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A Joint Coordinate System for the Clinical Description of Three-Dimensional Motions: Application to the Knee Materials and Mechanics in Medicine HS 2019

Paper 4

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About the Paper

- Published 1983 in Journal of Biomechanics
- 3'304 Citations (end of 2019):
 - → Foundation for experimental research in sports medicine, knee orthopaedics, rehabilitation, movement science,... etc.
- Novel method for calculating a joint coordinate system that provides a simple geometric description of the three-dimensional rotational and translational motion between two rigid bodies.

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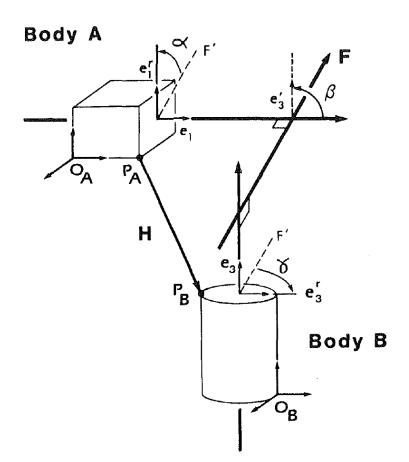
General Idea

Describe relative motion of two rigid bodies as a set of spatial linkages

Create a new coordinate system called «joint coordinate system» (JCS) which is aligned with that of the clinical coordinate system.

This JCS requires a «floating axis» F which is perpendicular to the main axes of the rigid bodies. F acts as a mathematical constraint.

 Euler angles (alpha, beta, gamma)
→ Flexion, Abduction, Internal Rotation, etc...



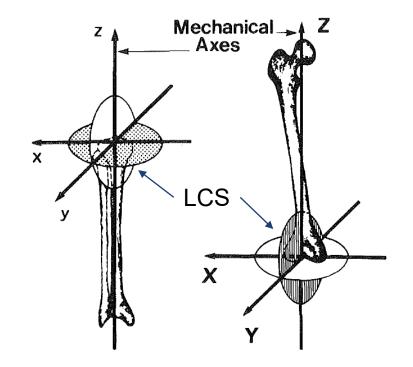
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Local vs. global coordinate system

Local coordinate system (LCS) is a refrence system within a larger reference system (GCS)

LCS has own origin and axes (orientation), which are attached to the body in question

For the Joint Coordinate System, a LCS is defined close to the instantaneous center of rotation for each bone and orientated with respect to certain bony landmarks.

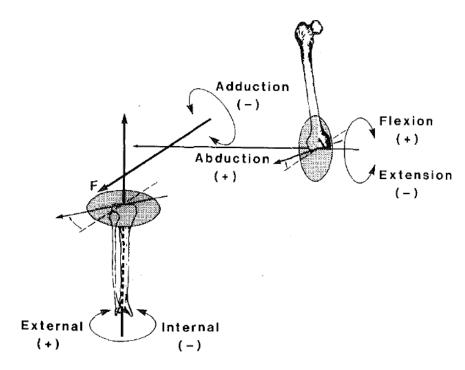


Joint Coordinate Systems

A reference system for joints of the body in relation to the whole body (GCS) and to other body segments (LCS)

Purpose:

- To be able to define the relative position between 2 bodies. I.e. Description of motion
- Use clinical terms of motion and rotation



Standard Euler Angles and Euler Angle of JCS

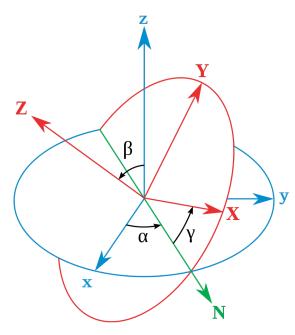
Sequence dependency differs depending on which system is being looked at in order to describe 3-dimensional rotation about axes

Mech III/ Biomech II: Standard Euler Angles in Cart. Sys:

- Dependent upon the order in which rotations occur
- Classified into rotations about 2 or 3 axes

NEW: Euler Angle in a Joint Coordinate System:

- Independent upon the order in which rotations occur
- All angles are due to rotations about all 3 axes, one of which is the floating axis

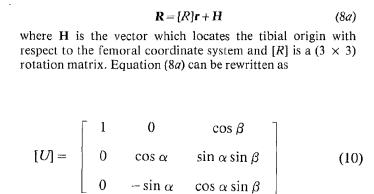


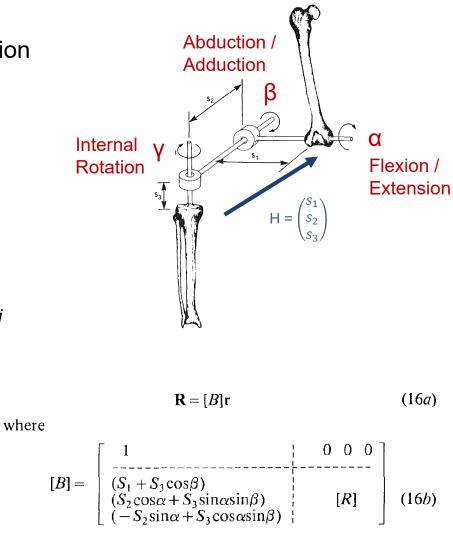
Proper Euler angles

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Coordinate Transformations

- Rotation + Translation = Transformation
- All details of the clinical rotation parameters Table 2 (page 138 or 3)
- Eq. 16 describes the transformation matrix which is usually determined experimentally and is necessary to calculate the clinical rotations and translations knowing the elements B_{i,i}





