



# Standard Guide for Characterization of Wear from the Articulating Surfaces in Retrieved Metal-on-Metal and other Hard-on-Hard Hip Prostheses<sup>1</sup>

This standard is issued under the fixed designation F2979; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

## 1. Scope

1.1 This guide specifies a method to measure the *in-vivo* wear of explanted Metal-on-Metal (MoM) and other “hard” (e.g., ceramic) hip components. The guide covers the measurement of acetabular cups and femoral heads using a dimensional change method and is applicable to all prosthetic hip types, including stemmed (modular) and resurfacing hip systems.

1.2 The methods specified in this guide are not applicable for measuring the *in-vivo* wear from non-articulating surfaces, for example modular connections (at the stem/neck, neck/head or cup liner/shell interface) or at acetabular cup rim.

1.3 The parameters (wear depth and volumetric wear) evaluated and reported in this guide are estimated from the assumed as-manufactured shape of the components. The wear volume is calculated using a numerical integration method and the wear depth is the difference between the assumed as-manufactured shape and the measured surface.

1.4 This guide covers the measurement of the depth of wear and the volumetric wear using a Coordinate Measuring Machine (CMM) and the depth of wear using a Roundness Machine. Other metrology measurement equipment may be used to measure the wear depth or volume if the resolution and accuracy of the measurements are comparable with the instruments detailed in this standard. The measurement and analysis protocols should be based on those described in this standard.

1.5 This guide is applicable to hip joints which are nominally spherical at the time of manufacture. Form deviations resulting from manufacturing or deformation may occur and may necessitate the use of a non-spherical surface to represent the unworn surface of the component. Hip joints designed with asymmetry are considered beyond the scope of this guide, although the principles and techniques may be applicable to the characterization of wear from the articulating surfaces.

<sup>1</sup> This test method is under the jurisdiction of ASTM Committee F04 on Medical and Surgical Materials and Devices and is the direct responsibility of Subcommittee F04.22 on Arthroplasty.

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1.6 This guide is intended as an extension to ASTM F561 as a Stage II nondestructive test.

1.7 *This standard may involve hazardous materials, operations and equipment. As a precautionary measure, explanted devices should be sterilized or disinfected by an appropriate means that does not adversely affect the implant or the associated tissue that may be the subject of subsequent analysis. A detailed discussion of precautions to be used in handling human tissues can be found in ISO 12891-1. This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

## 2. Referenced Documents

### 2.1 ASTM Standards:<sup>2</sup>

F561 Practice for Retrieval and Analysis of Medical Devices, and Associated Tissues and Fluids

F2033 Specification for Total Hip Joint Prosthesis and Hip Endoprosthesis Bearing Surfaces Made of Metallic, Ceramic, and Polymeric Materials

### 2.2 ISO Standard:<sup>3</sup>

ISO 12181-1-2003 Part 1 – Geometrical product specifications roundness, vocabulary and parameters of roundness

## 3. Terminology

### 3.1 Definitions:

3.1.1 For the purposes of this standard the following definitions shall apply.

3.1.2 *cup rim*—the circle formed by the intersection of the articulating surface and the plane normal to the revolution axis that lies coincident with the extreme point of the open cup face.

<sup>2</sup> For referenced ASTM standards, visit the ASTM website, [www.astm.org](http://www.astm.org), or contact ASTM Customer Service at [service@astm.org](mailto:service@astm.org). For *Annual Book of ASTM Standards* volume information, refer to the standard’s Document Summary page on the ASTM website.

