

# MUSCLE FIBRES MODELLING

Josef Kohout<sup>1</sup>, Gordon J. Clapworthy<sup>2</sup>, Saulo Martelli<sup>3</sup>, Marco Viceconti<sup>3</sup>

<sup>1</sup>*Department of Computer Science and Engineering, University of West Bohemia, Plzeň, Czech Republic*

<sup>2</sup>*Department of Computer Science and Technology, University of Bedfordshire, Luton, UK*

<sup>3</sup>*Laboratorio di Tecnologia Medica, Istituto Ortopedico Rizzoli, Bologna, Italy*

*besofi@kiv.zcu.cz, Gordon.Clapworthy@beds.ac.uk, martelli@tecno.ior.it, viceconti@tecno.ior.it*

**Keywords:** Muscle Modelling, Muscle Fibres, VTK

**Abstract:** This paper describes a method that represents a muscle by a realistic chaff of muscle fibres that are automatically generated in the volume defined by the surface mesh of the muscle which itself automatically wraps around bones as they move. Our C++ implementation can decompose the volume into muscle fibres, which is done by a slice-by-slice morphing of predefined fibres template into the muscle volume, and visualise the result in only about 1000 ms on commodity hardware. Hence, the method is fast enough to be suitable for interactive educational medical software. Although a biomechanical assessment has yet to be done, we believe that the method could be used also in clinical biomechanical applications to extract information on the current muscle lever arm and fibre path and, thanks to its rapid processing speed, it might be an attractive alternative to current methods.

## 1 INTRODUCTION

Knowledge of muscle fibres is essential for physiotherapists, surgeons and orthopedists, especially for effective rehabilitation programs that aim at improving the quality of life of patients suffering from neuromuscular disorders (more than 0.1% of general population in UK (Pohlschmidt and Meadowcroft, 2010)), for planning optimal muscle surgery (e.g., muscle auto-transplantation), and prediction of forces having impact on joints. Studying traditional anatomical atlases (e.g., Gray's atlas (Gray, 1918)) is a common option to gain this knowledge. However, the full understanding requires an excellent imagination skill of the student since they need to reconstruct 3D models in their minds. Furthermore, these atlases show muscles in their rest-pose position only and, therefore, they provide a limited insight.

Digital 3D anatomical atlases seem to be a better alternative. However, as far as we know, most of them display muscle fibres on the muscle surface only, thus not providing information about muscle interior, or do not display them at all. Similarly to traditional atlases, muscles are displayed in their rest-pose position, though being able to model muscles in various positions (e.g., walking, stepping stairs, falling) is an essential step in the process of looking for an optimal strategy to provide patients suffering from vari-

ous musculoskeletal disorders with better healthcare.

Ng Thow Hing in his research (Ng-Thow-Hing, 2001) represents a muscle with a B-spline solid fitted to raw muscle surface data extracted from a set of parallel images and to internal fibre points obtained from an autopsy. Muscle fibres can be then generated simply by constructing iso-curves within the solid. The simulation of movement is possible through manipulation of control points of B-spline solid. Although accurate, this technique is rather impractical because of its the complexity of B-spline fitting procedure.

A different approach is described by Blemker & Delp in (Blemker and Delp, 2005). In their model, a muscle is represented by 3D finite-element hexahedral mesh whose vertices move in reaction to the external force induced by the movement of the bones. Each cell of the mesh contains information about the direction of the muscle fibres present in its volume. When the mesh changes, so do the paths of the fibres. The process of constructing the mesh is as follows. A surface model of the muscle to be represented is obtained from the input medical images. The user then has to create, manually, a hexahedral cubical template mesh that contains the whole muscle in its interior. Unlike the approach by Ng Thow Hing, muscle fibres arrangement is not derived from a real muscle but it is given in a predefined cubical template that consists of a set of interpolated rational Bézier spline curves

connecting two muscle attachment areas highlighted on this template. This template of the fibre geometry is mapped into this template hexahedral mesh. Finally, the template mesh is projected into the volume of muscle by a proprietary mapping method available in the commercial TrueGRID (XYZ Scientific Applications) software. Although much easier definition of muscle fibres is presented, the dependence on an expensive commercial tool together with the large memory consumption (because of 3D mesh) renders this approach also quite impractical.

Representing a muscle with a triangular surface mesh is very popular, especially, due to its simplicity and low memory requirements. Although various techniques for deforming this mesh as bones move were described, such as mesh-skinning based approaches (Kohout et al., 2011), (Aubel and Thalmann, 2000), mass-spring systems (Thalmann, 1998) or gradient domain (Kohout et al., 2012), as far as we know, no method is available at present for a decomposition of the volume of the deformed muscle (defined by its mesh surface) into muscle fibres.

