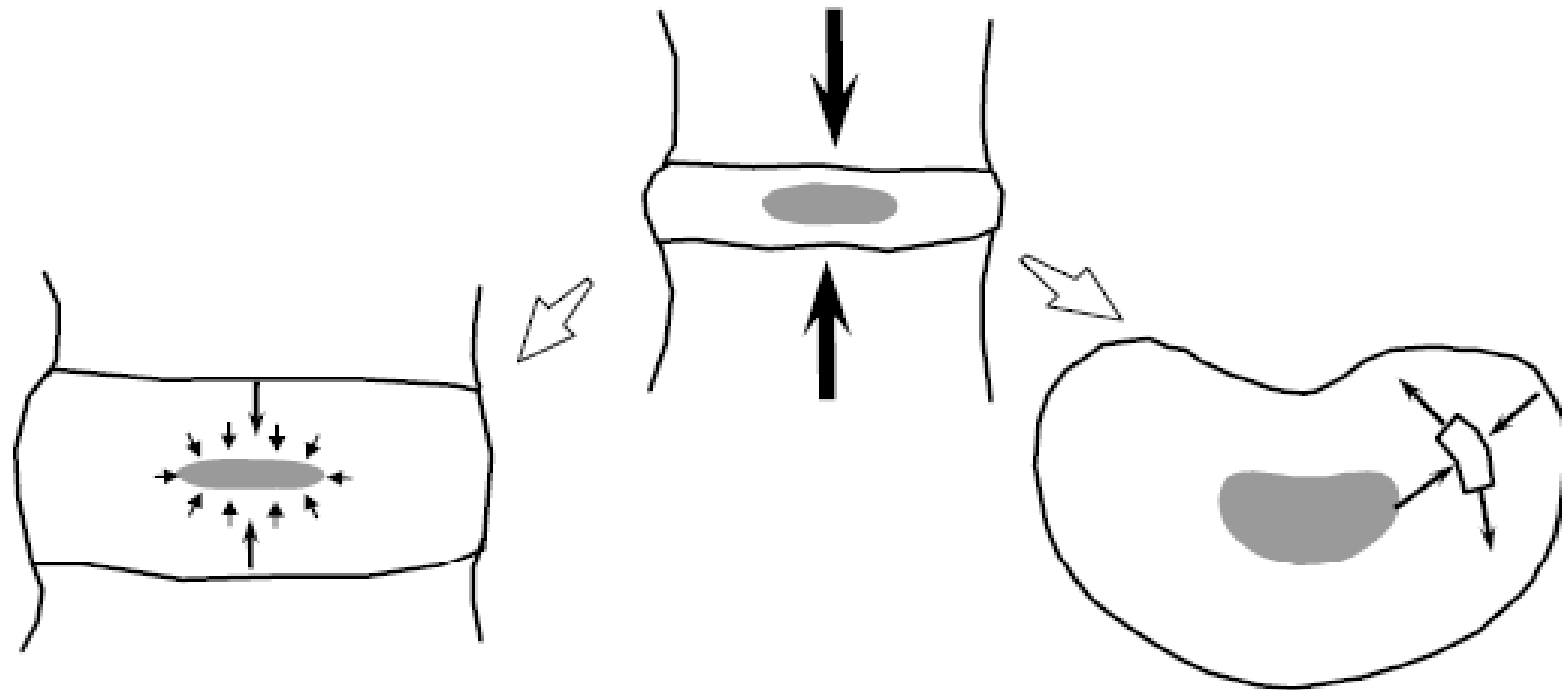


# *Theory of weight bearing*

- Nucleus pulposus *imbibes water*
- Develops internal pressure
- Pressure exerted in all directions
  - Lateral forces
    - Against annulus
  - Superiorly and inferiorly directed forces
    - Against end plates
  - Increases stiffness
    - Of end plate and annulus fibrosus

- Nucleus Pulposus
  - Eccentrically positioned posteriorly
  - Young & healthy
    - 50% cross-sectional
    - 90% water, bound to proteoglycans
  - Aging > desiccation > increase viscosity > fissuring
  - Pascal's law
    - Fluid mass within closed container > local increase in pressure > transmit around entire side wall (annulus)
    - Young nucleus > even distribution of load
    - Old nucleus > undue concentration on vertebral body edges
  - Small displacement w/ ROM, ball-bearing like
  - Compressive stress predominates