<sup>3</sup> Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

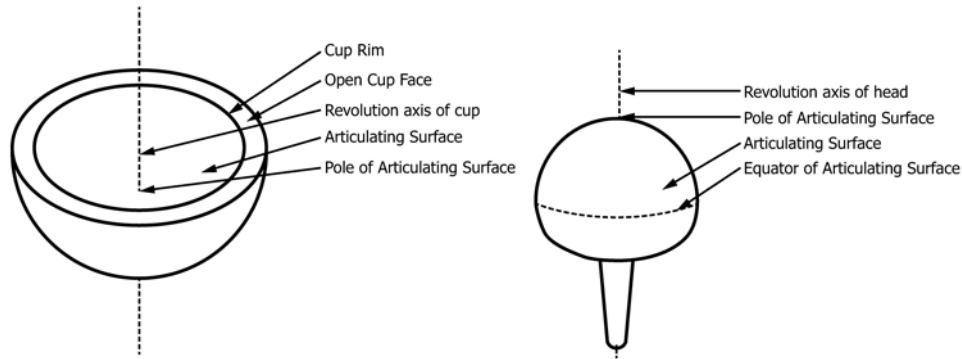


FIG. 1 Schematic Diagram Terminology for Head and Cup Geometry

3.1.3 *edge wear*—the pattern of wear observed in acetabular cups in which the maximum wear depth occurs at the cup rim and progressively decreases along a path from the cup rim to the pole (1-3).<sup>4</sup>

3.1.4 *equator of the articulating surface*—the equator of the articulating surface is the circle normal to the revolution axis of the component and to the spherical articulating surface.

3.1.5 *form deviations*—deviations from the nominal designed spherical shape of the hip implants that are not the result of wear. Form deviations shall be separated from wear by the analysis and measurement protocol to prevent errors in the calculated wear. Form deviations may result from manufacturing tolerances or deformation during implantation or revision procedures. Typically, hip implants are symmetrical around the revolution axis.

3.1.6 *maximum inscribed circle*—the reference circle of maximum radius that is totally enclosed by the measured profile. **ISO 12181-1-2003**

3.1.7 *minimum circumscribed arc*—the reference arc of the minimum radius that totally encloses the measured profile. **ISO 12181-1-2003**

3.1.8 *pole of articulating surface*—the pole of an articulating surface is defined by a point at the intercept of the revolution axis of the component and the spherical articulation surface.

3.1.9 *root mean square error*—the statistical measure of the magnitude of the variation between the assumed manufactured component shape fitted to the unworn regions and the measured data points in the unworn regions.

$$RMS\ Error = (1/n \sum x_n^2)^{1/2} \quad (1)$$

where:

$x$  = the deviation between the assumed shape and each measured data point for  $n$  data points.

3.1.10 *volumetric wear*—the volume of material removed from the articulating surface as a result of *in-vivo* wear.

3.1.11 *wear*—deviations from the as-manufactured shape due to loss of material from the articulating surfaces of the

components through abrasive, adhesive, or fatigue wear mechanisms, or by corrosion, or any combination of these mechanisms.

3.1.12 *wear depth*—the maximum penetration normal to the articulating surface due to *in-vivo* wear.

3.1.13 *wear rate*—the volumetric wear rate (mm<sup>3</sup>/year) or the penetration wear rate (mm/year) is calculated by dividing the wear volume or maximum wear depth by the time implanted in years. The wear rate is an average of the wear over the life of the component. The wear rate of hip joints may change over the life of component with an initial “running in” or “bedding-in” wear rate and the subsequent lower “steady state” wear rate (4).

#### 4. Measurement Preparation

4.1 All components shall be cleaned in accordance with the procedure detailed in ASTM F561. Ensure that there are no deposits on the articulating surface of the components that might interfere with or induce errors in the measurements.

4.2 The temperature of the analysis laboratory shall be maintained at 20°C ± 2°C. The components shall be maintained at the temperature of the analysis laboratory for at least 24 hours before the measurement to ensure dimensional stability.

4.3 *Apparatus*—3D Coordinate measuring machine with a maximum permissible error of 2 μm over the largest dimension of the component, or a computer numerical control (CNC) controlled Roundness Machine with automated centering and leveling. The maximum runout of the air-bearing spindle shall be ± 20 nm, and the minimum gauge resolution shall be ± 30 nm.

