

Biomécanique clinique du rachis lombaire

Approche systémique

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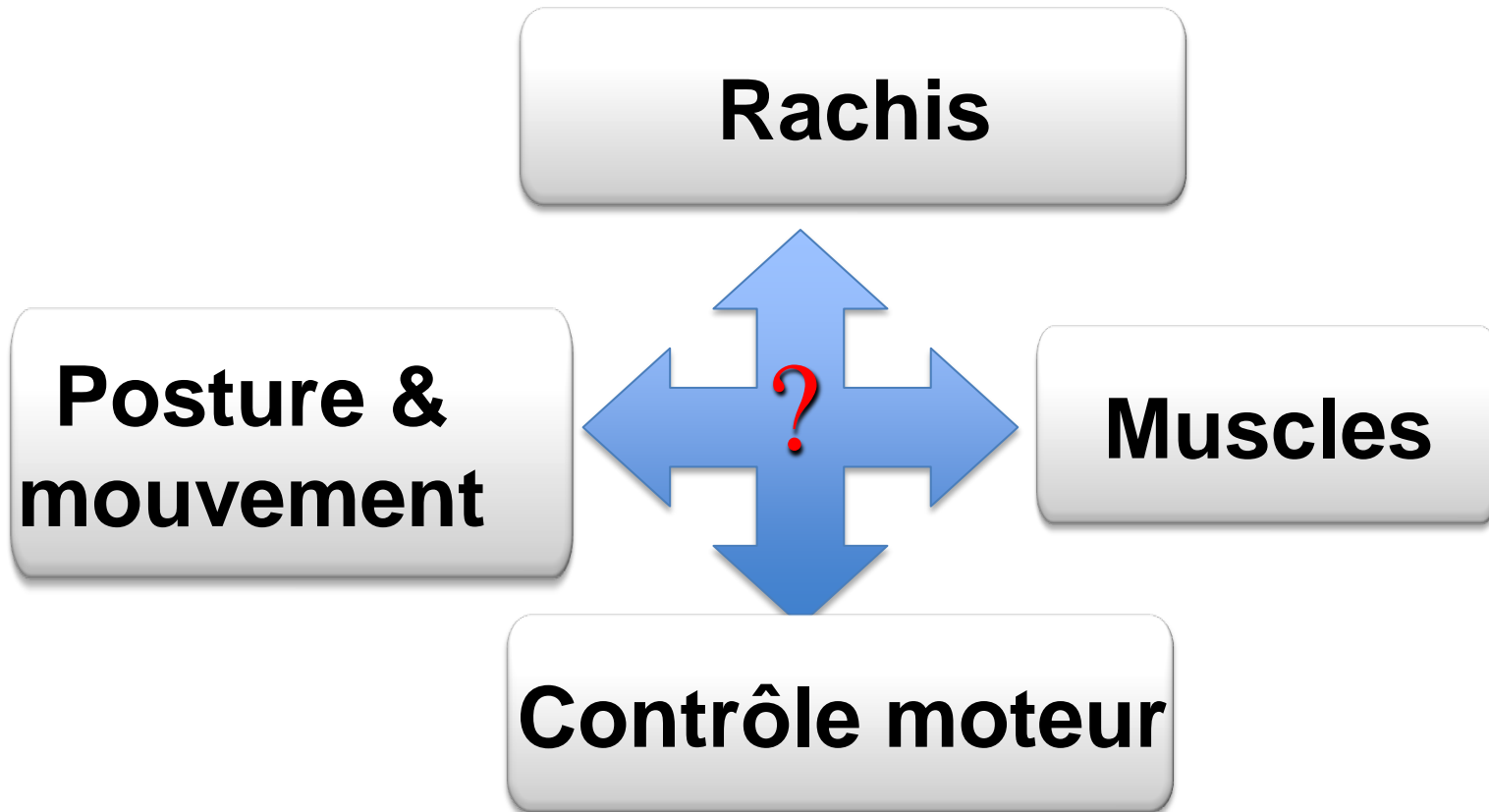


