



School of Biomedical Engineering and Sciences

INTRODUCTION

Human finite element (FE) models play an important role in understanding the injury mechanism during a crash and designing advanced restraint systems. However, the accuracy of FE models depends not only on geometrical properties, but also on assigned material and failure models. While various experimental tissue tests of abdominal organs have been conducted, the specimenspecific FE modeling of abdominal organs has rarely been attempted in previous studies and the material models for FE simulation of abdominal tissues are still largely unknown [1-3]. Therefore, the goal of this study was to propose new material and failure models for renal parenchyma and to report the ranges of parameters identified using specimen-specific models.

METHODOLOGY



TESTING PROCEDURE

- Uniaxial tensile tests were performed on 4 PMHS **Kidneys**
- Coupon specimens (thickness: 5 mm) were cut from the kidneys with a custom blade assembly (Fig. 1-3) and tested within 36 hours after obtaining them.
- Each kidney was divided into three categories which were tested until failure at the following strain rates: 0.01 s⁻¹, 0.1 s⁻¹, and 1.0 s⁻¹.
- A uniaxial load cell was mounted between the linear actuator and the upper clamp (Fig. 3).
- Each specimen was stretched at the two ends, and the time histories of force and displacement were recorded during testing.
- Specimens were immersed in a bath of Dulbecco's **Modified Eagle Medium (DMEM) to maintain specimen** hydration until test at 98°F.



Specimen slicing methodology.



Figure 2 : Specimen stamping Methodology.



Figure 3 : Tensile Testing.

t = 0.035t = 4.05l = U3by analytical approach showed a stiffer response. **Figure 6 :** The comparison between video data and simulated results for a specimen at 1/s load rate. The failure location was highlighted in both the •With increased loading rate, the failure stress increased while the test and simulation failure strain slightly decrease.

Material and Failure Modeling of Human Kidney under Tensile Loading

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	8	
	Fringe Levels 7.962e-02 7.304e-02 6.645e-02 5.987e-02 5.328e-02 4.670e-02 4.011e-02 3.353e-02 2.694e-02 2.036e-02 1.377e-02	
t_ 0c		t- 5 02c

Rate	μ _{an} (kPa	α_{an}	μ_{FE} (kPa)	α_{FE}	
Rate 3	8.24	9.683	3.963	11.655	

•Cohesive Zone Model showed promising results for modeling the Table 2: Ogden Material Properties obtained from Analytical and FE Modeling – Rate 3 specimen failure and post-failure behavior of the parenchyma

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•The FE models with parameters identified by FE approach showed a closer response to the test data. The models with parameters identified

•The rate dependence of kidney parenchyma should be taken into account when developing material models or injury thresholds.



Cohesive Zone Modeling (CZM)

CZM is an efficient way to model crack propagation within a continuous medium. [5] A Cohesive Zone Layer (CZL) is inserted between two solid adjacent solid elements. Upon simulation, the CZL acts as non-linear spring, softens and fails when the model exceeds a pre-defined fracture



FUTURE WORK

- $\mu_{an}, \alpha_{an}; \mu_{FE}, \alpha_{FE}$ values of all tested Compute kidney specimens & calculate corridor data corresponding to the three strain rates.
- Cohesive Zone Layers will be inserted along both longitudinal & horizontal axes of the FE model of Kidney as shown in Figure:11



Figure 11: Cohesive Zone Layers are represented as thick blue structures for clarity

- Efforts will be made to extract specimen specific Cohesive Zone Parameters through a blend of Finite-Element-**Modeling and Optimization approach.**
- It is believed that the methodology developed will be extended in the future to develop more accurate material and failure models of abdominal organs, which consequently will result in more accurate FE human models.

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