NOTE 1—When centering and leveling to align the component coordinate system with the machine coordinate system, care must be taken to reference from unworn regions of the component.

#### 5. Measurement of Components Using a Coordinate Measuring Machine

##### 5.1 Measurement of Acetabular Cup:

5.1.1 Align the origin of CMM coordinate system with the center of the articulating surface of the component, and the horizontal plane of the coordinate system parallel to the plane of the cup rim. Nondestructively mark the retrieved component, or identify a landmark feature to provide an

<sup>4</sup> The boldface numbers in parentheses refer to the list of references at the end of this standard.

angular reference around the axis of rotational symmetry, so that the measured wear location can be co-registered with the position on the actual component.

5.1.2 Measure data points from the bearing surface so that the maximum spacing between the data points along lines of latitude or longitude is not greater than 0.5 mm (5) as shown in Fig. 2. The mesh may be applied and profiles measured in a latitudinal or longitudinal pattern, or a combination to give the optimum point spacing over the component. The distance between the measured data points and the cup rim shall not be greater than 1 mm.

NOTE 2—The 0.5 mm mesh spacing is based on minimizing the errors of calculating the wear volume when using a simple linear “triangulation” integration method to calculate the wear volume (5). A larger point spacing may be used if a sensitivity analysis is carried out to investigate the effect of mesh spacing on the wear depth and volume, and the values can be shown to converge.

5.2 Measurement of Femoral Head:

5.2.1 Align the origin of the CMM coordinate system with the center of the unworn regions of the articulating surface of the component, with the revolution axis of the head perpendicular to the coordinate system horizontal plane. Nondestructively mark the retrieved component, or identify a landmark feature to provide an angular reference around the axis of rotational symmetry.

5.2.2 Measure data points from the bearing surface so that the maximum spacing between the data points along the lines of latitude or longitude is not greater than 0.5 mm as shown in Fig. 3(5). The mesh may be applied in a latitudinal or longitudinal mesh pattern, or a combination to give the optimum point spacing over the component. The measured data points may be extended below the equator to ensure that the whole wear scar is captured in the measurement.

NOTE 3—The 0.5 mm mesh spacing is based on minimizing the errors of calculating the wear volume when using a simple linear “triangulation” integration method to calculate the wear volume (5). A larger point spacing may be used if a sensitivity analysis is carried out to investigate the effect of mesh spacing on the wear depth and volume, and the values can be shown to converge.

6. Analysis of CMM Measurements

6.1 Fit the assumed unworn shape of the component. Published studies have used ellipsoids, spheres or nurbs

profiles (6-13) to represent the unworn (but possible deformed) shape of the hip component. The assumed unworn shape should be fitted to the measured data points in the unworn regions, excluding the data points that are within the worn region. Several of the published methods use a two stage or an iterative process to fit the surface and exclude worn regions from the surface fit (6-13).

NOTE 4—ASTM F2033 specifies that the maximum departure from roundness for metallic components shall not be greater than 5 μm for the acetabular component and 5 μm for the femoral component using a least squares or Minimum Zone Centre Method. Due to these deviations, and possible deformation during implantation or revision procedures, fitting a sphere to the unworn data points might result in significant errors in the calculated wear values. In some cases, ellipsoids and other shapes have been shown to better represent the unworn shape of MoM hip components than a simple sphere (10).

6.2 Check the fit of the assumed unworn shape by calculating the Root Mean Square (RMS) error between the assumed unworn shape and the measured data points in the unworn region of the hip component (9). If the calculated RMS error exceeds 2 μm, the fit and the assumed shape shall be modified to reduce the error.

6.3 Visually check the fit of the assumed unworn shape by looking at a graphical illustration of the deviations from the assumed unworn shape in the unworn regions of the component. The color scale should be set to optimize these deviations, not the appearance of the worn regions.