RÔLE DU RACHIS

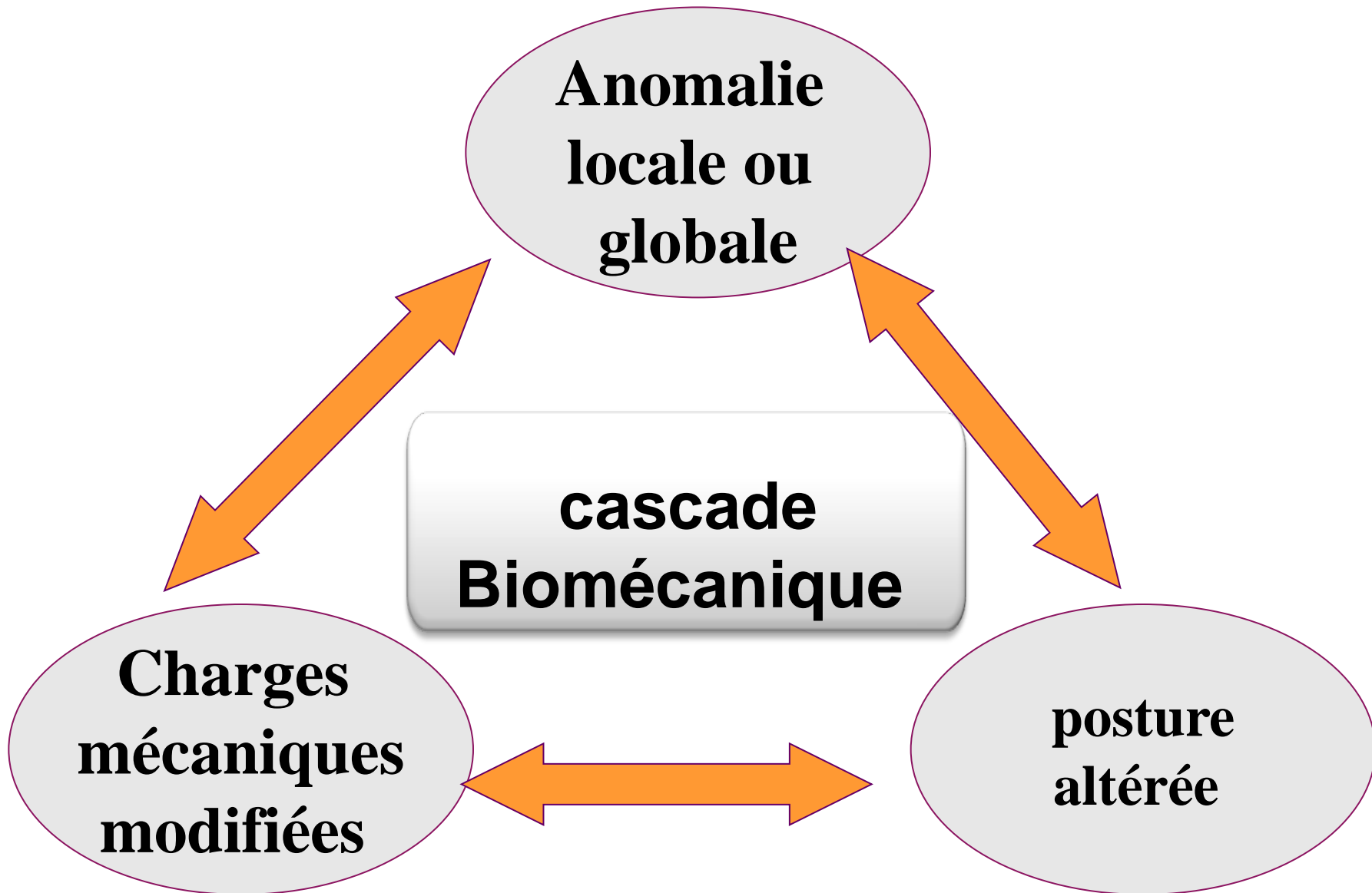
SUPPORTER LES CHARGES MECANIQUES

PERMETTRE LE MOUVEMENT

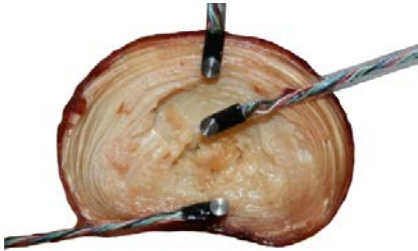
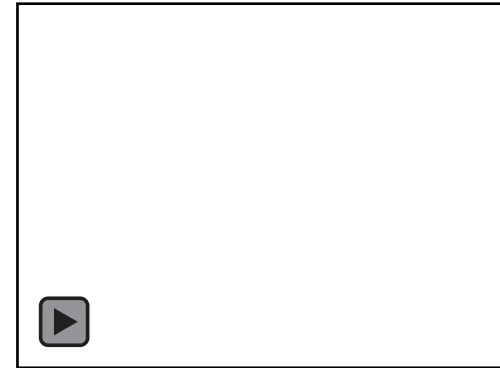
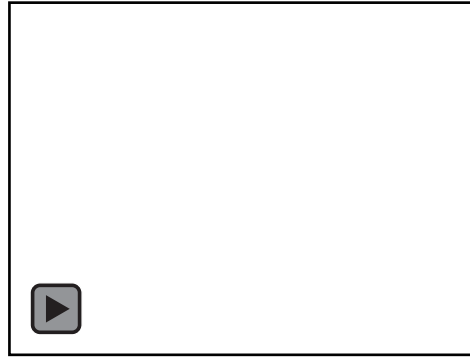
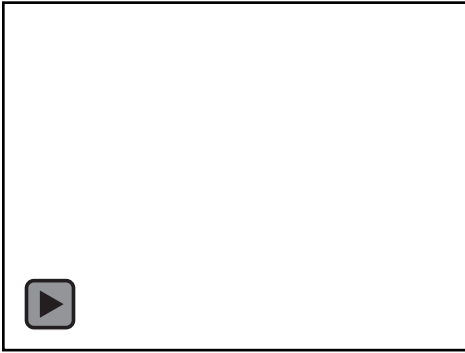
PRESERVER LA MOELLE EPINIERE



**Rôle de l'ingénieur biomécanicien:
observer, quantifier, modéliser**



EN LIEN ETROIT ENTRE INGENIEURS ET CLINICIENS



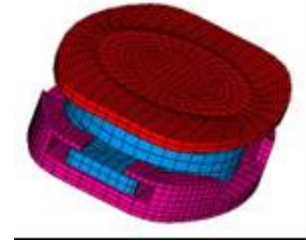
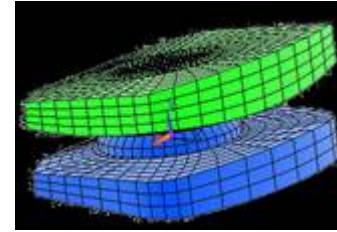
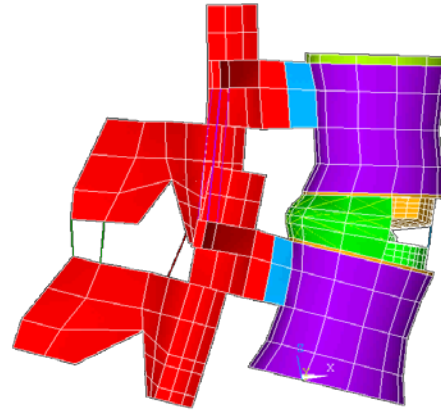
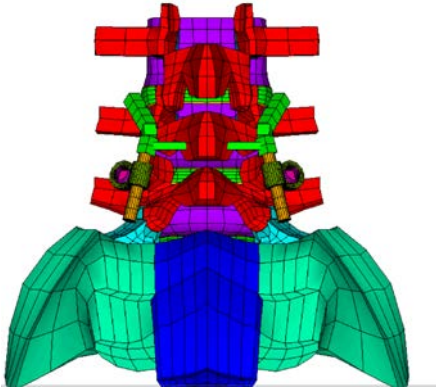
Intradiscal pressure



Facets loads

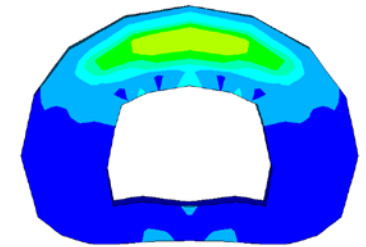
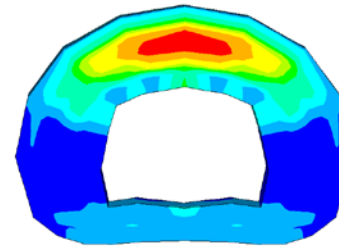


Modèles : support de réflexion

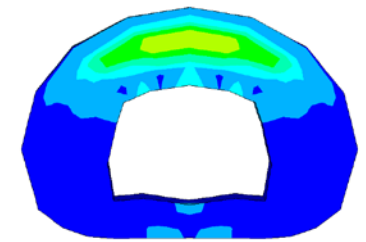
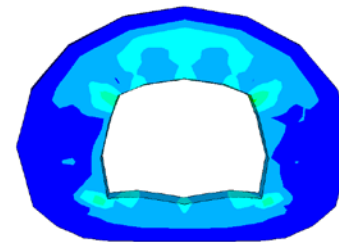


