



# Estimated Probability of Traumatic Chest Injury During an International Space Station Mission

Beth Lewandowski, PhD, John Brooker, Aaron Weaver, PhD  
and Jerry Myers, PhD

NASA Glenn Research Center, Cleveland, OH

Eric Milo

Florida State University, Tallahassee, FL

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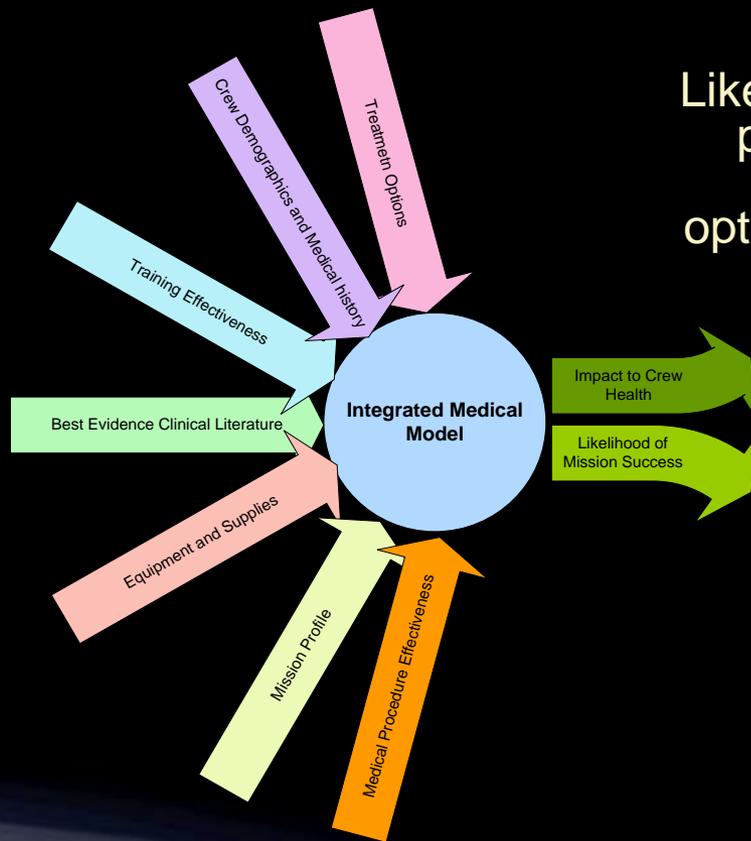


# Integrated Medical Model (IMM)

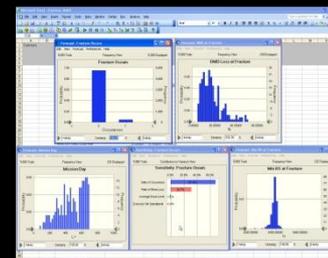
Potential Medical Condition



Evaluate with IMM



Likelihood of occurrence, probable severity of occurrence, and optimization of treatment and resources.



- Probability and consequences of medical risks
- Integrate best evidence in a quantifiable assessment of risk
- Identify medical resources necessary to optimize health and mission success



# Probabilistic modeling of rare medical events



- Event has not happened during a space mission
  - No incidence rate
  - Many unknowns
- Construct a computational model
  - Define the initiating event scenario and resulting injury
  - Determine available data and develop parameter distributions
  - Mathematically model the physiological response
  - Perform Verification and Validation
  - Relate the physiological response to probability of injury
  - Determine probability of occurrence
- Use probabilistic risk assessment methodology
  - Monte Carlo simulations
  - Estimate the most likely probability and confidence intervals



# Initiating Event Scenario and Injury Definition

- An astronaut translating with equipment too large to see around accidentally impacting another astronaut in the chest with attention focused elsewhere
- Traumatic chest injury defined as an injury with an Abbreviated Injury Scale (AIS) score of 3 or higher

## AIS definitions for skeletal and soft tissue injuries of the thorax

AIS	Injury Severity	Skeletal Injury	Soft Tissue Injury
1	Minor	1 rib fracture	Contusion of bronchus
2	Moderate	2-3 rib fractures Sternum fracture	Partial thickness bronchus tear
3	Serious	4 or more rib fracture on one side 2-3 rib fractures with hemo/pneumothorax	Lung contusion Minor heart contusion
4	Severe	Flail chest 4 or more rib fractures on each side 4 or more rib fractures with hemo/pneumothorax	Bilateral lung laceration Minor aortic laceration Major heart contusion
5	Critical	Bilateral flail chest	Major aortic laceration Lung laceration with tension pneumothorax
6	Maximum		Aortic laceration with haemorrhage not confined to mediastinum



Berthet et al., "Review of the thorax injury criteria," APROSYS AP-SP51-0038-B, 2006.