6.4 If the wear area is not wholly captured within the measurement region and extends below the equator of the head then the measurement shall be repeated to include the whole area of the wear area.

6.5 The maximum depth of wear shall be taken as the maximum deviation between a point on the measured worn surface and a point on the assumed unworn articular surface along a line normal to the assumed unworn articular surface.

6.6 Use a numerical method to calculate the wear volume over the worn regions of the component by calculating the volume between the assumed unworn shape of the component and the worn region.

NOTE 5—Differences in algorithms used to calculate the wear volume may result in variations in the wear volumes. Scratching, indentations and deformation attributed to the explantation process and/or handling after

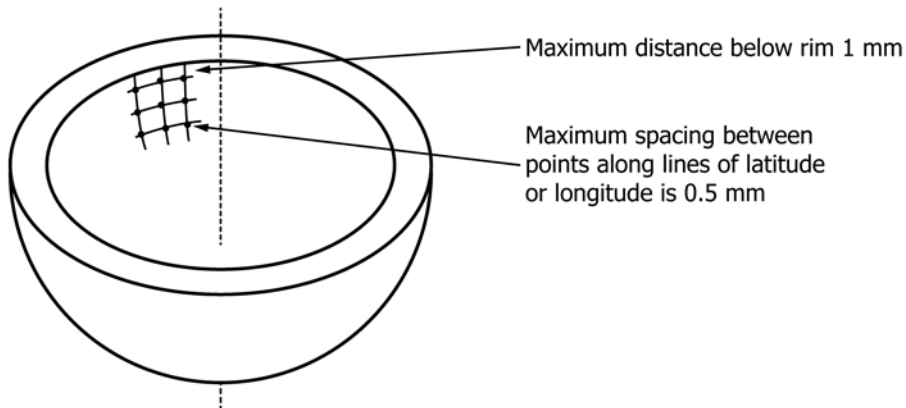


FIG. 2 Schematic Diagram Showing Pattern of Data Points for CMM Measurement of the Acetabular Cup

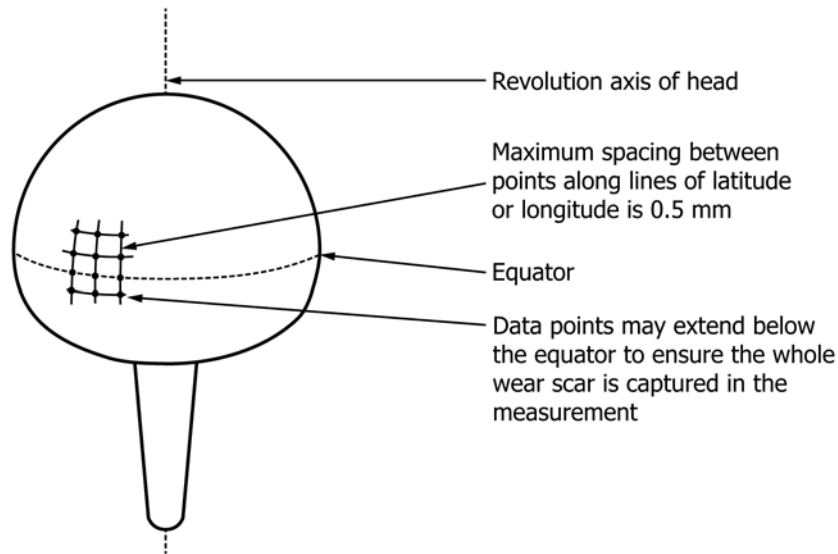


FIG. 3 Schematic Diagram Showing Pattern of Data Points for CMM Measurement of the Femoral Head

explanation should not be included in the wear depth and volume estimates.