ANALYSE DES CONTRAINTES MECANIQUES DANS DIFFERENTES CONFIGURATIONS

Niveau susjacent

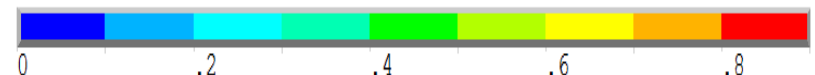


Niveau instrumenté



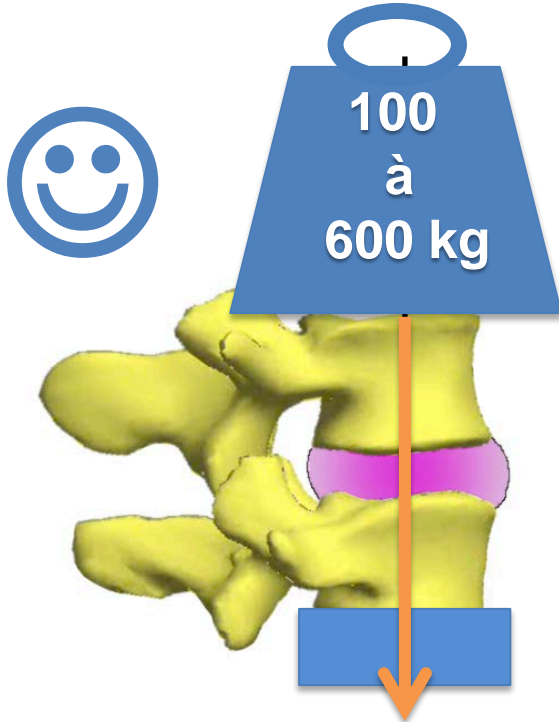
a

b



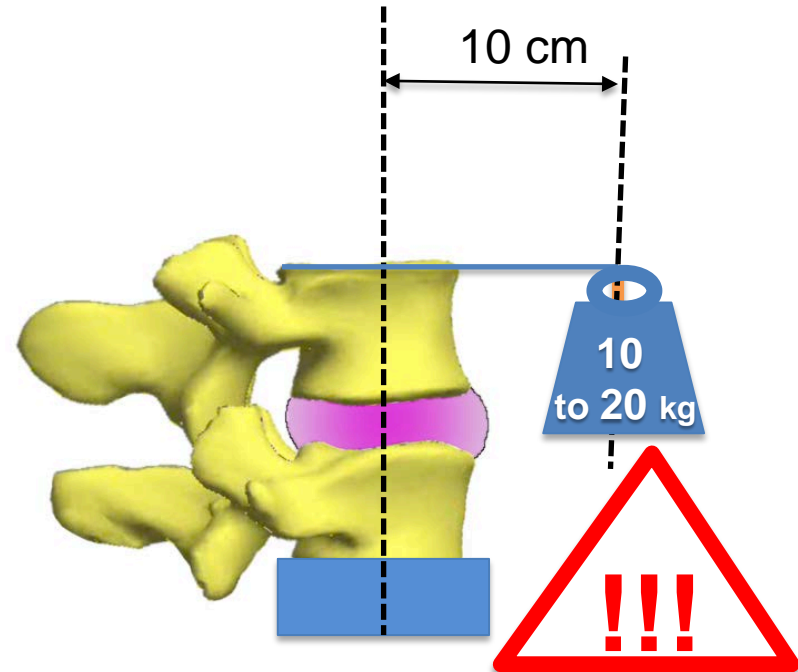
Exemple sur Unité fonctionnelle

Compression : 3000 à 6000 N



Nachemson 1976, Kapandji 1994, Wilke et al. 1999

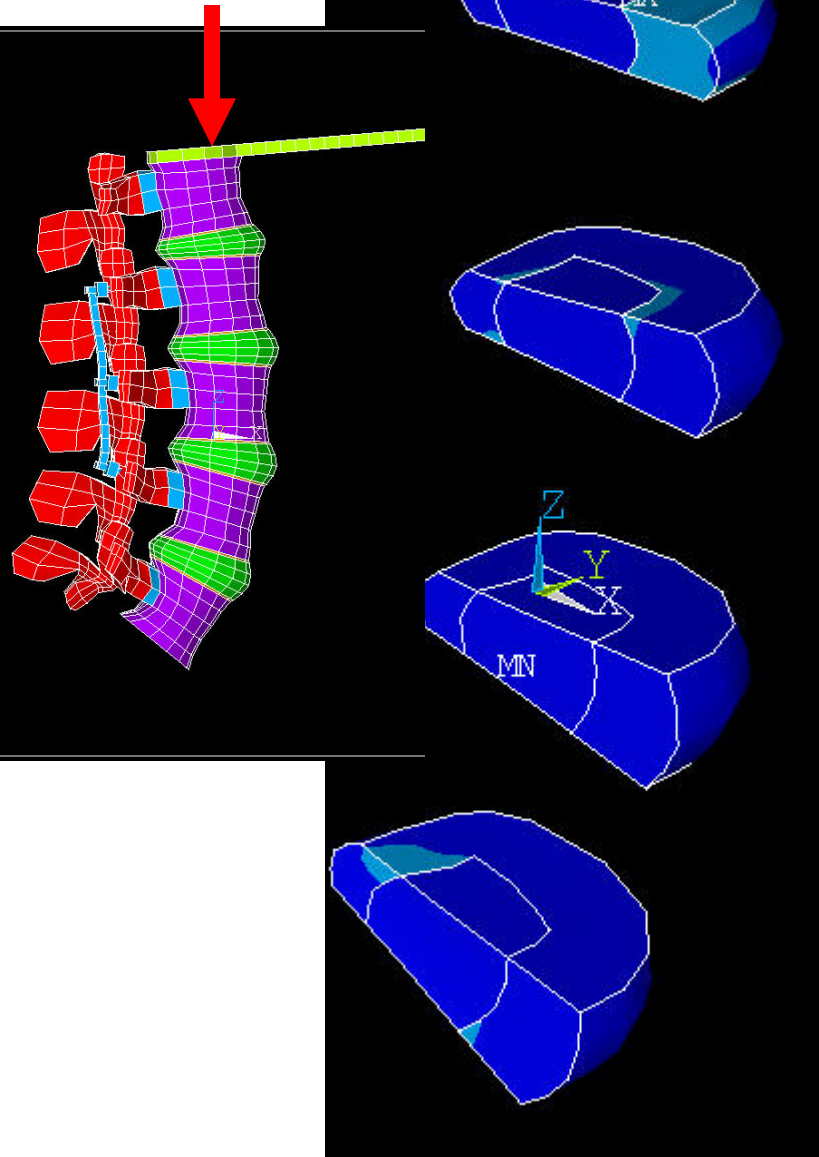
Flexion, torsion : 10 à 20 Nm



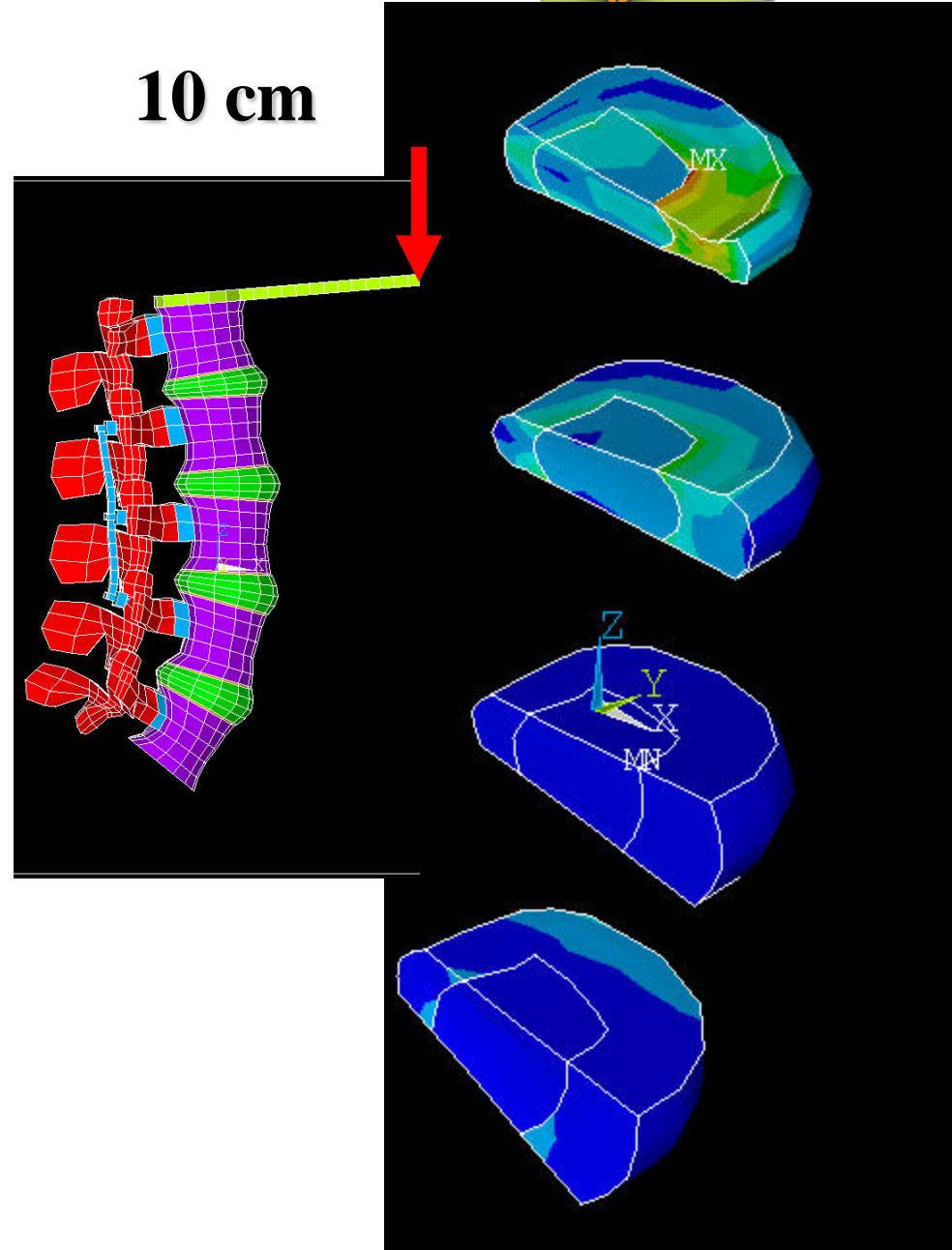
Lavaste et al. 1998

LE ROLE DES MUSCLES EST ESSENTIEL!!