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Coordinate Transformations – Short Example



Drawer test for ACL/PCL rupture in right knee:

- Translation in S_2
- $S_1 \& S_3$ remain neutral
- angles neutral: $\beta = \pm \pi/2$, $\gamma = \pi/2$
- Extension $\alpha = 0$

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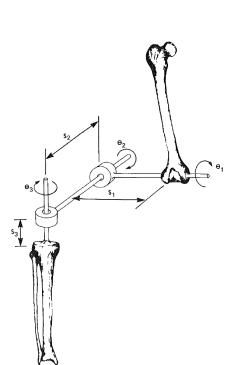
Coordinate Transformations – Short Example

$$\boldsymbol{R} = [B]\boldsymbol{r} = \begin{pmatrix} 1 & 0 & 0 & 0 \\ S_1 + S_3 \cos \beta & 1 & 0 & \cos \beta \\ S_2 \cos \alpha + S_3 \sin \alpha \cos \beta & 0 & \cos \alpha & \sin \alpha \sin \beta \\ -S_2 \sin \alpha + S_3 \cos \alpha \sin \beta & 0 & -\sin \alpha & \cos \alpha \sin \beta \end{pmatrix} \cdot \begin{pmatrix} 1 \\ r_x \\ r_y \\ r_z \end{pmatrix} =$$

$$= \begin{pmatrix} 1 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 \\ S_2 & 0 & 1 & 0 \\ -S_3 & 0 & 0 & -1 \end{pmatrix} \cdot \begin{pmatrix} 1 \\ r_1 = 0 \\ r_2 = 0 \\ r_3 = 0 \end{pmatrix} = \begin{pmatrix} 1 \\ 0 \\ S_2 \\ -S_3 \end{pmatrix}$$

Drawer test for ACL/PCL rupture in right knee:

- Translation in S_2
- $S_1 \& S_3$ remain neutral
- angles neutral: $\beta = \pi/2$, $\gamma = 0$
- Extension $\alpha = 0$
- $r \rightarrow$ deviation from origin (lever)



Summary

Describe the motion of the knee joint Purpose:

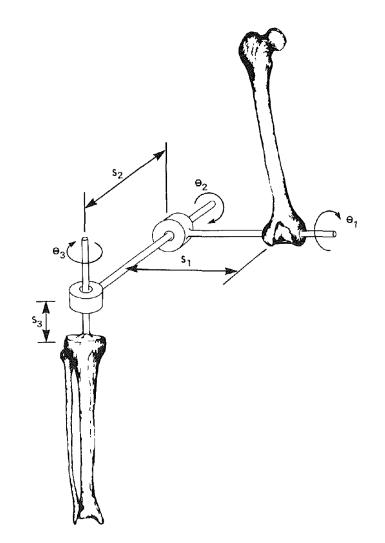
ensure that all three rotations have functional meaning for the knee

How is it different than cardan/Euler rotations?

- NOT an orthogonal system
- Two segment-fixed axes and a FLOATING axis

Essentially, we must define the anatomical axes of interest from bony markers, the clinical axes of rotation, and the origin of the joint coordinate system for a complete analysis of motion

 \rightarrow One of many ways to quantify motion of two rigid bodies



Appendix

$$[R]^{T} = \begin{bmatrix} \cos\gamma\sin\beta & -\cos\alpha\sin\gamma - \cos\gamma\sin\alpha\cos\beta & \sin\alpha\sin\gamma - \cos\gamma\cos\alpha\cos\beta\\ \sin\gamma\sin\beta & \cos\alpha\cos\gamma - \sin\gamma\sin\alpha\cos\beta & -\cos\gamma\sin\alpha - \cos\gamma\sin\alpha\cos\beta\\ \cos\beta & \sin\beta\sin\alpha & \cos\alpha\sin\beta \end{bmatrix}$$

Table 2 Clinical rotations and translations

Clinical rotations

• $\alpha = \text{Flexion}(+ve)$ • $\beta = \begin{cases} \pi/2 + \text{Adduction, right knee} \\ \pi/2 - \text{Adduction, left knee} \end{cases}$ • $\gamma = \text{External rotation}(+ve)$ $\sin \alpha = -e_2 \cdot \mathbf{K}$ $\cos \beta = \mathbf{I} \cdot \mathbf{k}$ $\sin \gamma = \begin{cases} -e_2 \cdot \mathbf{i} \text{ right knee} \\ e_2 \cdot \mathbf{i} \text{ left knee} \end{cases}$

Clinical translations

- q_1 (+ ve) lateral tibial displacement
- q_2 (+ve) anterior tibial drawer displacement
- q_3 (+ *ve*) joint distraction