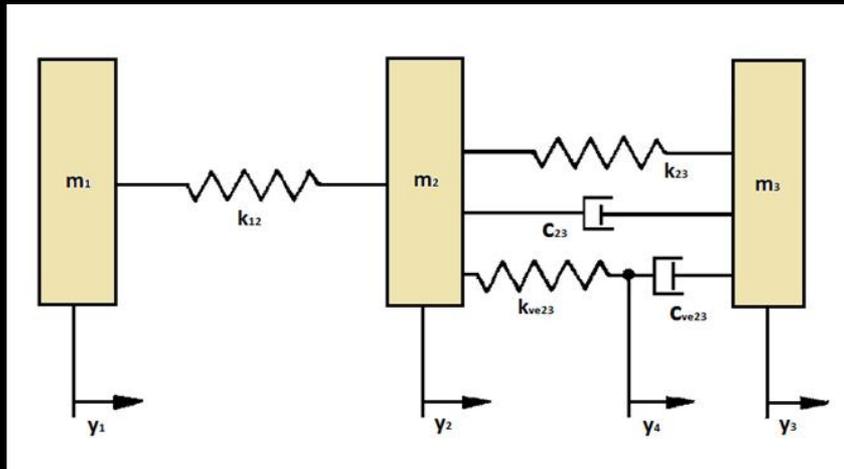
# Parameter distributions



- Astronaut parameters
  - Astronaut mass
  - Chest depth
  - Translational velocity
- Mission parameters
  - ISS equipment masses
- Research data
  - Thorax stiffness and damping characteristics
  - Experimental impact response – normalized compression
  - Injury severity resulting from experimental impacts
- Spaceflight data
  - Impact rate



# Biomechanical Model of the Chest



## Equations of motion:

$$\begin{aligned}
 m_1 \ddot{y}_1 + k_{12} y_1 - k_{12} y_2 &= 0 \\
 m_2 \ddot{y}_2 + c_{23} \dot{y}_2 - c_{23} \dot{y}_3 + (k_{12} + k_{23} + k_{ve23}) y_2 - k_{12} y_1 - k_{23} y_3 - k_{ve23} y_4 &= 0 \\
 m_3 \ddot{y}_3 + (c_{23} + c_{ve23}) \dot{y}_3 - c_{23} \dot{y}_2 - c_{ve23} \dot{y}_4 + k_{23} y_3 - k_{23} y_2 &= 0 \\
 c_{ve23} \dot{y}_4 - c_{ve23} \dot{y}_3 + k_{ve23} y_4 - k_{ve23} y_2 &= 0
 \end{aligned}$$

## Initial conditions:

$$\begin{aligned}
 y_1(0) = y_2(0) = y_3(0) = y_4(0) &= 0 \\
 \dot{y}_1(0) &= v_o \\
 \dot{y}_2(0) = \dot{y}_3(0) &= 0
 \end{aligned}$$

## Output:

$$\begin{aligned}
 d_{skel} &= y_2 - y_3 \\
 NC &= \frac{d_{skel}}{CD}
 \end{aligned}$$

Parameter Name	Parameter Symbol
Mass of impactor	$m_1$
Mass of sternum	$m_2$
Mass of thorax	$m_3$
Interface between impactor and sternum	$k_{12}$
Rib cage elasticity	$k_{23}$
Damping effects of air and blood	$c_{23}$
Muscle tissue elasticity	$k_{ve23}$
Muscle tissue viscosity	$c_{ve23}$
Displacement of $m_1$	$y_1$
Velocity of $m_1$	$\dot{y}_1$
Acceleration of $m_1$	$\ddot{y}_1$
Displacement of $m_2$	$y_2$
Velocity of $m_2$	$\dot{y}_2$
Acceleration of $m_2$	$\ddot{y}_2$
Displacement of $m_3$	$y_3$
Velocity of $m_3$	$\dot{y}_3$
Acceleration of $m_3$	$\ddot{y}_3$
Displacement between $k_{ve23}$ and $c_{ve23}$	$y_4$
Velocity between $k_{ve23}$ and $c_{ve23}$	$\dot{y}_4$
Initial velocity	$v_o$
Chest deflection	$d_{skel}$
Normalized compression	NC
Chest depth	CD