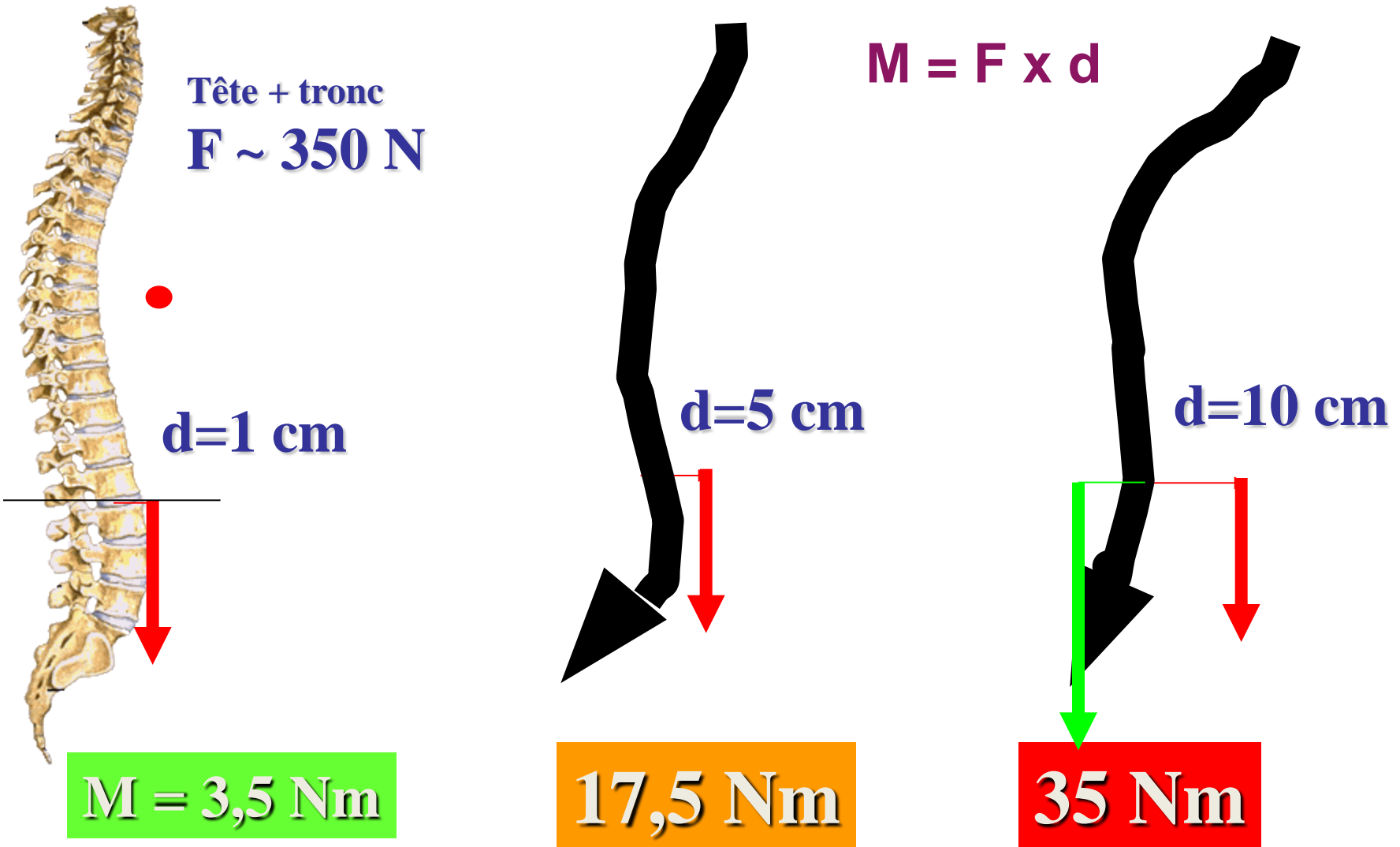
1cm



10 cm



Effet d'un trouble postural



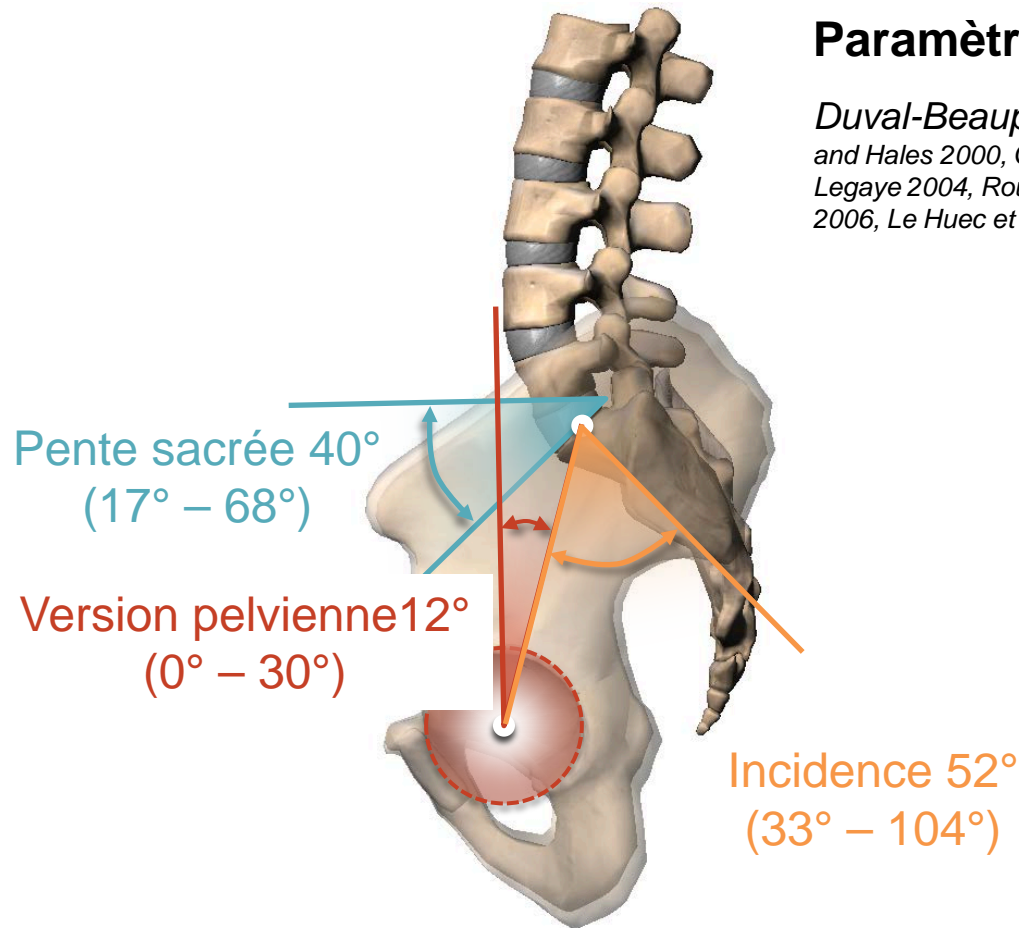
Heureusement, nous avons des muscles !!!

