RESEARCH

Open Access



Categorize the existing clamps used for tensile test of human graft– a systematic review

Denes Farago^{1,2*†}, Blanka Kozma^{3†} and Rita Maria Kiss^{2†}

Abstract

Background: The use of tendon allografts for orthopedic repair has gained wide acceptance in recent years, most notably in anterior cruciate tendon reconstruction. Multiple studies support the use of tendon allografts and the benefits of its use are well accepted and understood. One of the important criteria of the use of tendon allografts is statistically similar histological and biomechanical properties to autographs. The aim of this systematic literature review is to investigate and categorize existing clamps used in the determination of the biomechanical properties of tendons such as maximum load, maximum strength, modulus of elasticity, ultimate strain, and stiffness. A variety of clamps for use during the endurance test of tendons were categorized according to the temperature used during the measurement. The clamps are divided into three groups: room temperature, cooled and heated clamps. The second goal of our review is to overview of clamps on the following aspects: name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters, and summarize in Table 3, as a comprehensive catalogue.

Methods: This systematic review was carried out in keeping with the PRISMA 2020 E&E and the PRISMA-S guidelines and checklists. A search was conducted for publications dating between 1991 and February 28th 2022 through three electronic databases (Web of Science, Scopus, and PubMed). We used Critical Appraisal Skills Program checklist to check the quality of included articles.

Results: The database search and additional sources resulted in 1725 records. 1635 records eliminated during the screening for various reasons (case report, other languages, book chapter, unavailable text/conference abstract, unrelated topic). The number of articles used in the final synthesis was 90. A variety of clamps for use during the endurance test of tendons were identified and categorized according to the temperature used during the measurement. Based on this, the clamps are divided into three groups: room temperature, cooled or heated clamps.

Conclusions: On the basis of the systematic literature review, mechanical parameters determined by usage with cooled clamps proved to be more reliable than with those at room temperature and with heated clamps. The collected information from the articles included name of clamp, author and date, type of clamps, type of endurance

[†]Denes Farago, Blanka Kozma and Rita Maria Kiss contributed equally to this work.

*Correspondence: farago@mogi.bme.hu

² Department of Mechatronics, Optics and Mechanical Engineering Informatics, Faculty of Mechanical Engineering, Budapest University of Technology and Economics, Budapest, Hungary Full list of author information is available at the end of the article



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/ficenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters

given in Table 3. summarized. The main advantage of the cooled clamps is that there is no limit to the type and length of the tendon. This study provides an overview of clamps and does not represent the modernity of any method.

Keywords: Tendon, Biomechanical endurance test of tendon, Clamp type, Mechanical properties

Introduction

The use of tendon allografts for orthopedic repair has gained wide acceptance in recent years, most notably in anterior cruciate tendon reconstruction [1-3]. Multiple studies support the use of tendon allografts and the benefits of its use are well accepted and understood [2, 4-7]. Specifically, these benefits include decreased surgical time, decreased surgical morbidity and unaltered mechanics secondary to harvesting. Furthermore, animal and human studies have shown that soft tissue allografts are statistically similar to autografts on a histological and biomechanical basis [8-10].

Anterior cruciate ligament (ACL) reconstruction is a common procedure in orthopedic practice. One of the most important decisions for the surgeon to make is the right choice of graft. Although autografts have proven to be capable and showed good clinical outcomes, graft harvest can cause persistent pain at the harvest site and a limited range of motion [11-14]. Therefore, allograft use has significantly increased in the last decades. Since it eliminates donor-site morbidity, and albeit its use is associated with higher costs, it remains a viable option, especially in revision cases. In order to ensure that there is a minimal biomechanical difference between the ACL and the graft, the biomechanical properties need to be tested so that we can choose which tendons can be good substitutes [7, 15]. The tendons are subjected to tensile testing, which can be static or dynamic. From these we get a force-elongation diagram, which can be calculated based on, for example the Young's modulus of elasticity [16-18].

The purpose of a clamp is a proper fixation technique for allograft endurance tests, and adapt it to be compatible for the loading machine [10, 19]. The main problem with tendon clamps is that it is hard to maintain the high pressure needed to provide enough friction force between the tendon and the clamp to resist a large tensile load, and at the same time to reduce the cutting effect of the clamp, reducing slippage danger [7, 20-24].

Various clamps have been developed for the assessment of the endurance test. These clamps are usually specific for measurement methods, thus, the results of the measurement methods are difficult to compare [1, 8, 11-15, 25, 26].

Aim of study

The literature of the effect of the sterilization method on the material properties of the tendon is well researched and discussed [27-31]. Nevertheless, there are no systematic reviews on the subject that would provide guidance on the clamps used for the measurements. The aim of this systematic literature review is to investigate and categorize existing clamps used in the determination of the biomechanical properties of tendons such as maximum load, maximum strength, modulus of elasticity, ultimate strain, and stiffness. A variety of clamps for use during the endurance test of tendons were categorized according to the temperature used during the measurement. The clamps are divided into three groups: room temperature, cooled and heated clamps. The second goal of our review is to overview of clamps on the following aspects: name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters, and summarize in Table 1, as a comprehensive catalogue.

Table 1	Inclusion	and exc	lusion	criteria

Viewpoints	Inclusion	Exclusion
Tendon and endurance test and clamp	Studies which included tendon and endurance test and clamp in their experimental procedures.	Studies which only included a tendon measurement method without any type of clamp.
Description of tendon and endurance test and clamp	Studies with detailed descriptions of the tendon and endurance test and clamp and the experimen- tal process that was followed.	Studies without detail or incomplete descriptions of the clamp and endurance test and the experimental process that was followed.
Assessment of results	Studies with objective result assessment based on measurable parameters.	Studies with subjective scoring/assessment of results, not (entirely) based on measurable parameters.

Materials and methods

Data sources and search strategy

This systematic review was carried out in keeping with the PRISMA 2020 E&E and the PRISMA-S guidelines and checklists [32, 33]. A search was conducted for publications dating between 1991 and February 28th 2022 through three electronic databases (Web of Science, Scopus, and PubMed). The searches were conducted on March 1st 2022.

The electronic search for the Web of Science database is shown below. These terms were added into the Advanced search option, using the 'All fields' option: ALL=((allograft tendon OR allograft tendon* OR (allograft* AND tendon*)) AND (biomechanical pull-out test* OR stiffness OR strength OR mechanical properties OR modulus OR endurance test* OR clamp OR clamps OR clamp*)). The search was limited to journal publications. Publication date limits were set to from 1991, with the search performed on February 28th, 2022. The search of the Web of Science database yielded 670 records.

The Scopus database was searched as follows. Were used the basic search, in 'Search within' were used 'All fields' option. In 'Search documents' were used the follow search strategy: (allograft OR tendon) AND (biomechanical AND pull-out AND test OR stiffness OR strength OR mechanical AND properties OR modulus OR endurance AND test* OR clamp OR clamps). The search of the Scopus database yielded 599 records.

The PubMed database was searched as follows. These terms were added into the 'Advanced' option, using 'All fields' and were used to the 'Query box' the follows: (("allograft tendon"[tw] OR "allograft tendons"[tw] OR (allograft * AND tendon*)) AND ("biomechanical pullout test*"[tw] OR "stiffness"[tw] OR "strength*"[tw] OR "mechanical propert*"[tw] OR "modulus"[tw] OR "endurance test*"[tw] OR clamp[tw] OR clamps[tw] OR clamps[tw]) AND ("1992/01/01"[PDAT] : "2022/02/28"[PDAT]). The search of the PubMed database yielded 456 records.

Key search terms were identified and agreed upon by DF and RMK; electronic search and downloading of results were conducted by DF. Screening, eligibility check of materials and date extraction were carried out by DF and BK [34]. The reviewers worked independently and no automation tools were used at each stage of screening. Our search strategy excludes examines based on a reference list.Screening materials.

Screening materials

After removing the duplicates, the identified publications were screened based on their title and their abstracts. Publications of exclusively theoretical work or included studies of purely theoretical work or with topics deviating from the aim of study were excluded.

Inclusion and exclusion criteria

In order to confirm eligibility for the study, the reviewers defined the inclusion and exclusion criteria. The publications had to meet each inclusion criterion to be incorporated in the final synthesis (Table 2). If a study failed to meet any inclusion criteria, or met an exclusion criterion, it was excluded. The criteria were carefully chosen to ensure a quality assessment of the material to a certain extent, i.e., the methods used had to be well communicated and the evaluation of measurement results had to be objective.