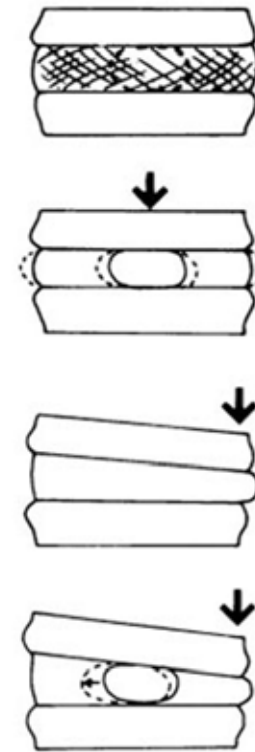
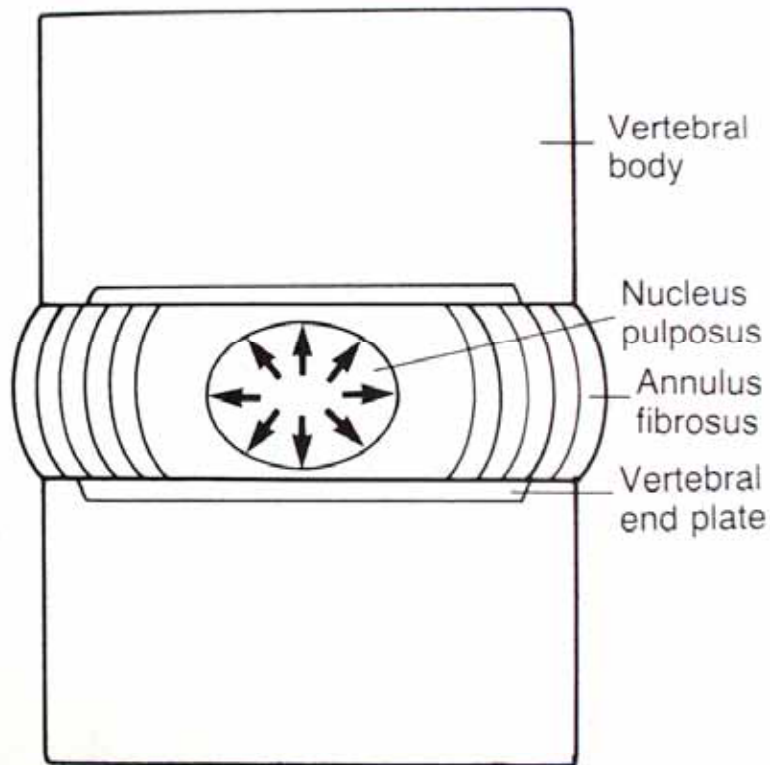
# Load Support in the Disc



**Pressurization & compressive stress** of nucleus pulposus and annulus fibrosus

circumferential **tensile** stress  
radial **compressive** stress  
of annulus fibrosus

# *Theory of weight bearing (cont'd)*



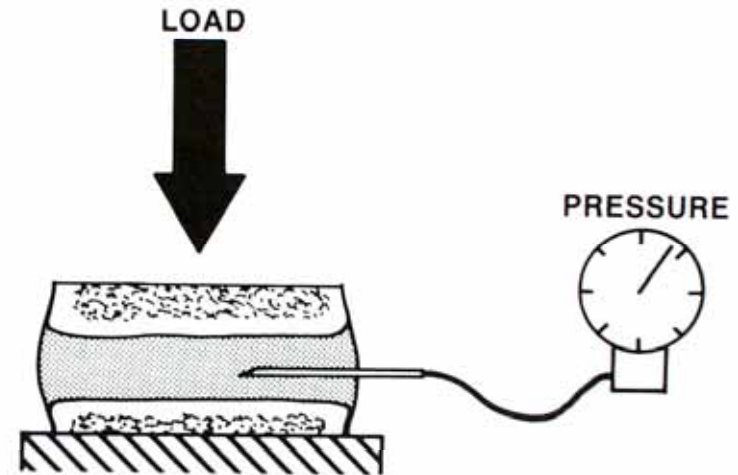
when uneven loading takes place

- Intradiscal Pressure
  - Compressive loads in vivo: 500N standing, 700N sitting
  - Increased to 3000 to 6000N during lifting of moderate weights, decreases with load closer to body
  - Estimate of  $P = 1.5X$  compressive load divided by the cross sectional area
  - Disk pressure is usually uniform
  - Pressure lowest in supine position
  - Disk usually does not fail, but end plates fracture