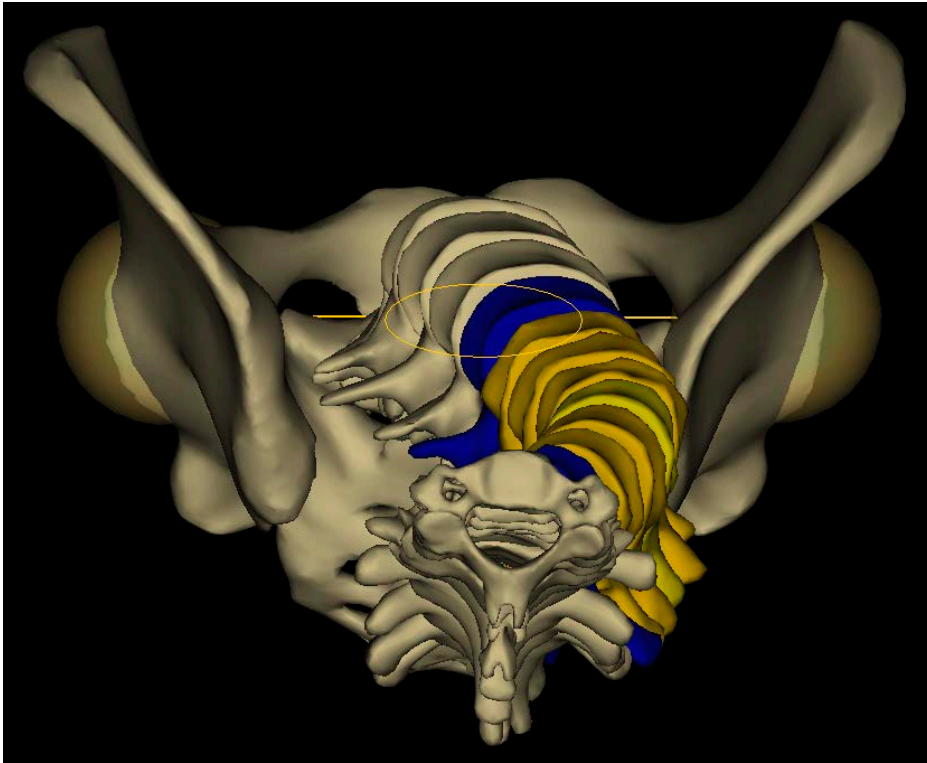
Vertèbre pelvienne

Une clef pour l'ajustement postural

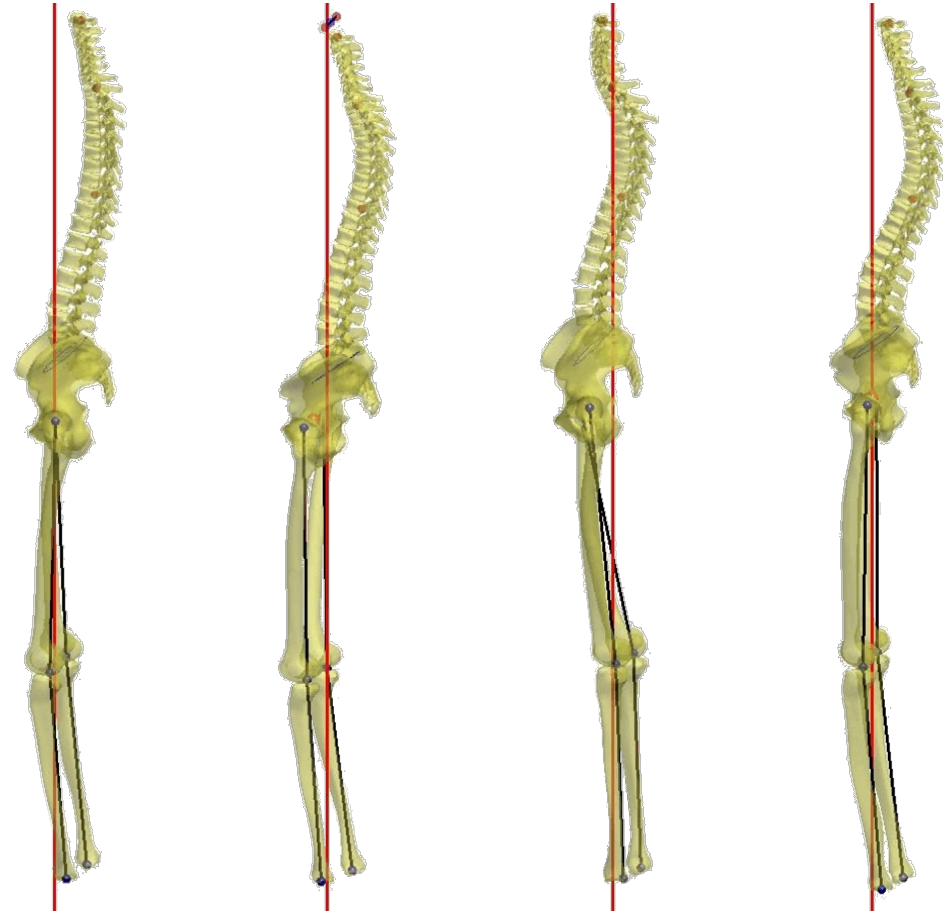
Paramètres pelviens

Duval-Beaupère et al. 1992, Legaye et al. 1998, Jackson and Hales 2000, Guigui and Morvan 2002, Duval-Beaupère and Legaye 2004, Roussouly et al. 2005, Vialle et al. 2005, Schwab et al. 2006, Le Huec et al. 2011



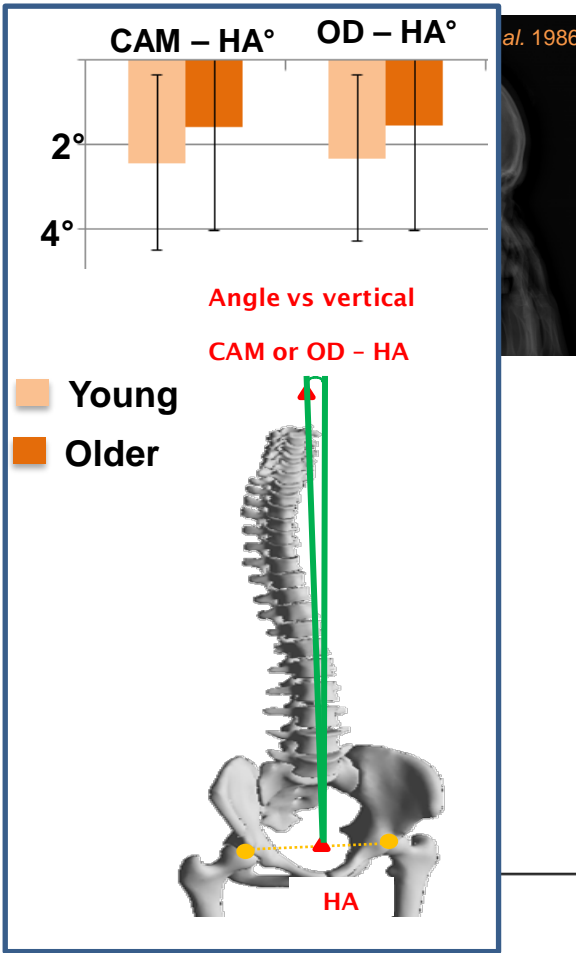


Humbert & al, Med. Eng. & Phys, 2009



Analyse quantitative de l'évolution normale et
pathologique, objectivation de l'effet d'un traitement

Un invariant: “Tête au dessus du bassin”



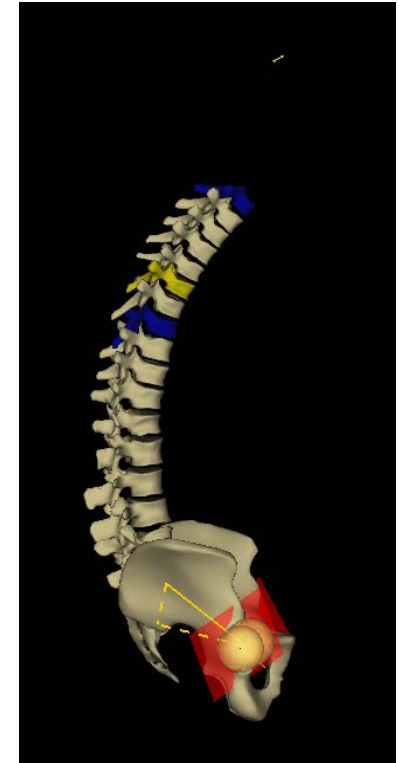
chez le sujet vieillissant
Amabile et al. ESJ 2018

Avant après chirurgie de scoliose
Alzakri et al. (en révision)

Entre pleine inspiration et pleine expiration *Attali et al (soumis)*

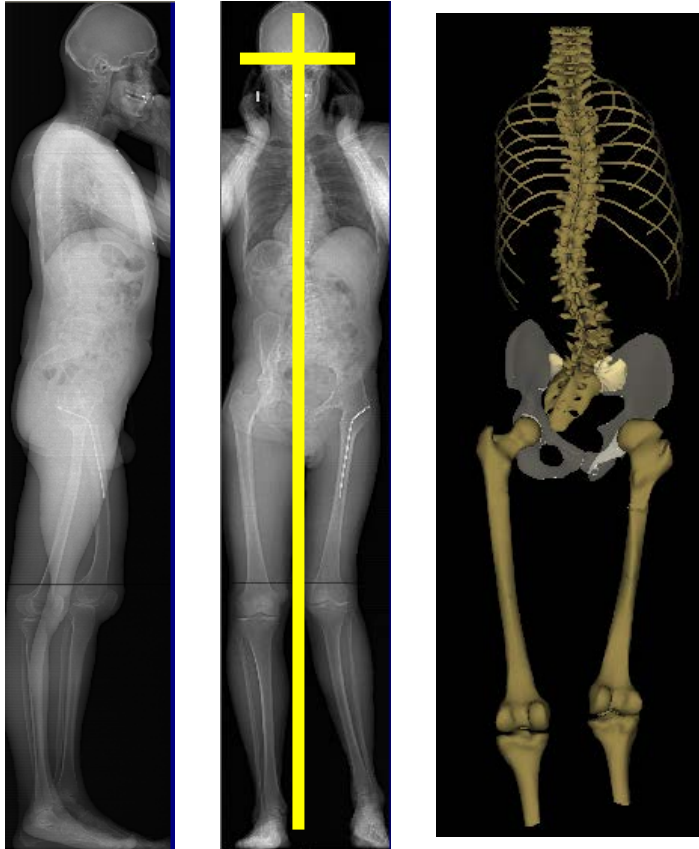
MECANISMES DE COMPENSATION (Très variable!)