Data extraction and analysis

In accordance with the focus of this review, the final synthesis of the collected types of clamps included extracted relevant information on the evaluation of mechanical properties. The collected information from the articles included: name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters.

Study quality, risk of Bias

Articles were evaluated using the Critical Appraisal Skills Program (CASP) quality assessment tool [112]. CASP contains several checklists, one of which is the CASP Qualitative Studies Checklist of 10 questions that we used. This checklist has several items that allow authors to rate articles for "low", "medium" and "high" quality assessment. This review is by two authors (DF and RMK) and active discussion until consensus was reached in the case of rating discrepancies. We did not undertake a risk of bias assessment because the included studies were not randomized controlled studies and because our evidence synthesis method is outside of systematic reviews.

Results

The search of the database source gave 1725 results (Prisma 2020 Flow Diagram). Removing duplications 1361 literatures remained. When screening the titles and the abstracts, an additional 657 records were excluded, due to not fitting the scope. The remaining 704 articles have been read in their entirety. Of these studies, 567 were excluded with justifications of not meeting the eligibility criteria (without any type of clamp, incomplete description, subjective results). These review articles had a different scope from our current study. The number of articles included in the final synthesis was 90 (n=90).

	a clear statement of the aims of the research?	is a quantative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropiate to the aims of the research?	was the data collected in a way that addressed the research issue?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	ls there a clear statement of findings?	How valuable is the research?	Overall quality assessment
Aeberhard 2019 [35]	-	-	-	-	-	-	-	-	-	-	high
Aguila 2016 [36]	-	L-	-	2	F	. 	-	L	—	-	high
Athwal 2020 [37]	Ē	Ĺ	-	L	-		-	F	, -	-	high
Awogni 2014 [38]	-	-	F	-	-	- -	-	-		-	high
Aynardi 2017 [39]	-	-	F	-	-	- -	F	-		-	high
Azar 2009 [40]	<i>(</i>	-	1	-	-	, -		-	1	, -	high
Bachmaier 2020 [41]	—	-	-	-	—	-	-	1	—	-	high
Baer 2007 [6]	, -	-	-	-	-	-	1	-	1	, _	high
Baldini 2014 [42]	_	-	-	1	-	-	-	1	—	-	high
Balsly 2008 [43]	,	-	-	-	—	-	-	1	-	1	high
Barros 2021 [44]	-	-	F	-	-	- -	-	-		-	high
Bartolo 2021 [45]	-	-	F	-	-	. 	F	-	-	-	high
Basso 2002 [46]	-	-	-	-	-	, -	-	-		-	high
Bechtold 1994 [47]	-	-	-	-	-	. 	F	-	-	-	high
Berlet 2014 [48]		-	-	-	-	, -	-	-	-	-	high
Bernstein 2022 [49]	-	-	-	-	-	, -	-	-	-	-	high
Bi 2018 [<mark>50</mark>]	-	-		,		-	-	—	,		high
Braunstein 2015 [<mark>5</mark> 1]	-	—	, -	-	-	1	—	-	-	, -	high

Table 2 Results of quality assessment for each included article. Yes: 1; No: 0; Can't Tell: 2

	(5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-										
	Was there a clear statement of the aims of the research?	ls a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment appropiate to the aims of the research?	Was the data collected in a way that a way that the research issue?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	ls there a clear statement of findings?	How valuable is the research?	Overall quality assessment
Chivot 2017 [52]	-	-	-	-	-	-	-	-	-		high
Chizari 2011 [53]	-		—	F	, -	—	, -	, –	-		high
Colaco 2017 [54]	-	, -	,	-	-	-		-	-	-	high
Coleridge 2004 [55]	-	, -	,	-					-	_	high
Conrad 2012 [10]	—	-	—	—				-	1		high
Curran 2004 [56]	—	-	–					-	1	-	high
Delgado 2014 [<mark>27</mark>]	—	-	—					-	1		high
Dibartola 2016 [30]	—	-	—			-	-	-	1		high
Dyrna 2018 [57]	—	-	–					-	1		high
Dziedzic- Goclawska 2005 [58]	-	-	-		-	-	-		-	-	high
Edwards 2016 [59]	—	-	—			-	-	-	1		high
Ehrensberger 2013 [60]	-	-	-	-	-	-	-	-	1	-	high
Elenes 2014 [61]	-	-	-	-	-	-	-	-	1	-	high
Erivan 2018 [62]	,	-	, -	-	-		F	-	1	-	high
Farago 2020 [63]	-	-	-	-	-	-	-	-	1		high

Table 2 (continued)

Table 2 (continued)	itinued)										
	Was there a clear statement of the aims of the research?	ls a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropiate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Overall quality assessment
Gaines 2017 [64]	_	_	-	_	_	_	_	-	-	-	high
Gardner 2013 [65]	1	-	-			-		_	-	-	high
Giannini 2008 [66]	1	—	F	F	-	-	-	-	-	-	high
Gibbons 1991 [67]	-	-	, -		-		-		-	—	high
Goh 2014 [19]	-	-	-	_	_	-	_	-	-	, -	high
Gokler 2021 [68]	-		,	, -	-	-	-	-	-	-	high
Greaves 2008 [69]	-	-	, -	. 	. 	-	-	-	F	-	high
Guerroudj 2007 [70]	-		,	,	, - -		-	-	-	-	high
Gut 2015 [71]	-	1	-	-		-	-	, –	, –	, –	high
Halewood 2011 [72]	1	, -	-				—	-	-	-	high
Hangody 2016 [<mark>73</mark>]	-	-	-	-	—		—	-	-	-	high
Hangody 2017 [74]	-	-				, -	-	. 	-	-	high
Hashemi 2005 [<mark>75</mark>]	-	-		-	-		-	-	-	-	high
Herbert 2017 [76]	L	-	—			—	-	. 	-	-	high
Hoburg 2010 [77]	1		-			-		, -	-	-	high
Hoburg 2011 [78]	1	_	-			-		, -	-	-	high
Hoburg 2014 [79]		F	-	-	-	-	-	-	-	-	high

continued)	
Table 2	

Home 2013 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Was there a clear statement of the aims of the research?	ls a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropiate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Overall quality assessment
	Höher 2013 [80]	-	-	-	-	-	_	-	-	-	-	high
	 Huang 2013 [81]	F		-		-	. 	-		-	-	high
	lrani 2018 [<mark>82</mark>]	Ę	_	1	-	1	1	-	-	Ţ.	, —	high
	Jones 2007 [83]	-	1	-		-	—	-	1		-	high
	Jung 2011 [84]	-	-	-	-	-	-	-	, -	-	,	high
	Kemper 2010 [85]	-	1				—	-	-	-	1	high
	Kranjec 2020 [86]	-	-	-	—		—	-	-	-	-	high
	Lansdown 2017 [<mark>28</mark>]	-			. 		—	-	–	-	-	high
	Lenschow 2014 [<mark>87</mark>]	-	1	-		-	-	-	F	-	-	high
	Mae 2003 [<mark>8</mark>]	-	-		-	-	-	-	, -		,	high
	Mahirogullari 2007 [<mark>9</mark>]	-		-		-	-	-	F		-	high
	McGilvary 2010 [88]	-	1				-	-	-	-	-	high
	Miller 2017 [89]	-	—		—		—	-	-	-	-	high
	Mook 2017 [<mark>90</mark>]		1	—			—	-	–	-	1	high
	Ng 2012 [<mark>9</mark> 1]	, -	,	-	,	-	-	, -	-	, –	,	high
	Ninomiya 2011 [<mark>92</mark>]	-	-	—		,	-	-	-	. 	-	high
	Oswald 2017 [93]	–	1	-			—	-	-	-	-	high
	Pailhé 2015 [94]	-		—			—	-	–	-		high