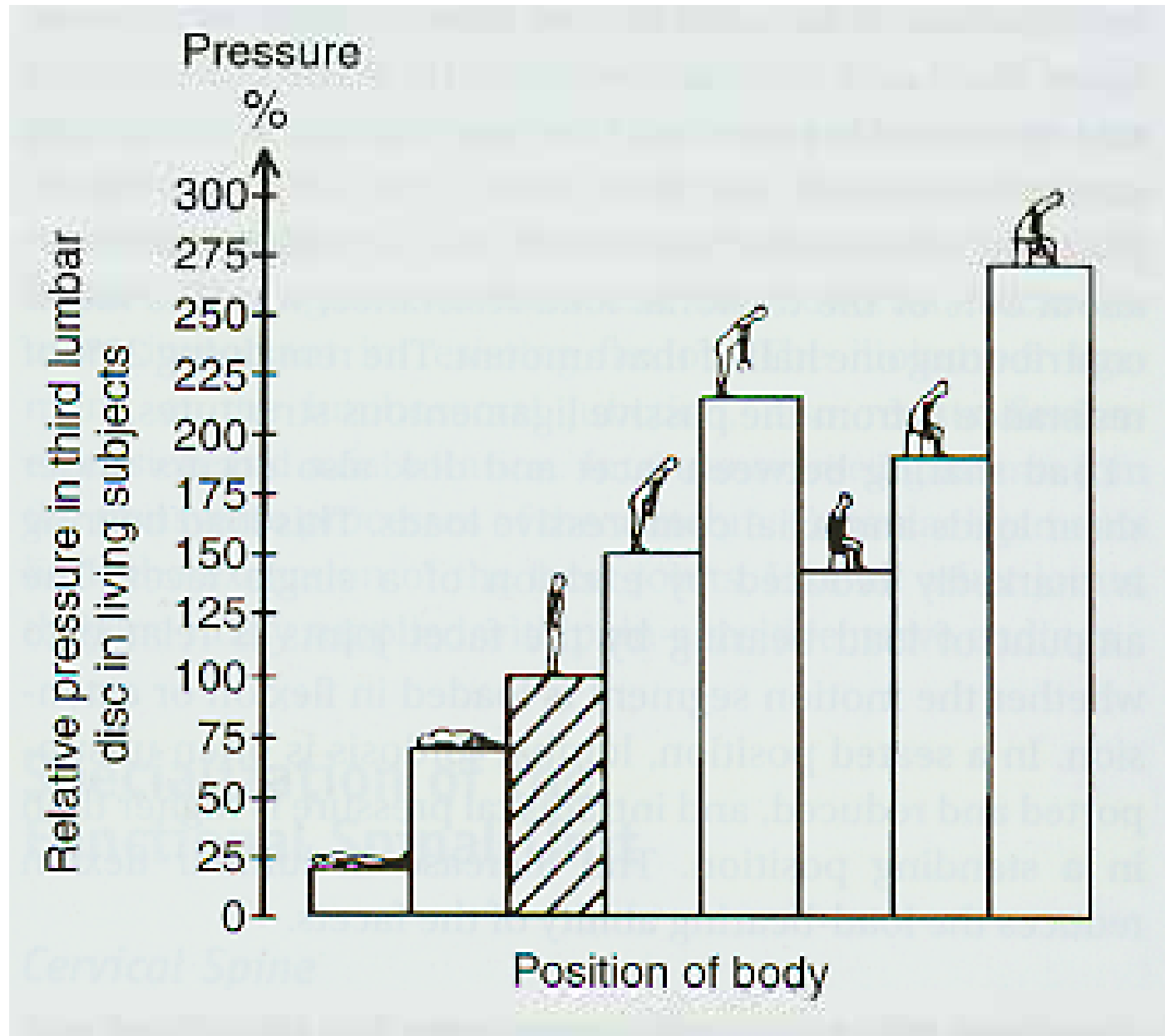
# *Measurements of In vivo Loads*

- Needle pressure transducer
- Calibrated
  - Introduced into nucleus pulposus of cadaveric functional unit
- Inserted in vivo in L3-4 disc