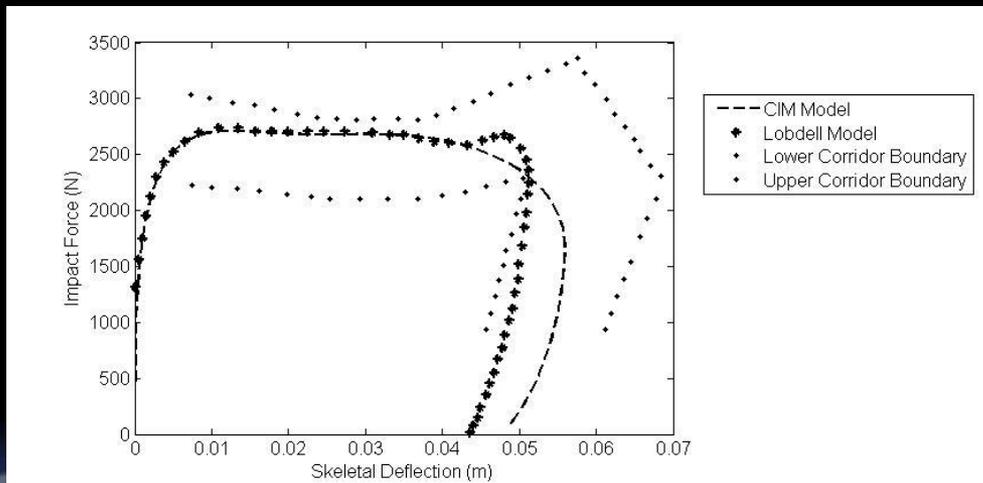
Viano, "Biomechanics of chest and abdomen impact," *Aviat Space Environ Med*, 49(1), 125-35, 1978.



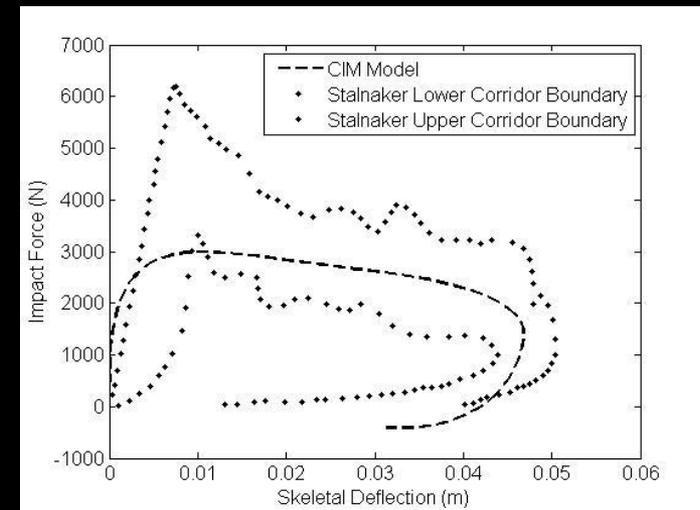
# Biomechanical Model Verification and Validation



- Model output fits within data corridors:
  - Data corridor upon which the model was built (Verification)
  - Data corridor from data set not used to build model (Validation)



C. Kroell, "Thoracic Response to Blunt Frontal Loading," in *The Human Thorax - Anatomy, Injury and Biomechanics*, Warrendale, PA: Society of Automotive Engineers, Inc., 1976.



Stalnaker et al., "Human Torso Response to Blunt Trauma," in *Human Impact Response Measurement and Simulation*. New York, NY: Plenum Press, 1973.

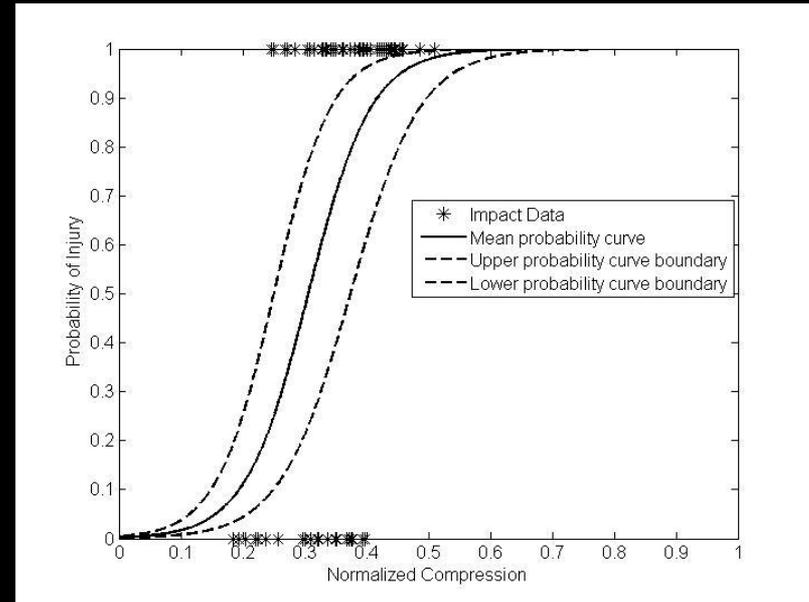


# Probability of Injury



- Translation between normalized compression and injury probability
  - Normalized compression and AIS score from several impact studies were used
  - A 0 was given to an AIS of 2 or lower, a 1 was given to an AIS of 3 or higher (Data points in graph)
  - Matlab's glmfit was used to find the logistic regression coefficients (A & B) for the probability equation,  $A = -6.06 \pm 10\%$ ,  $B = 19.75 \pm 10\%$
  - The probability equation is:

$$P_{Injury}(NC) = \frac{1}{1 + e^{-(A+B*NC)}}$$



Viano, "Biomechanics of chest and abdomen impact," *Aviat Space Environ Med*, 49(1), 125-35, 1978.

