

Usability of ATDs in Extended Use Positions

Dr. Hanna Paul, Noah Kocher 25.04.2024



Milestones of ATD Technology



Paul H., Peschel I., Hohage B.: Gender discussion in vehicle safety - An overview of the consideration of subparts of the population in vehicle safety based on accident data analysis and current ATD development, VDI Conference Vehicle Safety, Berlin, 11/2023

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ATD Development



ATD

mechanical design, sensor systems, testing (e.g. R&R), injury assessment

Biomechanics

human & field measurement data, anthropometry & biofidelity ATD, injury mechanisms

Use case

field events, accident data, legislation, consumer protection

frontal impact, side impact, rear impact, in-position/out-of-position, upright or relaxed

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ATD Development - Biomechanics





Anthropometry

Objective: Mapping of a specific group by body measurements and weight Biofidelity

(internal & external)

Objective: Humanlike behavior (forces, moments, stiffness, damping)

Injury prediction



Objective: Link between measured loads to human injuries

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ATDs:

Background of

Biomechanics - Anthropometry \rightarrow

What are the weight and size of the current ATDs based on?

- HIII 50%: Development in the 1970s. Geometry probably based on SAE J963 (invalid since 1979)
- HIII 5% and 95%: Development in the mid/late 1980s based on the UMTRI AMVO study
- THOR 5% & 50%: Development from mid-1990s based on the UMTRI AMVO study
- WorldSID5% & 50%: Development in the mid-2000s based on UMTRI AMVO study
- → UMTRI AMVO study is the gold standard for geometries and masses of the current ATDs







Geometry of all ATDs is based on upright seated anthropometry evaluation !

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Schneider et al. Development of anthropometrically based design specification for an advanced adult anthropomorphic dummy family, 1983



Body Region	Test	Impact Velocity	Impactor Mass	Impactor Face
	Head Impact	2.0 m/s	19.2 kg	152.4 mm disk
Head	Rigid Bar Face Impact	$3.6 \pm 0.1 \text{ m/s}$	26.2 kg	Rigid Bar, Diameter 25 mm
	Rigid Disk Face Impact	$6.7 \pm 0.1 \text{ m/s}$	10.7 kg	152.4 mm disk
Neck	Neck Frontal Flexion Response	15G Sled Accelerati	on	
	Neck Lateral Flexion Response	7G Sled Acceleration	n	
	Torsion	500°/sec		
Thorax	Upper Ribcage Central Impact	4.3 ± 0.1 m/s	14.0 kg	152.4 mm disk
	Lower Ribcage Oblique Impact (L & R)	$4.3 \pm 0.1 \text{ m/s}$	14.0 kg	152.4 mm disk w/pad
Shoulder	Range of Motion/Stiffness Test	-	-	-
Abdomen	Upper Abdomen Dynamic Impact	$6.7 \pm 0.1 \text{ m/s}$	9.0 kg	Steering Wheel, Diameter 26.7 mm
	Lower Abdomen Dynamic Impact	$6.1 \pm 0.1 \text{ m/s}$	16.0 kg	Rigid Bar, Diameter 25 mm
	Belt Loading	4 m/s	- `	-
Lumbar Spine	Flexion Pendulum Test	2.0 m/s	-	-
Knee-Thigh- Hip	Knee-Thigh-Hip Impact (L & R)	1.2 m/s	250 kg ram	Molded knee interface w/pad
	Whole Body KTH Impact	3.5 m/s	255 kg ram	Padded knee interface
	Knee Slider Impact (L & R)	2.15 m/s	7.26 kg	76.2 mm disk
Leg-Foot- Ankle	Axial Heel Impact (L & R)	3.1 m/s	28.4 kg	Padded Footplate
	Dynamic Dorsiflexion	5.0 m/s	3.0 kg	NHTSA Impactor
	Inversion/Eversion (L & R)	1000°/sec	-	-
Full Body Sled		30 km/h with 2 kN		

Table 2.1. Biofidelity test matrix with test conditions appropriate for the THOR-05F

Objective: Humanlike behavior (forces, moments, stiffness, damping)

Lee et al. *Biomechanical Response Manual: THOR 5th Percentile Female NHTSA Advanced Frontal Dummy, Revision 2*, 2018

- Development of ATD specific specifications for biofidelity assessment
- Biofidelity corridors for all relevant body regions (head, neck, thorax, lower extremities,..)
- Body region specific scaling of available data for all ATDs needed
- New in THOR Family Validation via gold standard sled test in specific sex, size and weight

Biomechanics - Injury prediction



- The ATD does NOT suffer or measure injuries; but physical loads (displacement, force, moment, acceleration).
- From the measured values, ATD specific injury criteria are determined, which are used to predict a possible risk of injury.
- There are different criteria for the different body regions.

Biomechanics - Injury prediction



The **Injury Risk Curve** describes the relationship between mechanical loads and risk of injury.