	Was there a clear the aims of the research?	ls a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropiate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Overall quality assessment
Penn 2009 [<mark>95</mark>]	-	-	-	-	-	-	-	-	-	-	high
Proberaj 2020 [96]	—	-	-	—	-	—	-	-	-		high
Rasmussen 1994 [<mark>97</mark>]	-	F	-	-	, -	-	, - -	. 	-	-	high
Ren 2012 [<mark>98</mark>]	_	-	1	1	1	1	1	-	-	-	high
Roberson 2017 [31]	-	-	-	-	,	—				-	high
Rudy 2017 [99]	_	1	1	-	-	1	1	1	-	, -	high
Salehpour 1995 [100]	—	-	1	—	-	—	-	,	-		high
Samsell 2011 [14]	-	-	-	-		,					high
Schimizzi 2007 [101]	-	-	-	-	. 					-	high
Schmidt 2012 [102]	-	F	-	-	, - -	-	, -	-	-	-	high
Schmidt 2016 [13]	-	-	-	. 	,	, _	,		-	-	high
Schmidt 2019 [103]	-	F	-	-	, - -	-	, -	-	-	-	high
Seto 2012 [104]	-	F	-	-	, - -	-	, -	-	-	-	high
Smith 1996 [105]	-	-	. 	. 	,	, -	, -	-		-	high
Sobel 2012 [106]	,	-	-	-	, -					-	high
Suhodolcan 2012 [1 <mark>07</mark>]	-	F	-	-	,		-	-	-	-	high
Swank 2014 [108]	—	-	—	—	-	—	-	,	-		high
[se 2012 [109]	1	1	-	-		1	, -	1	1	_	high

Table 2 (continued)

	Was there a clear statement of the aims of the research?	Is a qualitative Was the methodology research appropriate? design appropri to addre the aims the resea	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropiate to the aims of the research?	Was the data Has the collected in relationship a way that between addressed researcher the research and issue? been adequately considered?	Has the relationship between researcher and patricipants been adequately considered?	Have ethical issues been taken into consideration?	Was the data Is there analysis a clear sufficiently statemen rigorous? findings	data Is there How Ov a clear valuable qu itly statement of is the ass ? findings? research? s?	How valuable is the research?	Overall quality assessment
Weber 2018 [1 10]		-	-		-	-	-	-	-		high
Yanke 2013 [100]	-	-	-	. 	—	-	-	-	-	-	high
Yanke 2013-2 [111]	-	-	-	-	-	-	-	_	-	_	high

Table 2 (continued)

Name of clamp	References	Type of clamp	Type of endurance test	Pre- loading type	Type of tendon	Measured and calculated parameters
Metal U-shaped frames	47, 50	room temperature	static	dynamic	sheep patellar tendon	failure stress, failure strain, normalized stiff- ness, energy to failure
Custom designed clamps	67	room temperature	static	static	canine patella-liga- ment-tibia	failure load, stiffness
Factory clamps	36	room temperature	dynamic	dynamic	human patellar tendon	ultimate elongation, ultimate stress, ulti- mate stiffness
Wedge shaped factory-clamps	42	room temperature	dynamic	static	achilles	maximum stress, maxi- mum strain, modulus
Wedge-grip clamps	34, 38	room temperature	dynamic	dynamic	human patellar tendon	failure load, stiffness
Aluminum grips with polymer liners	40, 59, 60	room temperature	dynamic	dynamic	human patellar tendon	failure load, stiffness, strain
Testing configuration for single-strand and double-strand	32, 69	cooled temperature	static and dynamic	dynamic	tibialis anterior and posterior	linear stiffness, ultimate tensile force, tensile modulus, ultimate ten- sile strength, ultimate tensile strain
Custom designed clamps with dry ice chamber	28	cooled temperature	dynamic	dynamic	anterior and poste- rior tibialis	failure load, failure stress, stiffness
Factory clamps with dry ice chamber	56	cooled temperature	dynamic	dynamic	achilles, quadriceps, semitendino- sus + gracilis, tibialis anterior, peroneus longus	Young's modulus of elasticity, maximum load, strain at tensile strength, strain at break
Clamp with thermo- couple	37	heated temperature	dynamic	dynamic	bilateral patellar tendon	tensile strength, tensile modulus
Custom clamp in testing chamber	57	heated temperature	static and dynamic	static and dynamic	human patellar tendon	stiffness, maximum load
Custom clamp in biochamber	70	heated temperature	dynamic	dynamic	soleus tendon	ultimate tensile stress, elastic modulus, toughness

Table 3 Overview of clamps as a comprehensive catalogue

The flow diagram describing the process has uploaded as a Supplementary file1.

Table 3 summarizes the results of the quality assessment for each included article. One articles [113] had an inadequate recruitment strategy. All other articles were rated "high" in all respects.

Type of clamps

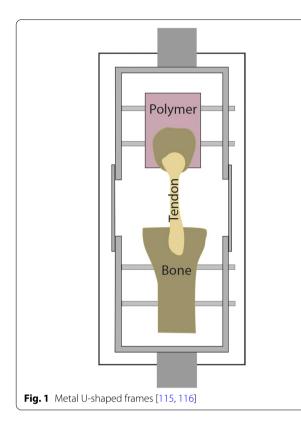
The systematic review aimed at creating a comprehensive catalogue of existing clamps used in the determination of biomechanical properties. These studies evaluated what kind of impact the type of clamp had on the measurement [35–39, 41–46, 48–53, 55–57, 59–66, 68–82, 84–87, 89, 90, 92–96, 98, 99, 101–104, 106–111, 113–117]. A variety of clamps for use during the endurance test of tendons were categorized according to the temperature used during the measurement. The clamps are divided into three groups: room temperature clamps [61, 106, 107] [35,

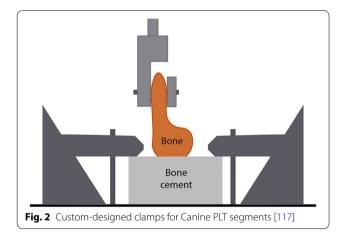
37–39, 41, 44–46, 48, 49, 51–53, 55–57, 59, 62, 64, 70, 72, 75, 77–80, 84, 85, 87, 89, 90, 92–94, 96, 98, 99, 101–103, 109–111, 115–117], cooled clamps (under room temperature with ice, cooled air, dry ice or liquid nitrogen) [36, 42, 43, 60, 63, 65, 66, 68, 69, 73, 74, 76, 82, 95, 108] and heated clamps (over room temperature with heated air, heated fluids) [50, 81, 86, 104, 113, 114]. All three groups are factory-made and custom-designed clamps.

Room temperature clamps

Measuring at room temperature is a quick test because it requires the least amount of preparation as there is no need for dry ice, liquid nitrogen, heating, etc. Sufficient force is applied during the measurement to prevent tendon slippage, but no transverse tension is created during the capture of the tissues, which yields invalid results.

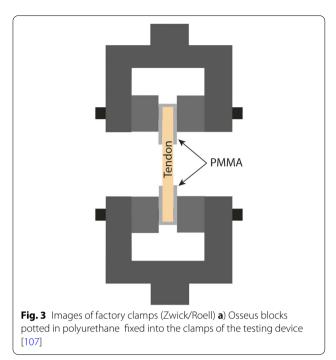
One of the room temperature clamps is the U-shaped frame (Fig. 1), which can be used for the measurement

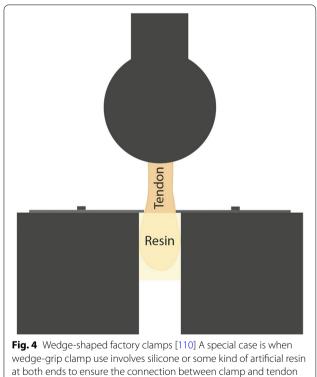




of the tendon together with the bones. The bone was secured in custom-designed fixation frame with screws. The precision of the drill was ensured by an outer polyethylene mold. [115, 116] In a special case, the bone is inserted into a separately moulded block while the free tendon is pulled by the clamp. The solution allows to investigate the relationship between bone and tendons. (Fig. 2). [117]

Some researchers used custom-designed clamps, where the bone block was secured with either interface







polymethylmethacrylate-PMMA or polyurethane [107] (Fig. 3). A solution can also be applied where the natural tendon is fixedby a bone block at one end and by a

pneumatic clamp to prevent slippage [110] (Fig. 4). Here, it is particularly important to prevent slippage between the clamp and the tendon, therefore the surface is scratched by sand spraying in several cases.