Rachis lombaire,
rachis cervical,
rétroversion pelvienne
Membres inférieurs

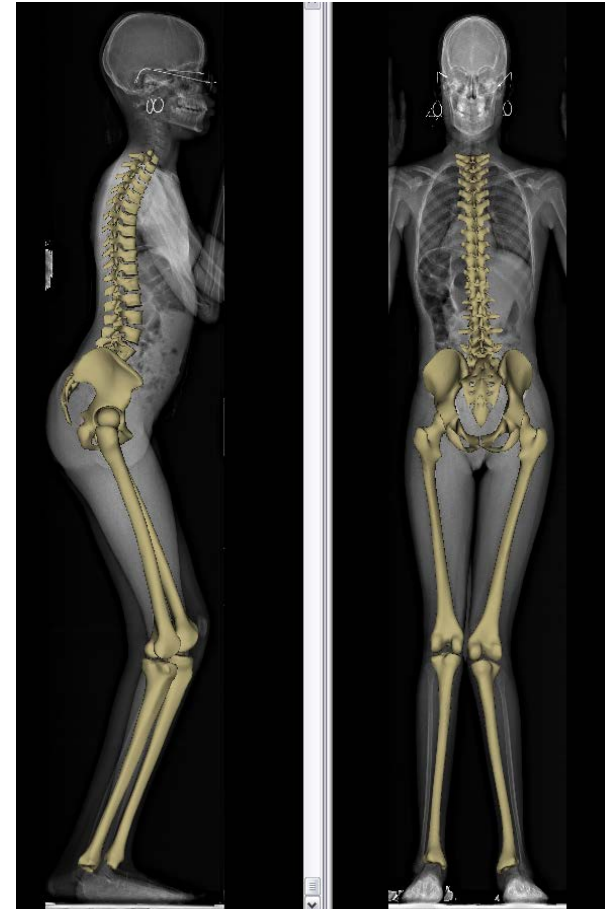


A new quasi-invariant parameter characterizing the postural alignment of young asymptomatic adults

Confirmé sur plus de 300 sujets

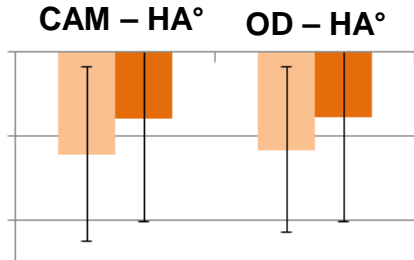


Arthrodèse de hanche après ostéotomie à 5 ans

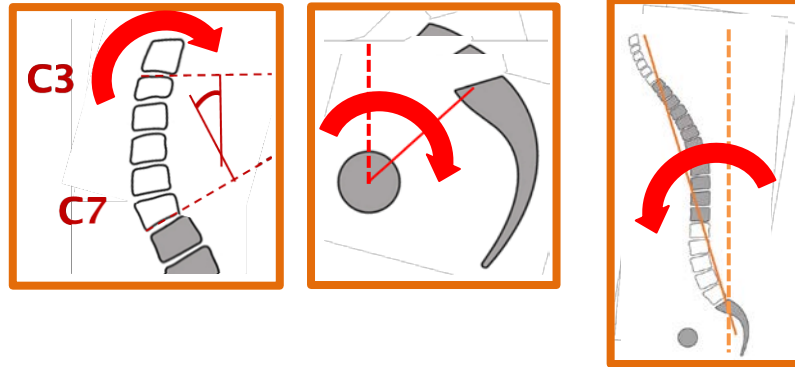


Mécanismes de compensation Pour le sujet âgé

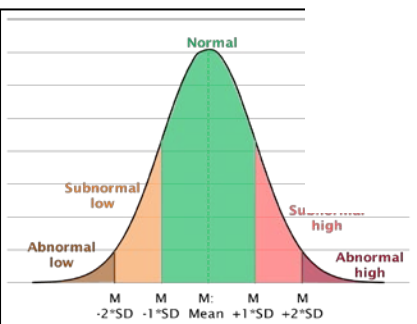
Amabile et al, ESJ 2018



Repartition of values for elderly:
% of abnormal / subnormal / normal values



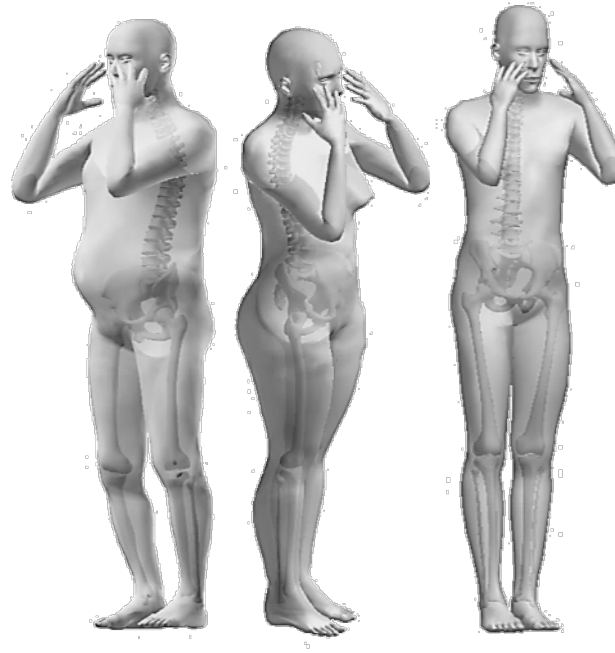
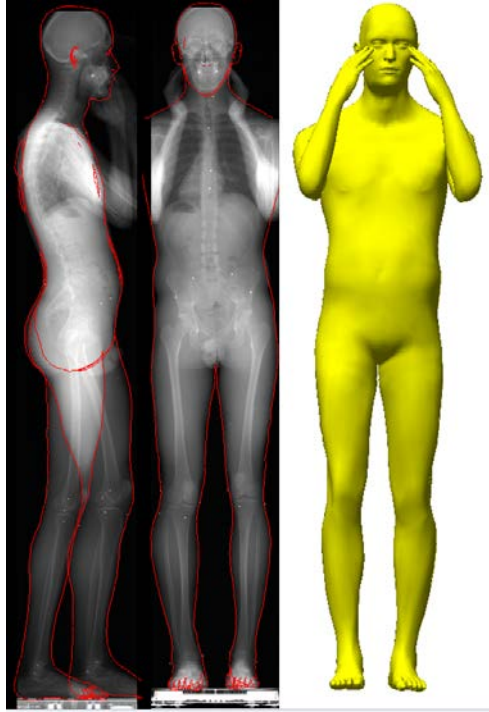
Par rapport à
une cohorte de
sujets jeunes



Sp

I

Evolution récente: barycentremétrie EOS



Reconstruction précise de l'enveloppe externe

Nerot, Rouch P, Skalli W.
J. Biomech 2015

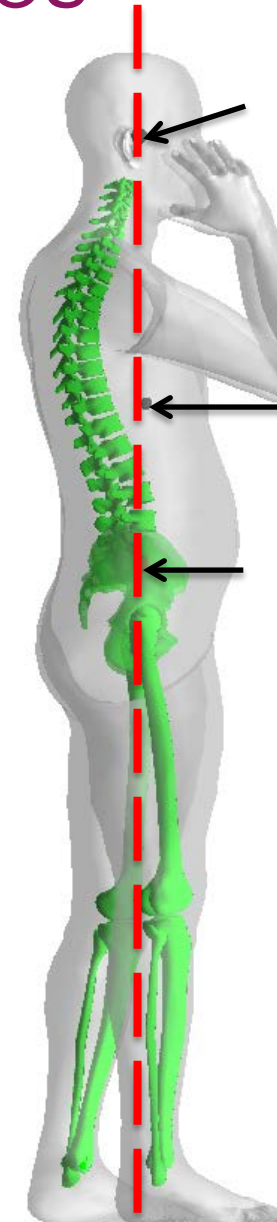
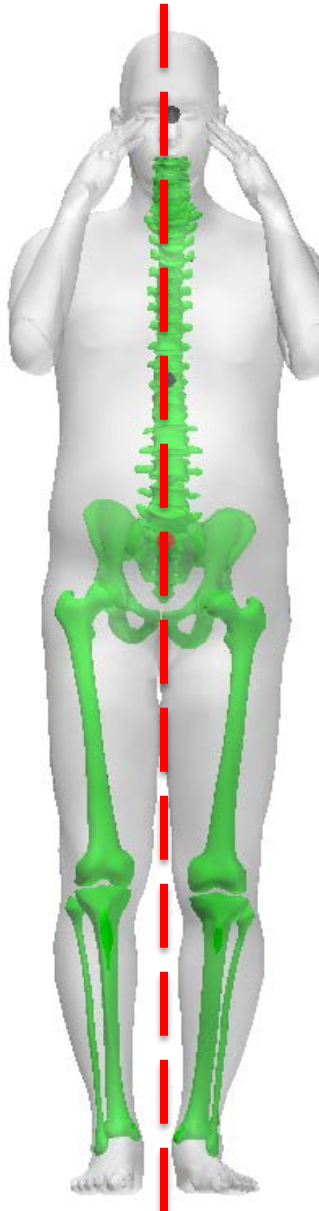
Volume personnalisé
de chaque segment
+ modèle de densité