6.7 The measurement method and analysis algorithm used should be described in detail in the report and suitably validated. Suitable validation methods may include the measurement of a reference sphere (14), calculation of the wear from “ideal” datasets with mathematically generated wear scars, comparison of gravimetric and calculated dimensional wear for simulator (components tested in a hip simulator) and artificially (components with material removed to represent a wear scar) worn components (10, 11, 14).

6.8 If the time implanted is known (whole years and decimal fraction), the calculate the wear rate by dividing the wear depth or wear volume by the time implanted to give the wear rate ( $\mu\text{m}/\text{year}$ ) and the volumetric wear rate ( $\text{mm}^3/\text{year}$ ) for the head and cup.

## 7. Measurement and Analysis of Components Using a Roundness Machine

### 7.1 Measurement of Acetabular Cup

#### 7.1.1 Cup Circumferential Measurement:

7.1.1.1 Calibrate the radial position of the roundness machine radial arm so that the machine gives absolute measurement values.

7.1.1.2 Align the cup revolution axis with the spindle axis of rotation of the roundness machine and the cup rim plane perpendicular to the spindle axis of rotation using automatic centering and leveling routines. Set the vertical height datum at the cup rim. Nondestructively mark the retrieved component, or identify a landmark feature to provide an angular reference around the axis of rotational symmetry.

7.1.1.3 Measure a series of circumferential profiles, as shown in Fig. 4, starting 1 mm below the cup rim, at intervals no greater than 0.5 mm, for at least 6 mm.

#### 7.1.2 Polar Cup Measurement:

7.1.2.1 Calibrate the radial position of the roundness machine radial arm.

7.1.2.2 Fit the recess stylus (i.e., a long shank to allow access to the articulating surface of the cup).

7.1.2.3 Mount the acetabular cup so that the cup rim plane is perpendicular to the spindle axis of rotation, and center the articulating surface with the spindle axis of rotation. Position

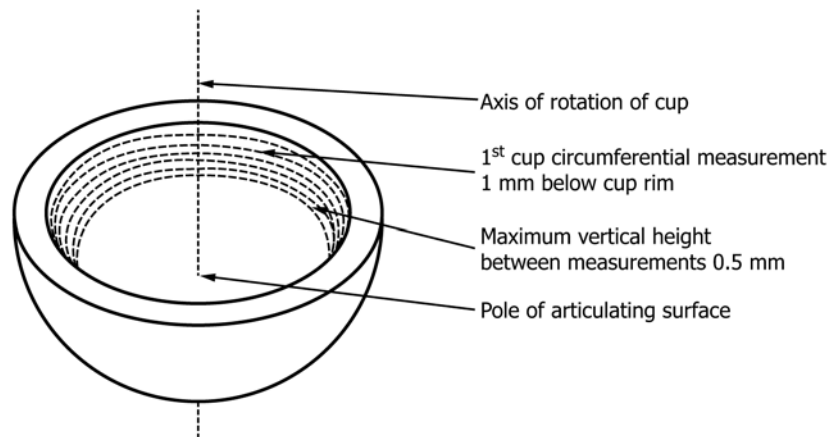


FIG. 4 Schematic Diagram Showing Location of Cup Circumferential Measurements

the cup so that the measured polar profile is at a known angular location and can be co-registered with circumferential measurement.

7.1.2.4 Use the auto centering routine to align the center of the articulating surface with the axis of rotation of the roundness machine spindle.

7.1.2.5 Align the stylus so that it is in the same horizontal plane as the cup pole.

7.1.2.6 Measure a partial roundness profile from the cup rim, through the pole, to the opposite cup rim.

NOTE 6—The measurement angle may have to be reduced for hemispherical acetabular hips to allow access for the recess stylus.

7.1.2.7 Repeat steps 7.1.2.4 to 7.1.2.6 and measure partial roundness profiles at a maximum of 10° intervals around the cup rim, as shown in Fig. 5.