Cooled clamps

A basic condition for an appropriate measurement method is to prevent the tendon from slipping out of the clamp, therefore various methods are applied for establishing an adequate connection. One of the reasons for slippage is that the tendon is damp. Therefore it is expedient to continuously freeze the surroundings of the clamp, which naturally scratches the surface. It is expedient to use dry ice or liquid nitrogen for freezing. A disadvantage is that it is not easy to place the freezing substance in the surroundings of the clamp [35-39, 41-46, 48, 49, 51-53, 55, 57, 62, 64, 65, 69, 70, 72, 73, 75, 76, 80, 82, 84, 87, 89, 90, 92–94, 96, 99, 103, 108, 109, 111]. Particular care should be taken that the entire tendon is not completely cooled / frozen because thus the mechanical properties of the tendon are changed. A basic solution for all clamps is that the natural tendon (without the bone) is squeezed between two metal grips, and the two metal grips are fastened to each other by screws. Connection between the grips and the tendon is further increased by grooved metal or plastic inserts fixed on the internal surface of the grips [35-39, 41-46, 48, 49, 51-53, 55, 57, 62, 64, 65, 69, 70, 72, 73, 75, 76, 80, 82, 84, 87, 89, 90, 92-94, 96, 99, 103, 108, 109, 111]. In certain cases, the tendon and the clamp are congealed together, so they work together properly; furthermore, no slippage occurs between tendon and clamp and the tendon does not get torn near the clamp, either [42, 65]. This method can be used in case of tendons of different sizes and types.

However, one of the simplest solutions is that the clams or clamp inserts can be cooled separately before measuring, regardless of the tensile machine. In this case, they should be placed in a deep-freezer for at least 24 h. The tendon is placed into the cooled clamp; the grips squeezing the tendon can be fixed in one or two rows (Fig. 8) [69, 108].

One of the major advantages of cooled clamp use is that factory clamps can be used; it is required to ensure continuous and adequate cooling by placing a chamber of appropriate size to the proper place [42, 65], (Fig. 9). The custom-designed screwed clamp can be made of aluminum plate with a dry ice chamber, where the dry ice can be replaced continuously for ensuring continuous cooling. (Fig. 10) [73].

Heated clamps

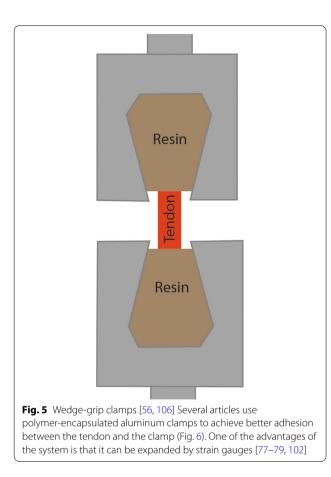
Measurements conducted in an environment of room temperature, using room-temperature or sooled clamps, greatly differ from the temperature of the natural surroundings of tendons (37 °C). Environment temperature

presumably affects mechanical properties: more accurate results are yielded if tests are conducted at body temperature. In order to ensure this, it is expedient to use heated clamps [50, 81, 86, 104, 113, 114]. A disadvantage is that, contrary to cooled clamps, the connection between the clamps and the tendon is not improved, but it is also important that it is not deteriorated, either. In general, it is expedient to use a heated liquid for warming [50, 81, 86, 104]; heat insulation should be provided around both the clamps and the component to be examined (Fig. 11) [114]. The measurement can also be performed in a bath filled with heated liquid, which is continuously monitored. It is a basic requirement that the heated liquid should not deteriorate the properties of the tendon (Fig. 12) [81]. The circulation of the liquid simulates the behavior of the blood. (Fig. 13) [104].

Discussion

The clamp should be designed to prevent the slippage of the tendon from the clamp, but the clamping force should not change the tensile state of the tendon to be examined. The aim of this systematic literature review is to investigate and categorize existing clamps used in the determination of the biomechanical properties of tendons such as maximum load, maximum strength, modulus of elasticity, ultimate strain, and stiffness. A variety of clamps for use during the endurance test of tendons were categorized according to the temperature used during the measurement. The clamps are divided into three groups: room temperature, cooled and heated clamps. The second goal of our review is to overview of clamps on the following aspects: name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters and summarize in Table 1, as a comprehensive catalogue. The clamps are divided into three groups: room temperature, cooled and heated clamps. The collected information from the articles included name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters. The data are summarized in Table 1.

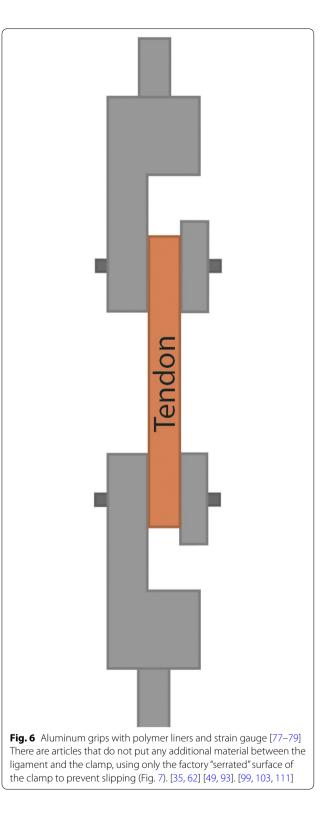
The metal U-shaped frame (Fig. 1) allows for bonetendon strength to be studied [115, 116]. This clamp also ensures stability of the tendon, not letting it slip out. Because the tendon is clamped tightly, tissue texture can be damaged. In several cases, capture is performed using natural bones (Figs. 1 and 2) or artificial blocks (bone cement, silicone, artificial resin) (Fig. 3) [107, 110]. Natural tendon ends can be captured by custom – generally pneumatic – clamps (Figs. 4 and 6), or embedded in artificial material (Fig. 5) [56, 106]. All of these ensure that



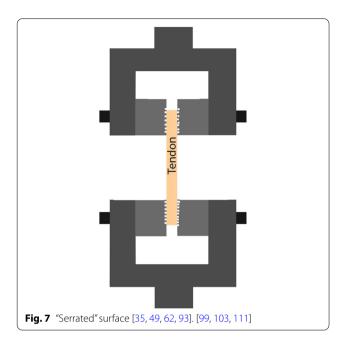
the tendon does not slip out, but both need to be monitored for the polymer to graft adhesion [56, 77–79, 106]. In those cases, the force awakening between the clamping heads ensures the success of the measurement [56, 77, 106, 107, 110] [78, 79]. Natural and artifical blocks or hydraulic presses keep the tendon in place. [107, 110].

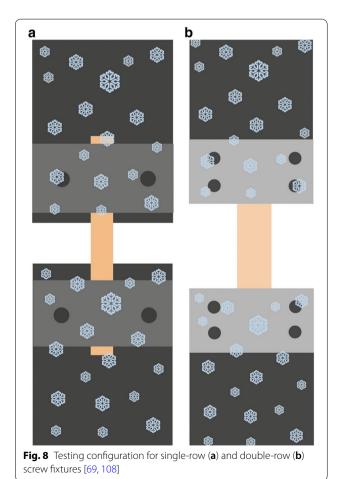
The wedge-grip clamp and the aluminum grips with polymer liners and the strain gauge clamp are similar (Figs. 5 and 6); however, adhesion between the polymer and the tendon can be monitored [56, 106], 40,59,60]. Advantages of room temperature clamps include easy usage and no requirement for any measurement preparation. The disadvantage is that room temperature clamps can damage tendon texture, can cause the tendon to tear at the point of fixation, and the tendon can slip out.

In multiple research projects, cooled clamps are used for measuring the biomechanical properties of a tendon [42, 65, 69, 73, 108]. A great advantage of frozen clamps is that surfaces are naturally made coarse by freezing, which assists in establishing an appropriate connection between the clamp and the tendon. The solution is relatively simple: the tendon can be fastened by two metal grips fixed by screws. The first type of cooling is freezing the clamp before testing (Fig. 8). This requires a freezer



that can freeze at -70°C to -80°C. The frozen clamp also has to be attached to the machine. The tendon takes on the clamp's temperature over time.





The clamps shown in Figs. 9 and 10 use a dry ice container for cooling. The dry ice container allows for the tendon and the clamp to be cooled at the same time. Dry ice needs to be added during measurements, as it evaporates over time [42, 65, 73]. Both of these types of cooled clamps stop the tendon from slipping out. Cooled clamps allow for the tendon to freeze at the point of fixation, causing the tendon to tear at the weakest point [69, 108].

Heated clamps are required to be used for measurements at human body temperature (37°C) [42, 65, 69, 73, 81, 104, 108, 114]. Leading-edge measurement designs (Fig. 13) can also imitate a human body environment (temperature, blood circulation). [104]. Heated clamps have the same disadvantages as room temperature clamps; the tendon can easily slip out, can be damaged by the clamp, or tear at the point of fixation [81, 104, 114].