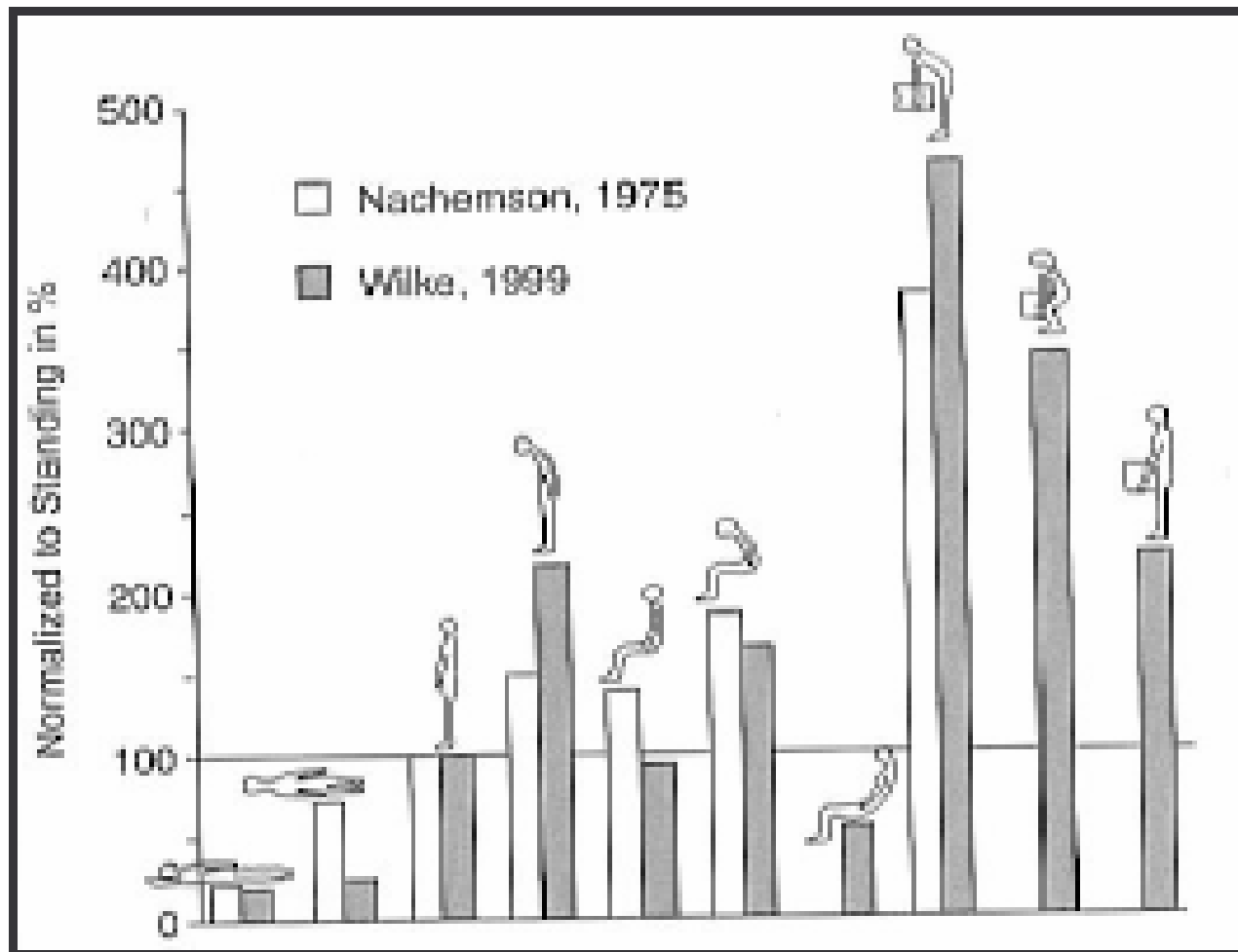


# *Shear & Tensile Characteristics*

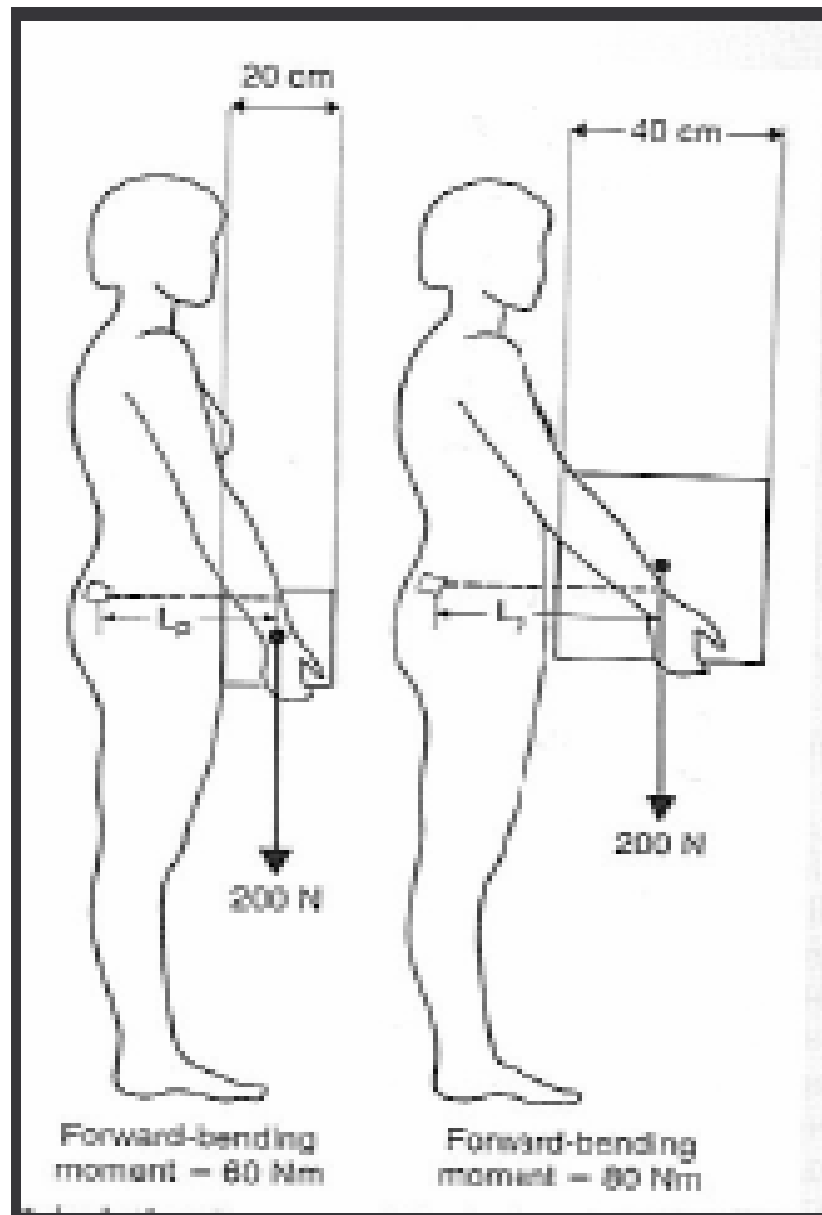
- In direct shear tests
  - Shear stiffness in horizontal direction
    - 260 N/mm<sup>2</sup>
- Spine rarely fails in pure shear
- Similarly under normal physiologic activities
  - Pure tensile loading doesn't occur
  - But annulus undergoes tensile loading during
    - Bending
    - Axial rotation
    - Extension