7.1.3 Femoral Head Measurement:

7.1.3.1 Calibrate the radial position of the roundness machine radial arm.

7.1.3.2 Mount the femoral head so that the component axis of rotation is located perpendicular to the spindle axis of rotation, and center the articulating surface with the center of rotation. Mark the head to provide an angular reference point around the axis of rotation.

7.1.3.3 Use the auto centering routine to align the center of the articulating surface with the axis of rotation of the roundness machine spindle.

7.1.3.4 Align the stylus so that it is in the same horizontal plane as the head pole.

7.1.3.5 Measure a partial roundness profile from the edge of the head articulating surface, through the pole and back to the edge of the articulating surface.

7.1.3.6 Repeat steps 7.1.3.3 to 7.1.3.5 and measure partial roundness profiles at a maximum of 10° intervals around the head equator, as shown in Fig. 6.

8. Analysis of Roundness Measurements

8.1 Cup Analysis:

8.1.1 Fit a Maximum Inscribed (MI) circle to each of the measured circumferential roundness profiles. The MI circle takes advantage of the axial-symmetry of the component, and represents the unworn profile of the acetabular cup. In cases of high wear it might be necessary to manually adjust the location

of the MI circle to best represent the unworn profile. Deviations from the MI circle may be the result of wear or form errors. In order to separate wear from form, the polar profile measured through the center of the deviation can be examined for asymmetry that is indicative of a wear patch. If the profile is symmetrical, it is probable that the cup has been deformed, and the deviations are not due to wear.

8.1.2 Examine the polar profiles in the area not covered by the circumferential measurement for evidence of wear.

8.1.3 For circumferential measurements where the articulating surface is not normal to the direction of travel of the gauge (i.e., when measuring close to the pole) a cosine error will occur where the wear measurements are not perpendicular to the articulating surface. It is possible to correct for any error in the post-analysis using trigonometry (12).

8.2 Head Analysis:

8.2.1 Fit a Minimum Circumscribed Arc to each measured profile. Plot the resultant out-of-roundness (deviations against angular position) for each profile on the same axes. The deviations between unworn regions in different profiles at the same angular location shall be less than 1 μm. Wear patches can be identified by deviations of adjacent profiles from the symmetrical plot of the unworn profiles. Fig. 7 illustrates this technique.

8.2.2 The maximum wear depth is taken as the maximum deviation between the measured profile in a worn region and the unworn shape of the component, as represented by the unworn profiles at the same angular location (Fig. 7). Scratching, indentations and deformation attributed to the explantation process and/or handling after explantation should not be included in the wear depth estimates.

8.3 If the time implanted is known (whole years and decimal fraction), the wear rate can be calculated by dividing the wear depth by the time implanted to give the wear rate (μm/year) for the head and cup.