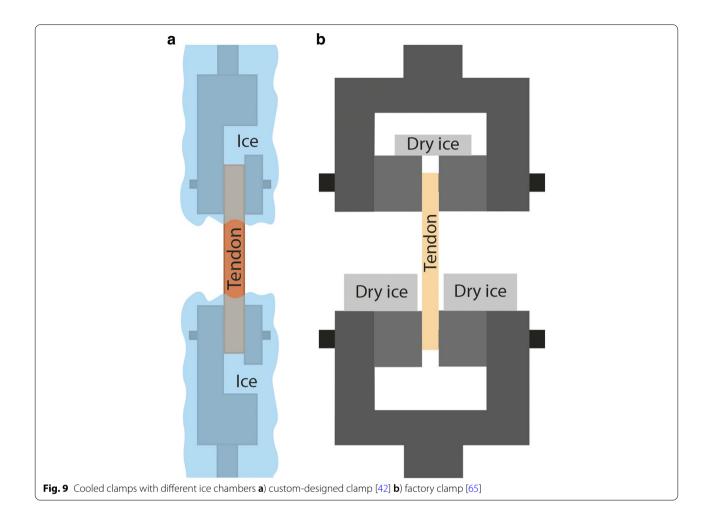
Limitation

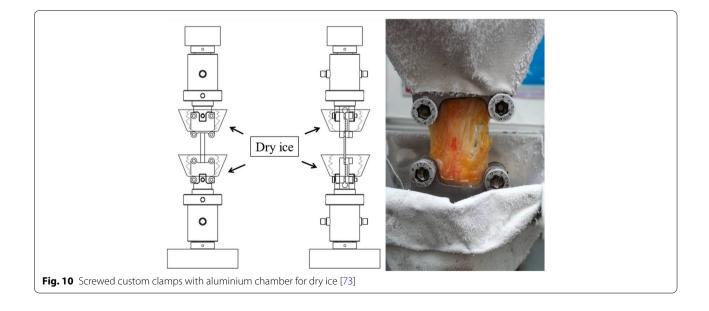
This study focused on the investigation and categorization of existing clamps used in the determination of biomechanical properties. Due to the use of different tests and tendons, they were compared based on individual criteria. It is recommended that for subsequent tests, measurements be made only with refrigerated clamps. From the measurements made in this way, a meta-analysis of the results is obtained. This study provides an overview of clamps and does not represent the modernity of any method.

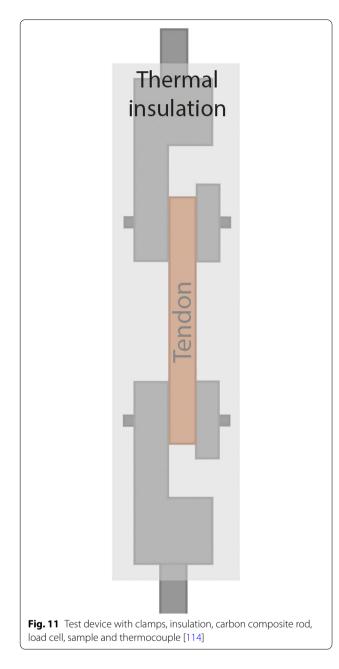
Conclusions

The objective of this systematic literature review is to investigate and categorize existing clamps used in the determination of the biomechanical properties of tendons such as maximum load, maximum strength, modulus of elasticity, ultimate strain, and stiffness. A variety of clamps for use during the endurance test of tendons were categorized according to the temperature used during the measurement. The clamps are divided into three groups: room temperature, cooled and heated clamps. The collected information from the articles included name of clamp, author and date, type of clamps, type of endurance test (static or dynamic), type preloading (dynamic or static), type of tendon and measured and calculated parameters given in Table 1. summarized.

On the basis of systematic literature review, the mechanical properties determined for using with cooled clamps proved to be more reliable than room temperature and heated clamps. The main advantage is that there is no limit to the type and length of the tendon. The dryice clamp instead of liquid nitrogen is recommended for the clamping of tendons, because dry ice is cheaper to acquire than liquid nitrogen. Liquid nitrogen evaporates

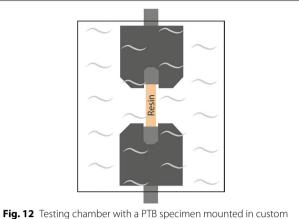


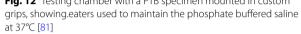


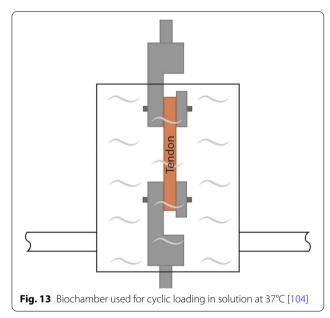


faster than dry ice. It is also easier to work with dry ice, permission is not needed for use, and it does not need to be stored in a container. In similar quantities, liquid nitrogen is colder than dry ice, which can harden the whole tendon, not just at the point of fixation.

Disadvantages of room temperature and heated tendons are that they can damage the tendon's texture and have a greater chance of slipping. During the measurement, a great force is created at capture, therefore an







inaccurate result can be obtained. In the case of heated clamps, it should be taken into account that living tissue, when removed from the cadaver, begins to decay. This decay can be accelerated by the warm environment, which can lead to a distortion of the results. Since there is no unlimited amount of human tissue available, the most accurate measurement setup should be used [118–121].

Abbreviations

ACL: Anterior cruciate ligamen.

Supplementary Information

The online version contains supplementary material available at https://doi. org/10.1186/s12891-022-05650-w.

Additional file 1: Emphasis.

Acknowledgements

This work was supported by Hungarian National Research, Development and Innovation Office (NKFIH) through grant OTKA K116189 (Research project entitled "In vitro investigation of human tissues and definition of their mechanical materials models").

The research reported in this paper and carried out at Budapest University of Technology and Economics has been supported by the NRDI Fund TKP2020 NC, (Grant No. BME-NC) based on the charter of bolster issued by the NRDI Office under the auspices of the Ministry for Innovation and Technology, Hungary.

Acknowledgments to Gábor Szebényi PhD for reviewing this review article and Luca Faragó-Pethő for the figures.

Authors' contributions

DF, BK analyzed and interpreted the patient data regarding the hematological disease and the transplant. DF, RK performed the histological examination of the kidney and was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

Funding

Open access funding provided by Budapest University of Technology and Economics. The research reported in this paper was supported by the Higher Education Excellence Program of the Ministry of Human Capacities within the Biotechnology research area of Budapest University of Technology and Economics (BME FIKP-BIO). This research was supported by the National Research, Development and Innovation Office (OTKA K 116189).

The research reported in this paper and carried out at Budapest University of Technology and Economics has been supported by the NRDI Fund TKP2020 NC, (Grant No. BME-NC) based on the charter of bolster issued by the NRDI Office under the auspices of the Ministry for Innovation and Technology, Hungary.

Availability of data and materials

The data that support the findings of this study are available from authors of not open access journals but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from Denes Farago upon reasonable request and with permission of authors of not open access journals. All data generated or analysed during this study are included in this published review.

Declarations

Ethics approval and consent to participate Not applicable

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Author details

¹Cooperation Research Center for Biomechanics, Faculty of Mechanical Engineering, Budapest University of Technology and Economics, Budapest, Hungary. ²Department of Mechatronics, Optics and Mechanical Engineering Informatics, Faculty of Mechanical Engineering, Budapest University of Technology and Economics, Budapest, Hungary. ³Department of Biomedical Engineering, SUNY University at Buffalo, Buffalo, USA.