What is the risk of suffering a particular injury under a given load?

Use of risk curve to identify threshold for injury prediction.

Injury Risk Curve





Biomechanics – Injury Risk Curve



Example: Thorax Injury Assessment H3

• 185 data sets (67 female & 115 male PMHS, 17-86 years, average 64)

→ Human data, not male or female

- First, development of a risk curve for the H3 50
- Scaling the H3 5 curve from the H3 50

Sources:

Laituri et al. 2005: Derivation and Evaluation of a Provisional, Age Dependent AIS 3+ Thoracic Risk Curve for Belted Adults in Frontal Impacts, SAE World Congress.

Mertz et al. 1989: Size, weight, and biomechanical impact response requirements for adult size small female and large male dummies; SAE International Congress and Exposition.





Biofidelity

(internal & external)



Injury prediction

Background of ATDs:

Anthropometry

Objective: Mapping of a specific group by body measurements and weight



Objective: Humanlike behavior (forces, moments, stiffness, damping)



Objective: Link between measured loads to human injuries

Check positionability

Check usability regarding the biofidelity Check and develop injury prediction

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Positionability

Literature research

Investigations on Generic Seat up to torso angle 65° cushion angle 35° opening angle 120°

Investigations on Driver Seat up to torso angle 60° cushion angle 30°

opening angle 120°











NHTSA: ATD in Highly Reclined Seats, in SAE Government Industry Meeting, 2019

Forman, J, et al.: THOR-50M Modification for Reclined Seating – Initial Assessment, UVA, 2020

Reed, M et al.: Effects of Recline on Passenger Posture and Belt Fit, UMTRI, 2018



- ? geometrical boundaries of the dummies
- ? optical anomalies
- ? preloads
- ? compliance with the target-H-point by HPM I

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? interaction with the seat (e.g. headrest)

ATDs in Extended Use Positions - Positionability

Hybrid III 50%

OA 110 ok



OA 120 not ok





Hybrid III 5%

OA 110 ok



DA 120 not o



Limitation: stiff spine (only lumbar spine as a "joint") prevents further opening, torso or back of knee lose contact with the seat THOR-50M (slouched) OA 110 ok



OA 120 ok



Limitation: increasing hollow back formation, which is considered to be unbiofidelic above 120° OA

ATDs in Extended Use Positions - Positionability

Maximum possible opening angle of ATD needs to be considered.



3 Stages

Stage 1	Stage 2	Stage 3
Opening angle up to ~110°	Opening angle up to ~120°	Bigger opening angles



Alternative ATDs

THOR-50M

THOR-RS-50M

Concept → not change upright behaviour, just adapt for reclined usage

Standard THOR

Forman et al., Update on Refinements to THOR, 2023 RCCADS

THOR-AV-50M

Big changes in upright behaviour (neck, abdomen, pelvis)

Kinsky et al., ATD Development – Status THOR-AV, 2021 RCCADS

ATDs in Extended Use Positions – Alternative ATDs Positionability

THOR-50M (slouched) OA 110 ok



OA 120 ok



Limitation: increasing hollow back formation, which is considered to be unbiofidelic above $$120^\circ$\,OA$$

THOR-RS-50M

OA 105 ok



OA 120 ok



THOR-RS-50M

Upright ok OA 100



Limitation: Head more forward than THOR 50M

Alternative ATDs - Biofidelity and Injury Prediction

		THOR-50M	THOR-RS	THOR-AV-50M
Anthropometry ↑↑↑↑↑ ↑	Reclined	Limited to 120° opening angle	wide opening angle possible (limits unkown)	wide opening angle possible (limits unkown)
Biofidelity	Upright	Comprehensive assessment	No change - development goal!	Significant changes
	Reclined	Observed issues in pelvis kinematics (submarining) Evaluation of new injury patterns?	Biofidelity (Kinematics only) is checked currently Evaluation of changed load paths in components? R&R needs to be checked Qualification stays the same 	Biofidelity (Kinematics only) shown by Humanetics Evaluation of changed load paths in components? No R&R investigations! New qualification procedures needed!
Injury Prediction	Upright	Initial Injury risk curves available	No change - development goal!	Big changes in the dummy (neck, abdomen, pelvis,) New injury criteria for neck and abdomen needed
+	Reclined	Investigations on validity of injury prediction necessary (e.g. chest)	Limited modifications validity of others needs to be checked (chest)	Validity of new and remaining criteria in reclined need to be checked (chest)

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Alternative ATDs - Biofidelity and Injury Prediction

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Summary

- In discussion different stages of opening angle need to be taken into account
- Current dummys (e.g. H3 Family) seem to be usable up to a certain opening angle
- Alternative ATDs like THOR 50M and prototypes for reclined are available

→ more investigation on biofidelity on component level and injury prediction is needed for high opening angles

• Experience should be gathered with moderate opening and recline angles

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