Masse et centre de masse de chaque segment corporel

Evolution récente: barycentremétrie EOS



Sans plateforme
additionnelle



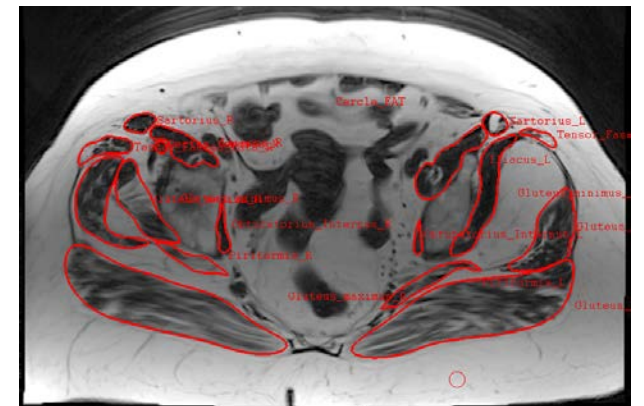
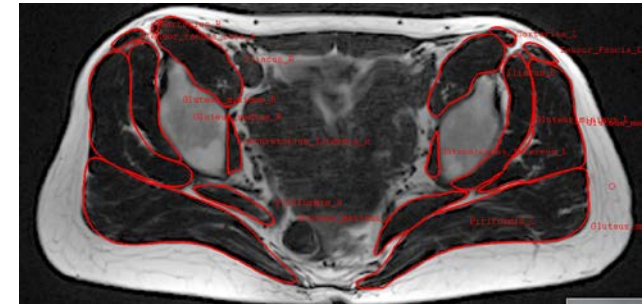
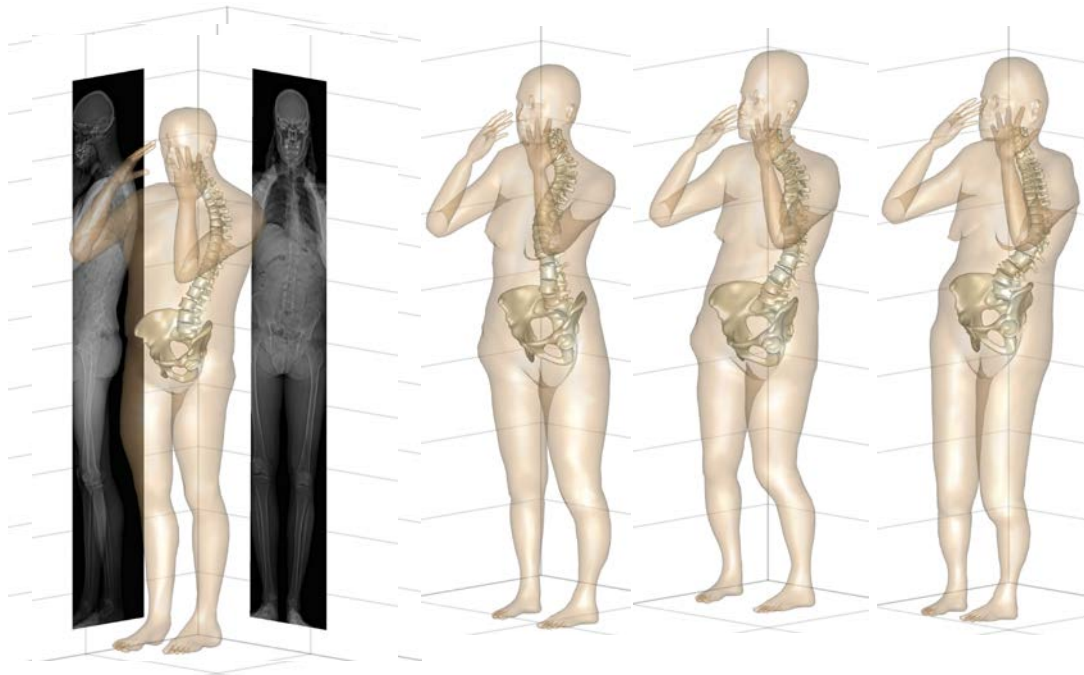
Centre de
masse
tête

Centre de masse
segment au dessus
des têtes fémorales

Centre de masse
global

Ligne de gravité

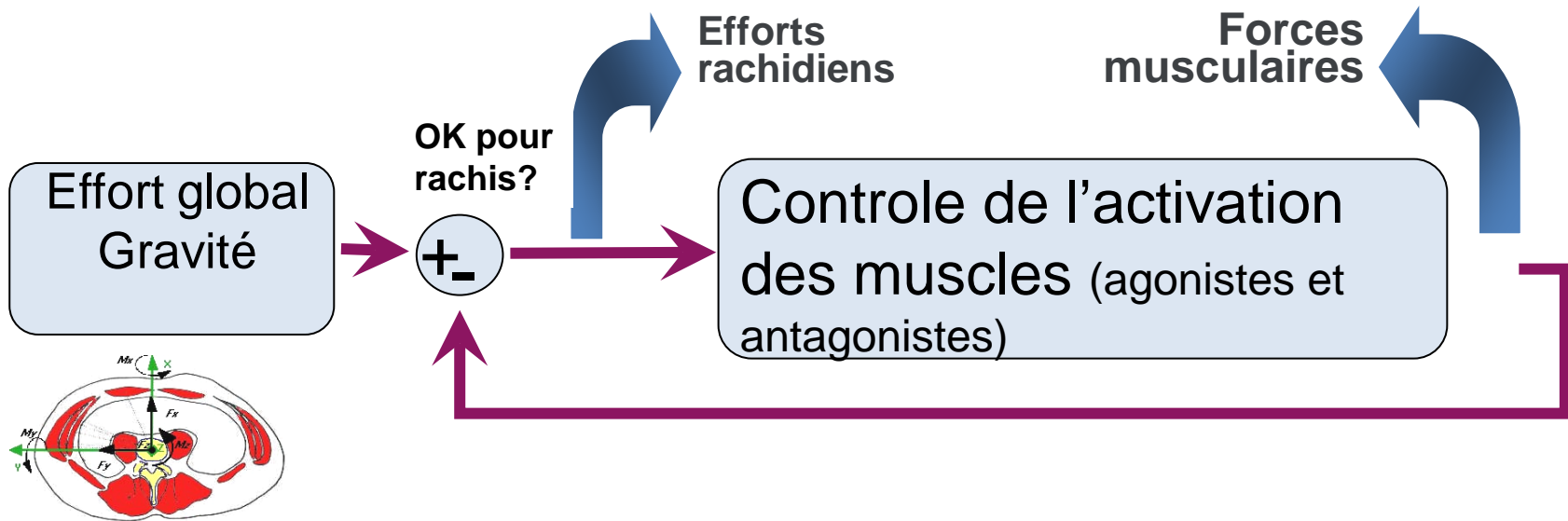
Rôle des muscles



Coll. JM Vital: Thèses V. Pomero, O. Gilles, B. Moal, C. amabile, V. Pomero

Modèle de contrôle musculaire

*Pomero et al. CMBBE 2004,
Van Den Abbeele et al, Clin. Biom.2017*

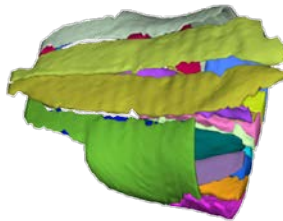


Modélisation Musculosquelettique personnalisée

Reconstruction
3D EOS
(debout)