Received: 28 July 2021 Accepted: 13 July 2022 Published online: 25 July 2022

References

- Zoltan DJ, Reinecke C, Indelicato, AP. Synthetic and allograft anterior cruciate ligament reconstruction. Clin Sports Med. 1988;7(4):773–84.
- Nikolaou PK, Seaber AV, Glisson RR, Ribbeck BM, Bassett FH. Anterior cruciate ligament allograft transplantation. Am J Sports Med. 1986;14(5):348–60.
- Noyes FR, Barber SD, Mangine RE. Bone-patellar ligament-bone and fascia lata allografts for reconstruction of the anterior cruciate ligament. J Bone Joint Surg Am. 1990;72(8):1125–36.
- Shino K, Kimura T, Hirose H, Inoue M, Ono K. Reconstruction of the anterior cruciate ligament by allogeneic tendon graft. An operation for chronic ligamentous insufficiency. J Bone Joint Surg 1986;68(5):739–46.
- Wainer RA, Clarke TJ, Poehling GG. Arthroscopic reconstruction of the anterior cruciate ligament using allograft tendon. Arthrosc J Arthrosc Relat Surg. 1988;4(3):199–205.
- Harner CD, Olson E, Irrgang JJ, Silverstein S, Fu FH, Silbey M. Allograft versus autograft anterior cruciate ligament reconstruction: 3- to 5-year outcome. Clint Orthop Relat Res. 1996;(324):134–44.
- Indelicato PA, Linton RC, Huegel M. The results of fresh-frozen patellar tendon allografts for chronic anterior cruciate ligament deficiency of the knee. Am J Sports Med 1992;20(2): 118-121.
- Chang SKY, Egami DK, Shaieb MD, Kan DM, Richardson AB. Anterior cruciate ligament reconstruction: Allograft versus autograft. Arthrosc J Arthrosc Relat Surg. 2003;19(5):453–62.
- 9. Prodromos C, Joyce B, Shi K. A meta-analysis of stability of autografts compared to allografts after anterior cruciate ligament reconstruction. Knee Surgery Sport Traumatol Arthrosc. 2007;15(7):851–6.
- Conrad BP, Rappé M, Horodysk M, Farmer KW, Indelicato PA. The effect of sterilization on mechanical properties of soft tissue allografts. Cell Tissue Bank. 2013;14(3):359–66.
- 11. Bottoni CR, et al. Autograft versus allograft anterior cruciate ligament reconstruction. Am J Sports Med. 2015;43(10):2501–9.
- 12. Crawford C, et al. Investigation of postoperative allograft-associated infections in patients Who underwent musculoskeletal allograft implantation. Clint Infect Dis. 2005;41(2):195–200.
- Schmidt T, et al. Does sterilization with fractionated electron beam irradiation prevent ACL tendon allograft from tissue damage? Knee Surgery, Sport Traumatol Arthrosc. 2017;25(2):584–94.
- Genuario JW, Faucett SC, Boublik M, Schlegel TF. A Cost-Effectiveness Analysis Comparing 3 Anterior Cruciate Ligament Graft Types. Am J Sports Med. 2012;40(2):307–14.
- Kartus J, Movin T, Karlsson J. Donor-site morbidity and anterior knee problems after anterior cruciate ligament reconstruction using autografts. Arthrosc J Arthrosc Relat Surg. 2001;17(9):971–80.
- Mroz TE, Joyce MJ, Steinmetz MP, Lieberman IH, Wang JC. Musculoskeletal allograft risks and recalls in the United States. J Am Acad Orthop Surg. 2008;16(10):559–65.
- Park S S-H, Dwyer T, Congiusta F, Whelan DB, Theodoropoulos J. Analysis of Irradiation on the Clinical Effectiveness of Allogenic Tissue When Used for Primary Anterior Cruciate Ligament Reconstruction. Am J Sports Med. 2015;43(1):226–35.
- Tejwani SG, Chen J, Funahashi TT, Love R, Maletis GB. Revision Risk After Allograft Anterior Cruciate Ligament Reconstruction. Am J Sports Med. 2015;43(11):2696–705.
- Wee J, Lee KT. Graft infection following arthroscopic anterior cruciate ligament reconstruction: a report of four cases. J Orthop Surg. 2014;22(1):111–7.
- Tang J, Zeng F, Savage H, Ho PP, Alfano RR. Laser irradiative tissue probed in situ by collagen 380-nm fluorescence imaging. Lasers Surg Med. 2000;27(2):158–64.
- 21. Pacifici M. Retinoid roles and action in skeletal development and growth provide the rationale for an ongoing heterotopic ossification prevention trial. Bone. 2018;109:267–75.
- 22. Buck BE, Malinin TI, Brown MD. Bone transplantation and human immunodeficiency virus. An estimate of risk of acquired immunodeficiency syndrome (AIDS). Clin Orthop Relat Res. 1989;240:129–36.
- 23. Carlson ER, Marx RE, Buck BE. The potential for HIV transmission through allogeneic bone. A review of risks and safety. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 1995;80(1):17–23.

- Shi D, Wang D, Wang C, Liu A. A novel, inexpensive and easy to use tendon clamp for in vitro biomechanical testing. Med Eng Phys. 2012;34:516–20.
- Centers for Disease Control and Prevention (CDC), "Septic arthritis following anterior cruciate ligament reconstruction using tendon allografts–Florida and Louisiana. MMWR. Morb Mortal Wkly Rep. 2001;50(48): 1081-3.
- Kainer MA, et al. Clostridium infections associated with musculoskeletal-tissue allografts. N Engl J Med. 2004;350(25):2564–71.
- Delgado LM, Pandit A, Zeugolis DI. Influence of sterilisation methods on collagen-based devices stability and properties. Expert Rev Med Devices. 2014;11(3):305–14.
- Lansdown DA, Riff AJ, Meadows M, Yanke AB, Bach BR. What Factors Influence the Biomechanical Properties of Allograft Tissue for ACL Reconstruction? A Systematic Review. Clin Orthop Relat Res. 2017;475(10):2412–26.
- Nguyen H, Morgan DAF, Forwood MR. Sterilization of allograft bone: Effects of gamma irradiation on allograft biology and biomechanics. Cell Tissue Bank. 2007;8(2):93–105.
- DiBartola AC, Everhart JS, Kaeding CC, Magnussen RA, Flanigan DC. Maximum load to failure of high dose versus low dose gamma irradiation of anterior cruciate ligament allografts: A meta-analysis. Knee. 2016;23(5):755–62.
- Roberson TA, et al. Proprietary Processed' Allografts: Clinical Outcomes and Biomechanical Properties in Anterior Cruciate Ligament Reconstruction. Am J Sports Med. 2017;45(13):3158–67.
- 32. https://doi.org/10.1136/bmj.n71
- Rethlefsen ML, Kirtley S, Waffenschmidt S, Ayala AP, Moher D, Page MJ, Koffel JB. PRISMA-S: an extension to the PRISMA Statement for Reporting Literature Searches in Systematic Reviews. Systematic Reviews. 2021;10(1):39. https://doi.org/10.1186/s13643-020-01542-z.
- Farago D, Kozma B, Kiss RM. Different sterilization and disinfection methods used for human tendons – a systematic review using mechanical properties to evaluate tendon allografts. BMC Musculoskelet Disord. 2021;22:404.
- Aeberhard PA, et al. Efficient decellularization of equine tendon with preserved biomechanical properties and cytocompatibility for human tendon surgery indications. Artif Organs. 2020;44(4):E161–71.
- Aguila CM, Delcroix G J-R, Kaimrajh DN, Milne EL, Temple HT, Latta LL. Effects of gamma irradiation on the biomechanical properties of peroneus tendons. Open Access J Sport Med. 2016;7:123–7.
- Athwal KK, Lord BR, Milner PE, Gutteridge A, Williams A, Amis AA. Redesigning Metal Interference Screws Can Improve Ease of Insertion While Maintaining Fixation of Soft-Tissue Anterior Cruciate Ligament Reconstruction Grafts. Arthrosc Sport Med Rehabil. 2020;2(2):e137–44.
- Awogni D, Chauvette G, Lemieux ML, Balg F, Langelier É, Allard JP. Button Fixation Technique for Achilles Tendon Reinsertion: A Biomechanical Study. J Foot Ankle Surg. 2014;53(2):141–6.
- Aynardi MC, Atwater LC, Melvani R, Parks BG, Paez AG, Miller SD. Is Dual Semitendinosus Allograft Stronger Than Turndown for Achilles Tendon Reconstruction? An In Vitro Analysis. Clin Orthop Relat Res. 2017;475(10):2588–96.
- Azar FM. Tissue Processing: Role of Secondary Sterilization Techniques. Clin Sports Med. 2009;28(2):191–201.
- Bachmaier S, et al. Treatment of Acute Proximal Anterior Cruciate Ligament Tears—Part 2: The Role of Internal Bracing on Gap Formation and Stabilization of Repair Techniques. Orthop J Sport Med. 2020;8(1):1–9.
- Baldini T, Caperton K, Hawkins M, McCarty E. Effect of a novel sterilization method on biomechanical properties of soft tissue allografts. Knee Surgery, Sport Traumatol Arthrosc. 2016;24(12):3971–5.
- Balsly CR, Cotter AT, Williams LA, Gaskins BD, Moore MA, Wolfinbarger L. Effect of low dose and moderate dose gamma irradiation on the mechanical properties of bone and soft tissue allografts. Cell Tissue Bank. 2008;9(4):289–98.
- Barros MA, et al. A biomechanical comparison of matched four-strand and five-strand semitendinosusgracilis grafts. Rev Bras Med do Esporte. 2021;27(6):578–81.