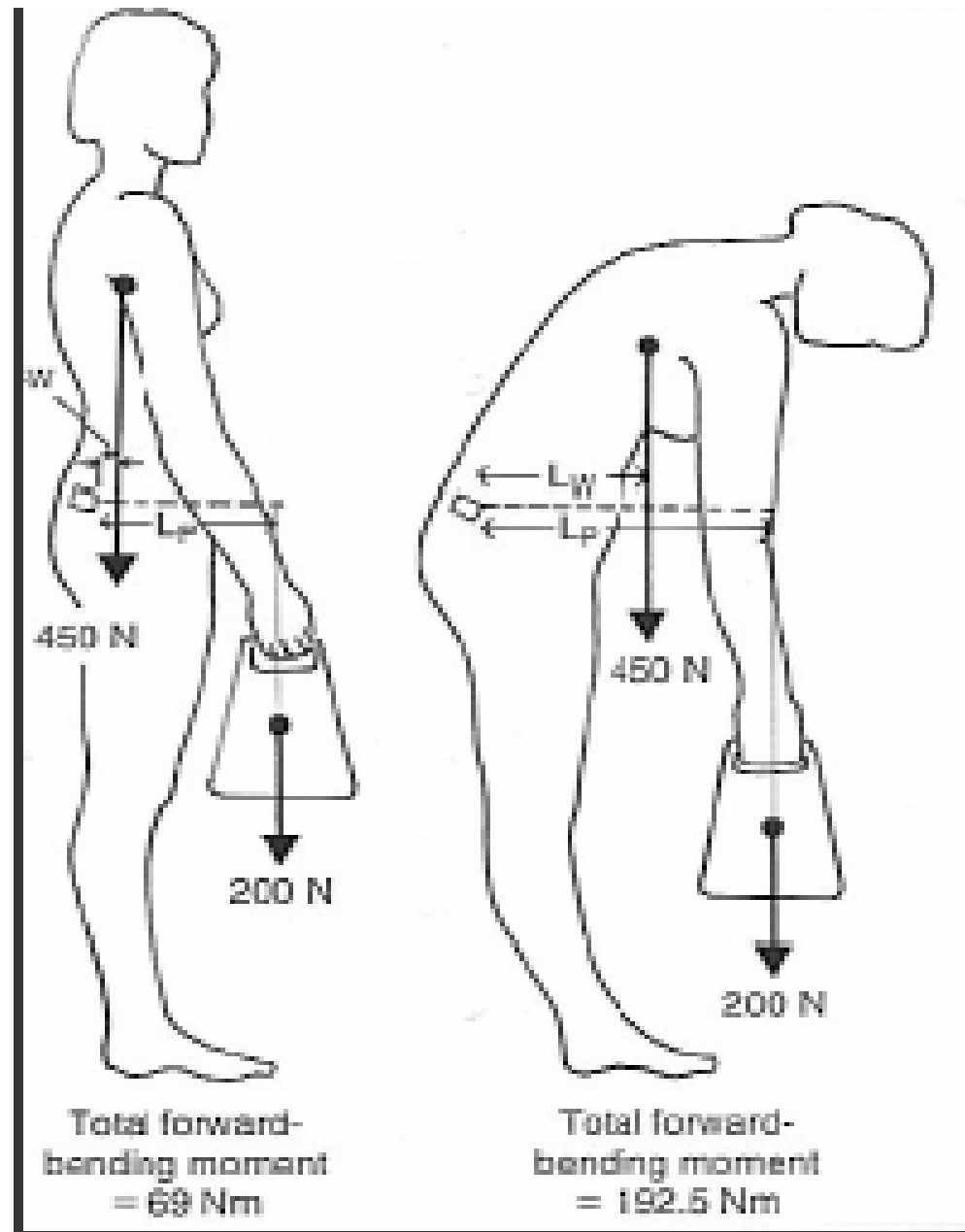
# Influence of Body Position - Static