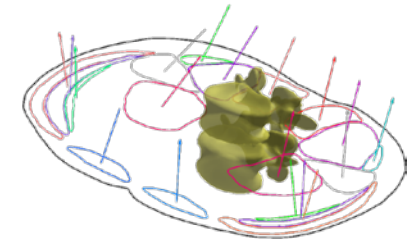
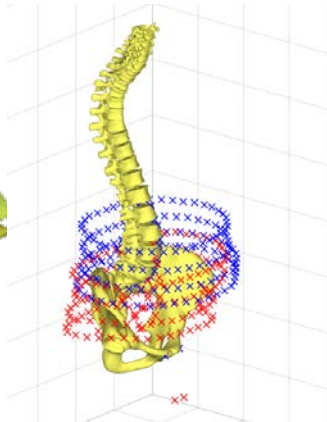


Reconstruction
3D IRM
(couché)



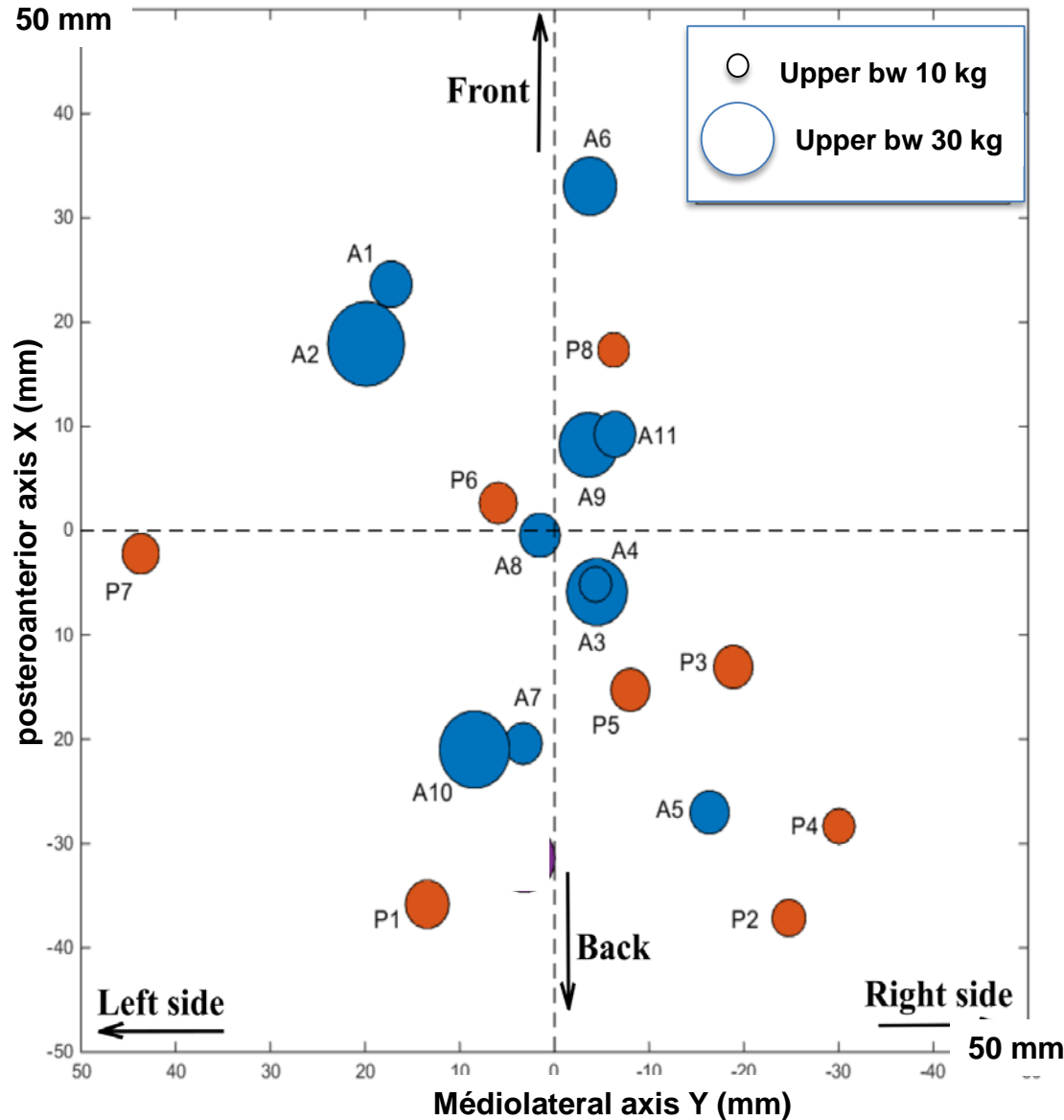
Jolivet *et al.* 2008
Moal *et al.* 2015

fusion EOS IRM
Hausselle *et al.* 2014



Données d'entrée pour
modèles de commande
musculaires

Thèses C. Amabile, M. Van Den Abbeele



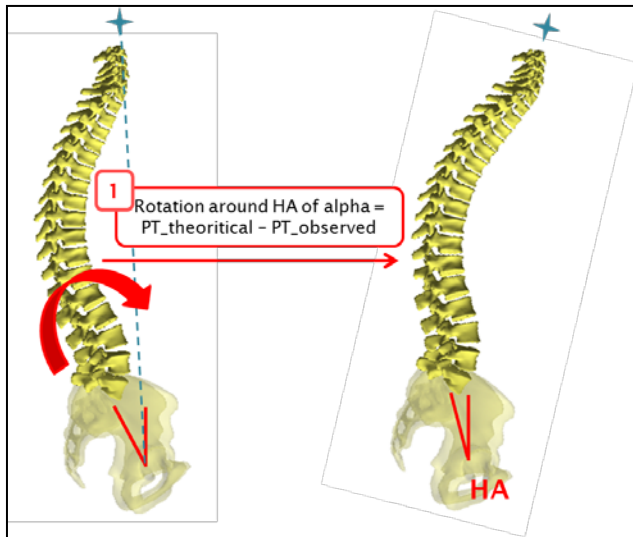
VARIABLE

● Aged asymptomatic
● Preoperative ASD

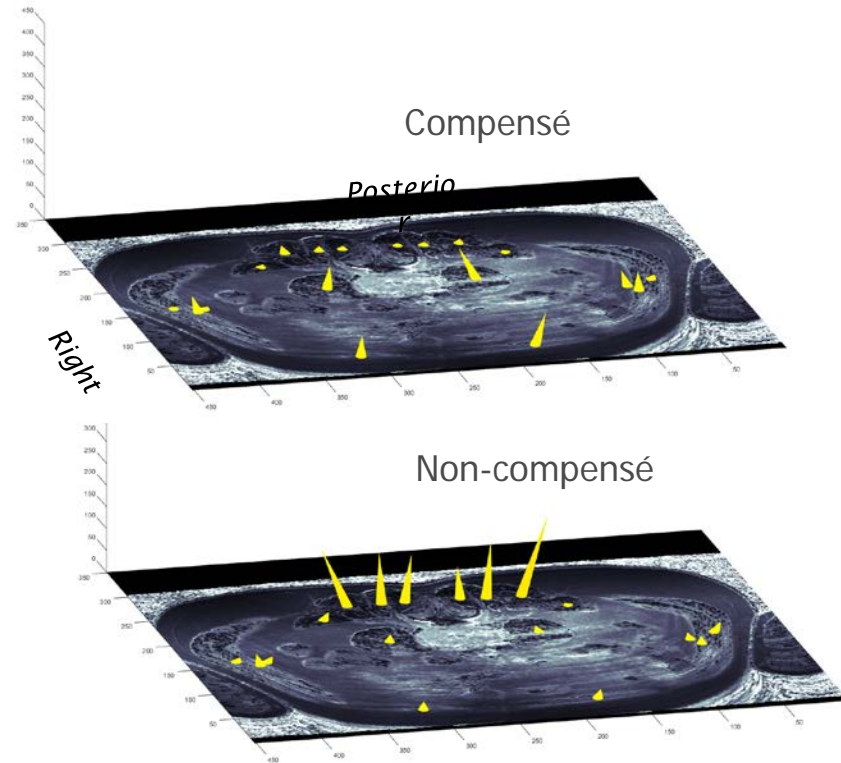
**Mais pas tant que
cela...**

Modélisation musculaire associée

Compensé vs non compensé



Thèses C. Amabile, Amabile *et al.* 2016



***MERCI
DE VOTRE ATTENTION***