- 45. Bartolo MK, et al. Strength of interference screw fixation of meniscus prosthesis matches native meniscus attachments, Knee Surgery, Sport. Traumatol Arthrosc. 2021.
- Basso O, Amis AA, Race A, Johnson DP. Patellar tendon fiber strains: Their differential responses to quadriceps tension. Clin Orthop Relat Res. 2002;400(400):246–53.
- Bechtold JE, Eastlund DT, Butts MK, Lagerborg DF, Kyle RF. The Effects of Freeze-drying and Ethylene Oxide Sterilization on the Mechanical Properties of Human Patellar Tendon. Am J Sports Med. 1994;22(4):562–6.
- Berlet GC, Hyer CF, Lee TH, Blum BE. Collagen ribbon augmentation of achilles tendon tears: A biomechanical evaluation. J Foot Ankle Surg. 2014;53(3):298–302.
- Bernstein E, Taniguchi K, Tompane T, Kirby H, Ponton R, Mcdonald LS. Incorporation of Whipstitch Suture in Tibial Interference Fixation Improves Pullout in Anterior Cruciate Ligament Soft Tissue Grafts. Mil Med. 2022;187(1–2):E89–92.
- Bi C, Thoreson AR, Zhao C. The effects of lyophilization on flexural stiffness of extrasynovial and intrasynovial tendon. J Biomech. 2018;76:229–34.
- Braunstein V, et al. Increasing pullout strength of suture anchors in osteoporotic bone using augmentation - A cadaver study. Clin Biomech. 2015;30(3):243–7.
- Chivot M, Harrosh S, Kelberine F, Pithioux M, Argenson JN, Ollivier M. Pull-out strength of four tibial fixation devices used in anterior cruciate ligament reconstruction. Orthop Traumatol Surg Res. 2018;104(2):203–7.
- Chizari M, Snow M, Wang B. Post-operative assessment of an implant fixation in anterior cruciate ligament reconstructive surgery. J Med Syst. 2011;35(5):941–7.
- Colaço HB, Lord BR, Back DL, Davies AJ, Amis AA, Ajuied A. Biomechanical properties of bovine tendon xenografts treated with a modern processing method. J Biomech. 2017;53:144–7.
- Coleridge SD, Amis AA. A comparison of five tibial-fixation systems in hamstring-graft anterior cruciate ligament reconstruction. Knee Surgery, Sport Traumatol Arthrosc. 2004;12(5):391–7.
- Curran AR, Adams DJ, Gill JL, Steiner ME, Scheller AD. The biomechanical effects of low-dose irradiation on bone-patellar tendon-bone allografts. Am J Sports Med. 2004;32(5):1131–5.
- Dyrna F, et al. Biomechanical evaluation of an arthroscopic transosseous repair as a revision option for failed rotator cuff surgery. BMC Musculoskelet Disord. 2018;19(1):1–7.
- Dziedzic-Goclawska A, Kaminski A, Uhrynowska-Tyszkiewicz I, Stachowicz W. Irradiation as a safety procedure in tissue banking. Cell Tissue Bank. 2005;6(3):201–19.
- Gut G, Marowska J, Jastrzebska A, Olender E, Kamiński A. Structural mechanical properties of radiation-sterilized human Bone-Tendon-Bone grafts preserved by different methods. Cell Tissue Bank. 2016;17(2):277–87.
- Ehrensberger M, Hohman DW, Duncan K, Howard C, Bisson L. Biomechanical comparison of femoral fixation devices for anterior cruciate ligament reconstruction using a novel testing method. Clin Biomech. 2013;28(2):193–8.
- Elenes EY, Hunter SA. Soft-tissue allografts terminally sterilized with an electron beam are biomechanically equivalent to aseptic, nonsterilized tendons. J Bone Jt Surg - Am. 2014;96(16):1321–6.
- Erivan R, et al. Irradiation at 11 kGy conserves the biomechanical properties of fascia lata better than irradiation at 25 kGy,. Clin Biomech. 2018;60(October):100–7.
- Faragó D, Szebényi G, Temesi T, Kiss RM, Pap K. Evaluation of the effect of freezing and gamma irradiation on different types of tendon allografts by dic assisted tensile testing. Appl Sci. 2020;10:15.
- 64. Gaines EB, et al. "A biomechanical analysis of tibial ACL reconstruction with graft length mismatch. J Orthop Surg. 2017;25(1):1–5.
- 65. Gardner EMH, VonderHeide N, Fisher R, Brooker G, Yates PJ. Effect of hydrogen peroxide on human tendon allograft. Cell Tissue Bank. 2013;14(4): 667-671.
- Giannini S, et al. Effects of freezing on the biomechanical and structural properties of human posterior tibial tendons. Int Orthop. 2008;32(2):145–51.

- Gibbons MJ, Butler DL, Grood ES, Bylski-Austrow DI, Levy MS, Noyes FR. Effects of gamma irradiation on the initial mechanical and material properties of goat bone-patellar tendon-bone allografts. J Orthop Res. 1991;9(2):209–18.
- Gökler DJ, Faragó D, Szebényi G, Kiss RM, Pap K. The effect of sterilization and storage on the viscoelastic properties of human tendon allografts. J Biomech. 2021;127:110697.
- Greaves LL, Hecker AT, Brown CH. The effect of donor age and low-dose gamma irradiation on the initial biomechanical properties of human tibialis tendon allografts. Am J Sports Med. 2008;36(7):1358–66.
- Guerroudj M, de Longueville JC, Rooze M, Hinsenkamp M, Feipel V, Schuind F. Biomechanical properties of triceps brachii tendon after in vitro simulation of different posterior surgical approaches. J Shoulder Elb Surg. 2007;16(6):849–53.
- Gut G, Marowska J, Jastrzebska A, Olender E, Kamiński A. Structural mechanical properties of radiation-sterilized human Bone-Tendon-Bone grafts preserved by different methods. Cell Tissue Bank. 2016;17(2):277–87.
- Halewood C, Hirschmann MT, Newman S, Hleihil J, Chaimski G, Amis AA. The fixation strength of a novel ACL soft-tissue graft fixation device compared with conventional interference screws: A biomechanical study in vitro. Knee Surgery, Sport Traumatol Arthrosc. 2011;19(4):559–67.
- G. Hangody, G. Szebényi, B. Abonyi, R. Kiss, and L. Hangody, "Does a different dose of gamma irradiation have the same effect on five different types of tendon allografts? — a biomechanical study," pp. 357–365, 2017.
- 74. Ji X, et al. Rotator cuff repair with a tendon-fibrocartilage-bone composite bridging patch. Clin Biomech. 2015;30(9):976–80.
- Hashemi J, Chandrashekar N, Slauterbeck J. The mechanical properties of the human patellar tendon are correlated to its mass density and are independent of sex. Clin Biomech. 2005;20(6):645–52.
- Colaço HB, Lord BR, Back DL, Davies AJ, Amis AA, Ajuied A. Biomechanical properties of bovine tendon xenografts treated with a modern processing method. J Biomech. 2017;53:144–7.
- Hoburg AT, et al. Effect of Electron Beam Irradiation on Biomechanical Properties of Patellar Tendon Allografts in Anterior Cruciate Ligament Reconstruction. Am J Sports Med. 2010;38(6):1134–40.
- Hoburg A, et al. Fractionation of high-dose electron beam irradiation of BPTB grafts provides significantly improved viscoelastic and structural properties compared to standard gamma irradiation. Knee Surgery, Sport Traumatol Arthrosc. 2011;19(11):1955–61.
- Hoburg A, et al. High-dose electron beam sterilization of soft-tissue grafts maintains significantly improved biomechanical properties compared to standard gamma treatment. Cell Tissue Bank. 2015;16(2):219–26.
- Höher J, Offerhaus C, Steenlage E, Weiler A, Scheffler S. Impact of tendon suturing on the interference fixation strength of quadrupled hamstring tendon grafts. Arch Orthop Trauma Surg. 2013;133(9):1309–14.
- Rasmussen TJ, Feder SM, Butler DL, Noyes FR. The effects of 4 Mrad of gamma irradiation on the initial mechanical properties of bone-patellar tendon-bone grafts. Arthroscopy. 1994;10(2):188–97.
- Irani M, Lovric V, Walsh WR. Effects of supercritical fluid CO2 and 25 kGy gamma irradiation on the initial mechanical properties and histological appearance of tendon allograft. Cell Tissue Bank. 2018.
- Jones DB, Huddleston PM, Zobitz ME, Stuart MJ. Mechanical properties of patellar tendon allografts subjected to chemical sterilization. Arthrosc Relat Surg. 2007;23(4):400-404.e1.
- Jung HJ, et al. The effects of multiple freeze-thaw cycles on the biomechanical properties of the human bone-patellar tendon-bone allograft. J Orthop Res. 2011;29(8):1193–8.
- Salehpour A, et al. Dose-dependent response of gamma irradiation on mechanical properties and related biochemical composition of goat bone-patellar tendon-bone allografts. J Orthop Res. 1995;13(6):898–906.
- Kranjec M, Trajkovski A, Krašna S, Hribernik M, Kunc R. Material properties of human patellar-ligament grafts from the elderly population. J Mech Behav Biomed Mater. 2020;110(March).
- Lenschow S, Schliemann B, Schulze M, Raschke M, Kösters C. Comparison of outside-in and inside-out technique for tibial fixation of a soft-tissue graft in ACL reconstruction using the Shim technique. Arch Orthop Trauma Surg. 2014;134(9):1293–9.