Kroell et al., "Impact tolerance and response of the human thorax II," SAE Paper No. 741187, 1974.

Kroell, "Thoracic Response to Blunt Frontal Loading," in *The Human Thorax - Anatomy, Injury and Biomechanics*, Warrendale, PA: Society of Automotive Engineers, Inc., 1976.

Yoganandan et al., "Thoracic deformation and velocity analysis in frontal impact," *J. Biomech. Eng*, 117(1), 48-52, 1995.



# Probability of Impact

- Ideally, we would use a rate of the number of times an astronaut accidentally impacts a piece of equipment with his or her chest during a mission
- However, this data does not exist
- Instead, we know there have been 6 minor trunk injuries in 26.4 years of flight and 0 traumatic chest injuries
- Since an impact must have occurred to cause the minor injuries, we use it as our impact rate
- The impact rate ( $\lambda$ ) is developed as an uniform distribution with 6/26.4 impacts/person\*year as the maximum value and 0/26.4 impacts/person\*year as the minimum value
- The impact probability equation is:

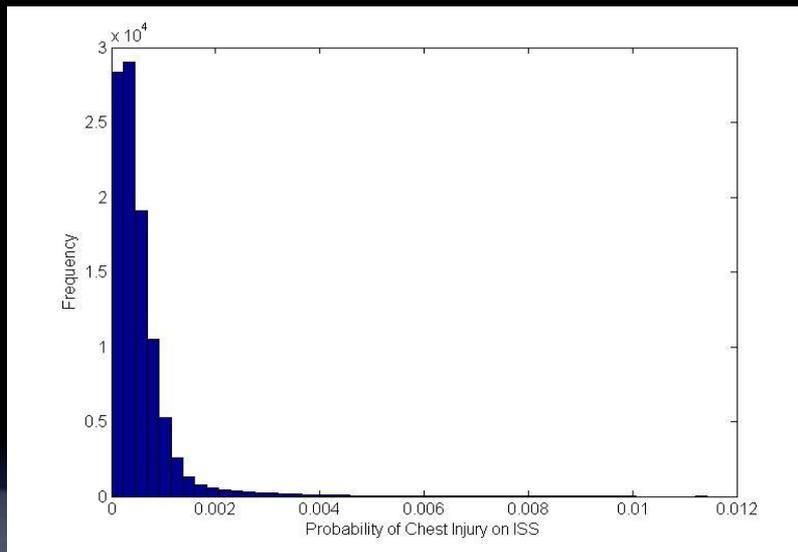
$$P_{Impact}(\lambda) = 1 - e^{-\lambda}$$

Scheuring et al, "Musculoskeletal injuries and minor trauma in space: incidence and injury mechanisms in US astronauts," *Aviat Space Environ Med*, 80(2), 117-24, 2009.



# Results

- Probability of impact and probability of injury are multiplied to obtain probability of traumatic chest injury
- 100,000 Monte Carlo simulation trials performed to obtain most likely probability of traumatic chest injury



Distribution	Mean	Standard Deviation	5%	95%
Total Injury Probability	$5.32 \times 10^{-4}$	$5.95 \times 10^{-4}$	$4.16 \times 10^{-5}$	$1.39 \times 10^{-3}$



# Sensitivity Analysis

- Impactor velocity and rate of impact are the two most sensitive parameters in the model
- Better estimates of these values could reduce the uncertainty in the probability estimate

Parameter Name	% Contribution to Variance
Velocity of the impactor, $v_0$	48.18
Rate of impact, $\lambda$	36.22
Probability coefficient, $A$	13.36
Mass of the impactor, $m_1$	1.89
Probability coefficient, $B$	0.279
Damping constant, $c_{23}$	0.031
Spring constant, $k_{23}$	0.024
Astronaut Mass, $AM$	0.0042
Sternum mass, $m_2$	0.0042
Thorax mass, $m_3$	0.0042
Chest depth, $CD$	0.0042
Damping constant, $c_{ve23}$	0.0001
Spring constant, $k_{12}$	0.000008
Spring constant, $k_{ve23}$	0.000007



# Conclusions



- A computational model has been developed to predict the probability of traumatic chest injury on ISS
- The risk is uncertain because the medical event hasn't happened, but the model bounds this uncertainty
- The estimated probability of traumatic chest injury is small, but the impact to the mission could be significant if it were to happen
- These results have been incorporated into the parent Integrated Medical Model and assessed relative to other potential medical events



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