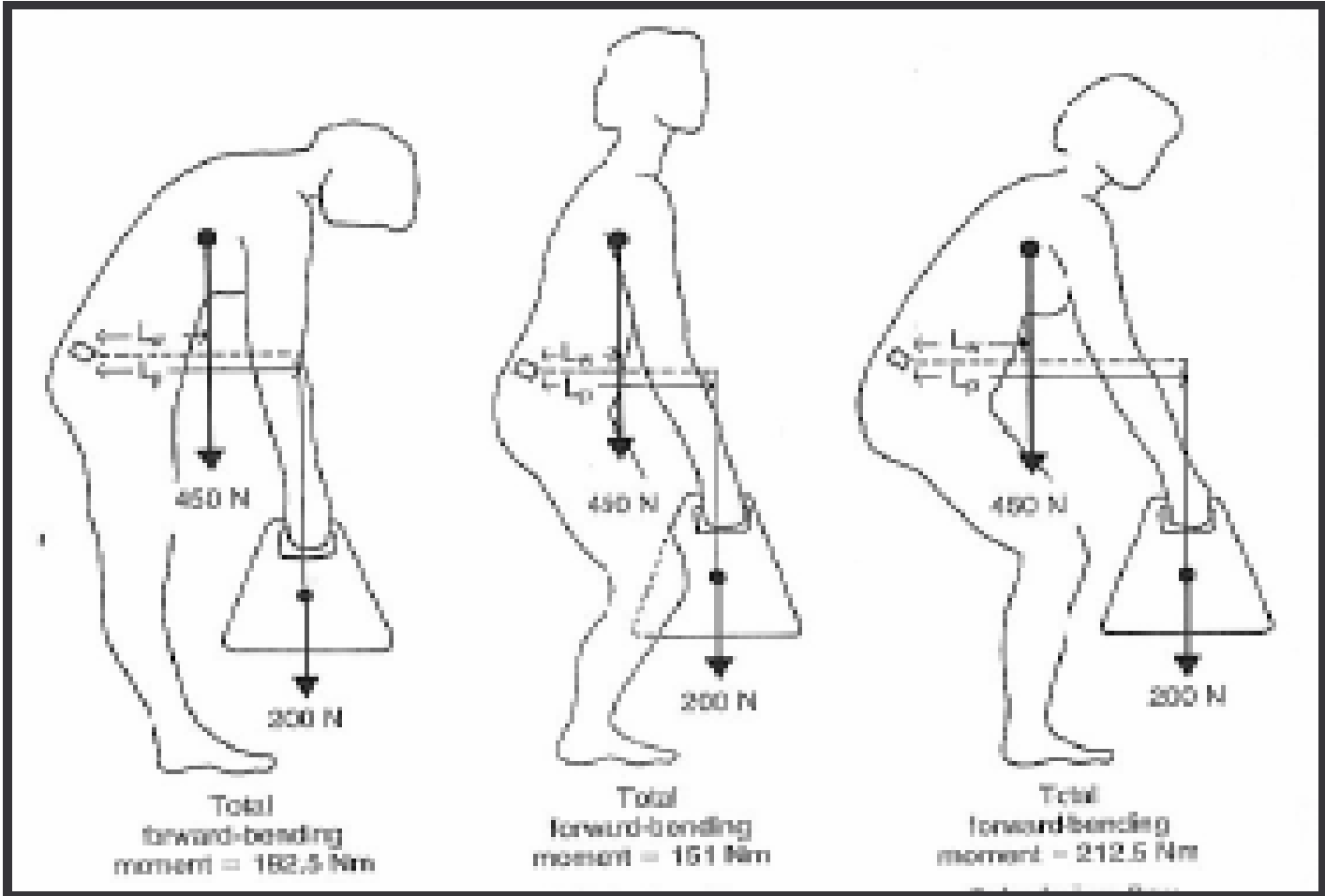
# Influence of the Size of the Object on the Loads on the Lumbar Spine