- McGilvray KC, Santoni BG, Turner AS, Bogdansky S, Wheeler DL, Puttlitz CM. Effects of 60Co gamma radiation dose on initial structural biomechanical properties of ovine bone-patellar tendon-bone allografts. Cell Tissue Bank. 2011;12(2):89–98.
- Miller RM, et al. Tensile properties of a split quadriceps graft for ACL reconstruction. Knee Surg Sports Traumatol Arthrosc. 2017;25(4):1249–54.
- Mook WR, et al. Double-bundle posterior cruciate ligament reconstruction: a biomechanical analysis of simulated early motion and partial and full weightbearing on common reconstruction grafts. Knee Surgery, Sport Traumatol Arthrosc. 2017;25(8):2536–44.
- 91. Zhou M, et al. Tendon allograft sterilized by peracetic acid/ethanol combined with gamma irradiation. J Orthop Sci. 2014;19(4):627–36.
- 92. Ninomiya T, Tachibana Y, Miyajima T, Yamazaki K, Oda H. Fixation strength of the interference screw in the femoral tunnel: The effect of screw divergence on the coronal plane. Knee. 2011;18(2):83–7.
- Oswald I, Rickert M, Brüggemann GP, Niehoff A, Fonseca CA, Ulloa, Jahnke A. The influence of cryopreservation and quick-freezing on the mechanical properties of tendons. J Biomech. 2017;64:226–30.
- Pailhé R, Cavaignac E, Murgier J, Laffosse JM, Swider P. Biomechanical study of ACL reconstruction grafts. J Orthop Res. 2015;33(8):1188–96.
- Penn D, Willet TL, Glazebrook M, Snow M, Stanish WD. Is there significant variation in the material properties of four different allografts implanted for ACL reconstruction. Knee Surgery, Sport Traumatol Arthrosc. 2009;17(3):260–5.
- Poberaj B, et al. Biomechanical comparison of the three techniques for arthroscopic suprapectoral biceps tenodesis: implant-free intraosseous tendon fixation with Cobra Guide, interference screw and suture anchor. Musculoskelet Surg. 2020;104(1):49–57.
- Rasmussen TJ, Feder SM, Butler DL, Noyes FR. The effects of 4 mrad of γ irradiation on the initial mechanical properties of bone-patellar tendonbone grafts. Arthroscopy. 1994;10(2):188–97.
- Ren D, et al. Effects of gamma irradiation and repetitive freeze-thaw cycles on the biomechanical properties of human flexor digitorum superficialis tendons. J Biomech. 2012;45(2):252–6.
- Rudy E, Mustamsir, Phatama KY. Tensile strength comparison between peroneus longus and hamstring tendons: A biomechanical study. Int J Surg Open. 2017;9:41–4.
- Salehpour A, et al. Dose-dependent response of gamma irradiation on mechanical properties and related biochemical composition of goat bone-patellar tendon-bone allografts. J Orthop Res. 1995;13(6):898–906.
- Schimizzi A, Wedemeyer M, Odell T, Thomas W, Mahar AT, Pedowitz R. Effects of a novel sterilization process on soft tissue mechanical properties for anterior cruciate ligament allografts. Am J Sports Med. 2007; 35(4):612–6.
- 102. Schmidt T, et al. Sterilization with electron beam irradiation influences the biomechanical properties and the early remodeling of tendon allografts for reconstruction of the anterior cruciate ligament (ACL). Cell Tissue Bank. 2012;13(3):387–400.
- Schmidt EC, Chin M, Aoyama JT, Ganley TJ, Shea KG, Hast MW. Mechanical and Microstructural Properties of Pediatric Anterior Cruciate Ligaments and Autograft Tendons Used for Reconstruction. Orthop J Sport Med. 2019;7(1):1–12.
- Seto AU, Gatt CJ, Dunn MG. Sterilization of tendon allografts: A method to improve strength and stability after exposure to 50 kGy gamma radiation. Cell Tissue Bank. 2013;14(3):349–57.
- Smith C, Young I, Kearney J. Mechanical properties of tendons: changes with sterilization and preservation. J Biomech Eng. 1996;118(1):56–61.
- Sobel AD, Hohman D, Jones J, Bisson LJ. Chlorhexidine gluconate cleansing has no effect on the structural properties of human patellar tendon allografts. Arthrosc - J Arthrosc Relat Surg. 2012;28(12):1862–6.
- Suhodolčan L, Brojan M, Kosel F, Drobnič M, Alibegović A, Brecelj J. Cryopreservation with glycerol improves the in vitro biomechanical characteristics of human patellar tendon allografts. Knee Surgery, Sport Traumatol Arthrosc. 2013;21(5):1218–25.
- Swank KR, Behn AW, Dragoo JL. The Effect of Donor Age on Structural and Mechanical Properties of Allograft Tendons. Am J Sports Med. 2015;43(2):453–9.
- Tse BK, Vaughn ZD, Lindsey DP, Dragoo JL. Evaluation of a one-stage ACL revision Technique using bone void filler after cyclic loading. Knee. 2012;19(4):477–81.

- Weber AE, et al. How variable are achilles allografts used for anterior cruciate ligament reconstruction? a biomechanical study. Am J Sports Med. 2018;1–7.
- 111. Lansdown DA, Riff AJ, Meadows M, Yanke AB, Bach BR. What Factors Influence the Biomechanical Properties of Allograft Tissue for ACL Reconstruction? A Systematic Review. Clin Orthop Relat Res. 2017;475(10):2412–26.
- 112. http://www.casp-uk.net/#lcasptools-checklists/c18f8, Accessed 10 Jan 2021
- Maeda A, et al. Effects of solvent preservation with or without gamma irradiation on the material properties of canine tendon allografts. J Orthop Res. 1993;11(2):181–9.
- 114. De Deyne P, Haut RC. Some effects of gamma irradiation on patellar tendon allografts. Connect Tissue Res. 1991;27(1):51–62.
- 115. Bettin D, Rullkötter V, Polster J, Fuchs S. Primary biomechanical influence of different sterilization methods on a freeze-dried bone-ligament transplant. Arch Orthop Trauma Surg. 1999;119:3–4.
- Bettin D, Polster J, Rullkötter V, Von Versen R, Fuchs S. Good preservation of initial mechanical properties in lipid-extracted, disinfected, freeze-dried sheep patellar tendon grafts. Acta Orthop Scand. 2003;74(4):470–5.
- Biskup J, Freeman A, Camisa W, Innes J, Conzemius M. Mechanical Properties of Canine Patella-Ligament-Tibia Segment. Vet Surg. 2014;43(2):136–41.
- 118. Wei W, et al. Fractionation of 50 kGy electron beam irradiation: Effects on biomechanics of human flexor digitorum superficialis tendons treated with ascorbate. J Biomech. 2013;46(4):658–61.
- Jones DB, Huddleston PM, Zobitz ME, Stuart MJ. Mechanical Properties of Patellar Tendon Allografts Subjected to Chemical Sterilization. Arthrosc - J Arthrosc Relat Surg. 2007;23(4):400–4.
- Yanke A, Bell R, Lee A, Shewman EF, Wang V, Bach BR. Regional mechanical properties of human patellar tendon allografts. Knee Surgery, Sport Traumatol Arthrosc. 2015;23(4):961–7.
- 121. Mroz TE, et al. Biomechanical analysis of allograft bone treated with a novel tissue sterilization process. Spine J. 2006;6(1):34–9.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