9. Report

9.1 Include in the wear report:

9.1.1 Type and model of the instrument used for wear measurement.

9.1.2 Details and date of calibration, and identity of calibration artifact.

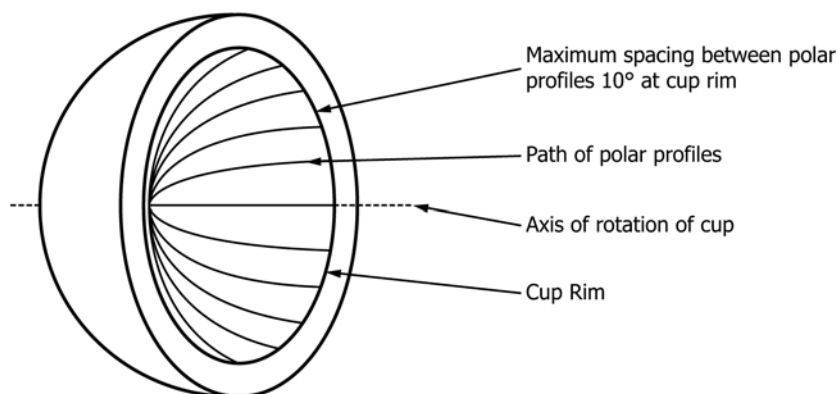


FIG. 5 Schematic Diagram Showing Location of Cup Polar Measurements

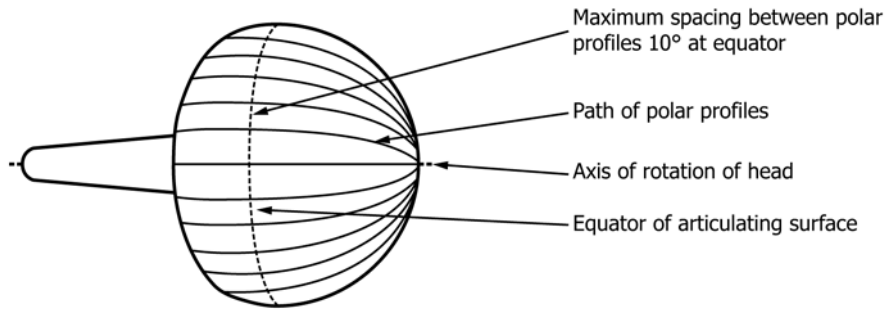


FIG. 6 Schematic Diagram Showing Location of Head Polar Measurements

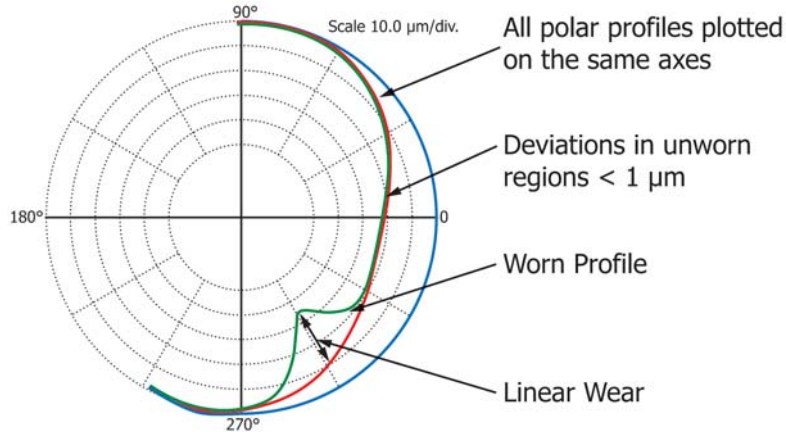


FIG. 7 Diagram Showing the Process of Superimposing Head Patches to Identify Wear Patches and Exclude Form Errors (15)

9.1.3 The component type, manufacturer, serial number and lot number.

9.2 For CMM Measurements:

9.2.1 The value of the calculated RMS error between the data points in the unworn zone and the assumed unworn shape.

9.2.2 The maximum wear depth and the volumetric wear for the head and the cup, and the combined volumetric wear for hip couple.

9.2.3 The wear rate ( $\mu\text{m}/\text{year}$ ) and the volumetric wear rate ( $\text{mm}^3/\text{year}$ ) for the head, the cup, and the total volumetric wear rate for the hip couple.

9.2.4 The total area and the location of the wear patch.

9.2.5 Whether or not acetabular cup edge wear is present.

9.2.6 Graphical illustrations of the location and shape of the wear patch and the fit of the assumed unworn shape to the unworn regions.