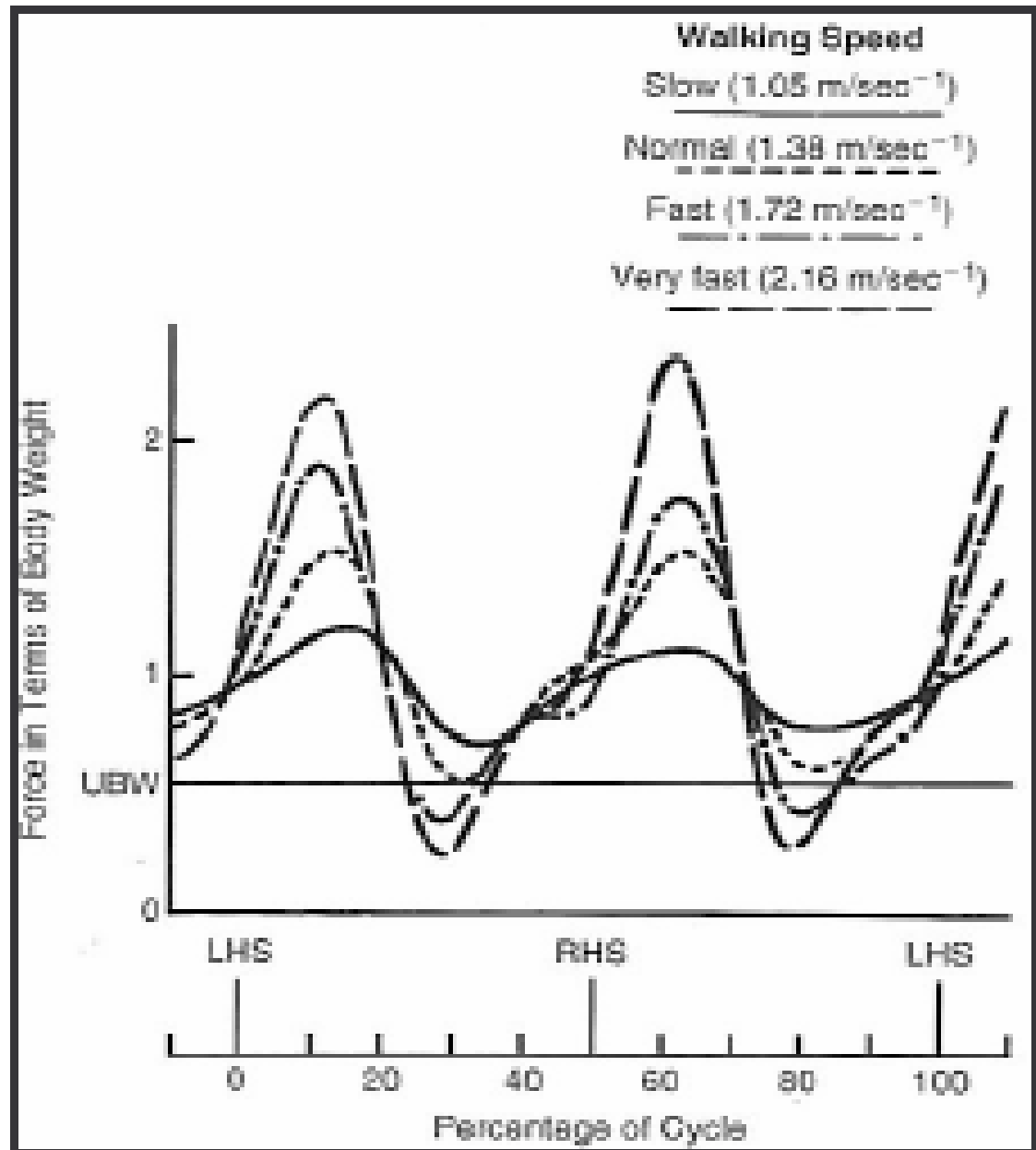
# Influence of Upper Body Positioning on the Loads on the Lumbar Spine During Lifting