9.3 For Roundness Machine Measurements:

9.3.1 The maximum wear depth for the head and the cup.

9.3.2 The wear rate ( $\mu\text{m}/\text{year}$ ) for the head and the cup.

9.3.3 The location of the wear patch in the head and the cup.

9.3.4 Whether or not acetabular cup edge wear is present.

9.3.5 OOR Plots to illustrate the location and shape of the wear patch.

10. Precision and Bias

10.1 The precision and bias associated with this wear measurement protocol have not been established.

**REFERENCES**

- (1) Kwon YM, Glyn-Jones S, Simpson D, Kamali A, McLardy-Smith P, Gill H, et al. Analysis of wear of retrieved metal-on-metal hip resurfacing implants revised due to pseudotumours. *Journal of Bone and Joint Surgery-British Volume*. 2010;92 - B:356-61.
- (2) Langton DJ, Joyce TJ, Mangat N, Lord J, Van Orsouw M, Smet KD, et al. Reducing metal ion release following hip resurfacing arthroplasty. *Orthopedic Clinics of North America*. 2011;42(2):169-80.
- (3) Matthies A, Underwood R, Cann P, Ilo K, Nawaz Z, Skinner J, et al. Retrieval analysis of 240 metal-on-metal hip components, comparing modular total hip replacement with hip resurfacing. *Journal of Bone and Joint Surgery-British Volume*. 2011;93-B:307-14.
- (4) Dowson D. Tribological principles in metal-on-metal hip joint design. *Proceedings of the Institution of Mechanical Engineers, Part H: Journal of Engineering in Medicine*. 2006;220(2):161-71.
- (5) Bills PJ, Racasan R, Underwood RJ, Cann P, Skinner J, Hart AJ, et al. Volumetric wear assessment of retrieved metal-on-metal hip prostheses and the impact of measurement uncertainty. *Wear*. 2012;274–275:212-9.
- (6) Bills P, Blunt L, Jiang X. Development of a technique for accurately determining clinical wear in explanted total hip replacements. *Wear*. 2007;263(7-12):1133-7.
- (7) Lord J, Langton D, Nargol A, Joyce T. Volumetric wear assessment of failed metal-on-metal hip resurfacing prostheses. *Wear*. 2011;272(1):79 - 87.
- (8) McKellop H, Park SH, Chiesa R, Doorn P, Lu B, Normand P, et al. In vivo wear of 3 types of metal on metal hip prostheses during 2 decades of use. *Clinical Orthopaedics and Related Research*. 1996;329:S128.
- (9) Morlock M, Bishop N, Rütther W, Delling G, Hahn M. Biomechanical, morphological, and histological analysis of early failures in hip resurfacing arthroplasty. *Proceedings of the Institution of Mechanical Engineers, Part H: Journal of Engineering in Medicine*. 2006;220(2):333-44.
- (10) Morlock MM, Bishop N, Zustin J, Hahn M, Ruther W, Amling M. Modes of Implant Failure After Hip Resurfacing: Morphological and Wear Analysis of 267 Retrieval Specimens. *Journal of Bone and Joint Surgery-American Volume*. 2008;90(Supplement 3):89-95.
- (11) Reinisch G, Judmann KP, Lhotka C, Lintner F, Zweymüller KA. Retrieval study of uncemented metal-metal hip prostheses revised for early loosening. *Biomaterials*. 2003;24(6):1081-91.
- (12) Derbyshire B, Hardaker C, Fisher J, Dowson D, Brummitt K. Assessment of the change in volume of acetabular cups using a coordinate measuring machine. *ARCHIVE: Proceedings of the Institution of Mechanical Engineers, Part H: Journal of Engineering in Medicine 1989-1996 (vols 203-210)*. 1994;208(38):151-8.
- (13) Sieber HP, Rieker C, Köttig P. Analysis of 118 second-generation metal-on-metal retrieved hip implants. *Journal of Bone & Joint Surgery, British Volume*. 1999;81(1):46-50.
- (14) Tuke M, Taylor A, Roques A, Maul C. 3D linear and volumetric wear measurement on artificial hip joints—Validation of a new methodology. *Precision Engineering*. 2010;34:777-83.
- (15) Underwood R, Cann PM, Ilo K, Wagner C, Skinner J, Hart A. Development of protocol for measuring wear in explanted hip joints using roundness machine. Poster No 2322 Orthopaedic Research Society Annual Meeting. 2010; New Orleans, USA, 7 - 12th March 2010.

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