# Different Lifting Techniques



# Influence of Body Position - Dynamic

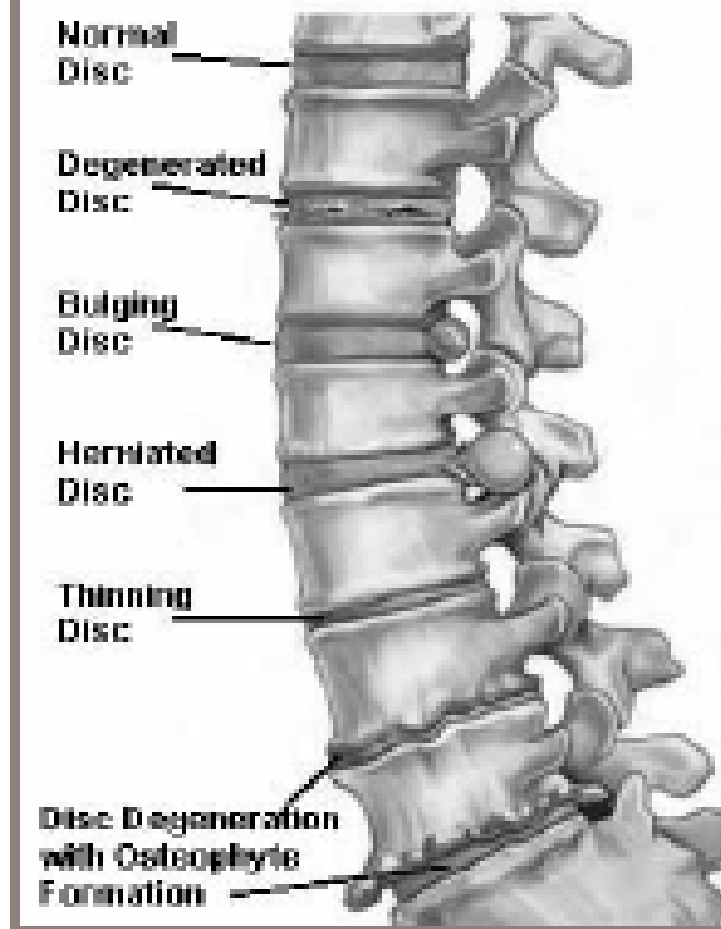




# Low Back Pain

- Most frequent cause of activity limitation in people under age 45
- Direct annual cost of treating low back pain patients
  - \$11.4 billion in 1994
  - Not including the secondary costs of lost work and activity
- Mechanical loading conditions associated with back pain
  - Frequent bending and twisting
  - Heavy physical work
  - Sedentary environment
  - Vibration

### Examples of Disc Problems



## Spondylosis (spinal OA)

- degenerative disorder that may cause loss of normal spinal structure and function.
- Although aging is the primary cause, the location and rate of degeneration is individual.
- The degenerative process of spondylosis may impact the cervical, thoracic, and/or lumbar regions of the spine affecting the intervertebral discs and facet joints