Hence, in this paper, we propose a simple technique that can decompose the muscle volume into muscle fibres by a slice-by-slice morphing of predefined fibres template (proposed by Blemker & Delp) into the interior of the muscle, employing mapping technique described in (Hormann and Floater, 2006).

The remainder of this paper is structured as follows. In the next section, we give a brief overview of our method; details are described in sections 3. Section 4 presents the experiments that were performed. Section 5 concludes the paper and provides an overview of possible future work.

## 2 METHOD OVERVIEW

Our method is designed to process any muscle represented by its surface mesh for which information about its attachment areas, i.e., about sites at which the muscle is attached to the bone by a tendon, is available. This information is typically provided as two sets of landmarks, one for the origin and the other for the insertion area, specified by an expert. Every landmark is fixed to an underlying bone, so that when bones move (during the simulation of various activities), so do landmarks. The number of landmarks in the set define the accuracy of the fibres generated. We note that for many muscles, it is sufficient to specify just one landmark. Figure 1 shows an example of muscles and their landmarks.

For each muscle to be decomposed, it is also necessary to specify (again by an expert) what type of

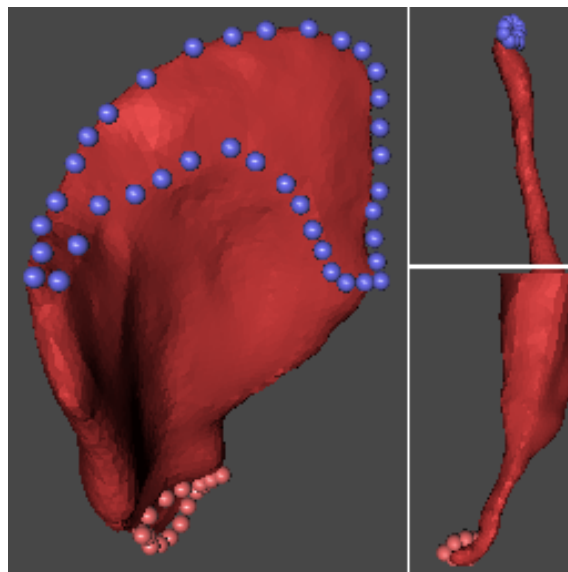


Figure 1: Gluteus Medius (left) and Semimembranosus (right) with their attachment areas. The origin area is blue, the insertion area is red.

muscle fibres it contains, if parallel, pennate, curved, fanned or something else. According to this information, the method selects a predefined template containing the description of fibres geometry. As we seek to decompose the muscle into an arbitrarily large number of fibres, the requested number of fibres to be constructed and their resolution must be also defined. We note that the resolution of a fibre is the number of segments along its length, e.g., if the resolution is 19 (the default value in our case), each fibre is represented by a poly-line of 20 points. We would expect that the higher the resolution, the smoother the curve of the fibre will be and, therefore, the better will be the correspondence with anatomical fibres. It is important to point out that these settings (i.e., the type of fibres, their number and resolution) can be specified by an expert and then stored with the atlas data, so that no input is required from an ordinary user (e.g., a student of medicine).

The decomposition method starts with the production of muscle fibres of the requested resolution within the unit template cube. It involves exploitation of Sobol points (Joe and Kuo, 2008) and muscle fibre geometry templates (Blemker and Delp, 2005). In the next step, this template cube is subject to an affine transformation to form the best fit to the muscle to be decomposed. The transformed template is an oriented bounding box (OBB) of the muscle whose attachment areas are aligned with those specified as input.

After the template cube has been fitted to the muscle, the poly-lines representing the fibres undergo the same affine transformation and are then morphed into

the muscle so that the template box becomes the surface of the muscle and its fibres are mapped into the muscle volume. The morphing is done successively by slicing both the transformed cube with its fibres and the muscle surface and mapping the contour of the cube onto the contour of the muscle using generic barycentric coordinates (Hormann and Floater, 2006). An example of the morphing is given in Figure 2.

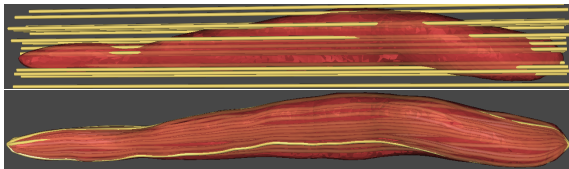


Figure 2: Decomposition of the muscle volume into muscle fibres – above the template with parallel fibres, below the result of mapping of template into the interior of muscle.

For muscles with wide attachment areas, the paths of muscle fibres generated by the process described so far are unrealistic in a proximity of such an area since the fibres tend to meet in a common point instead of spreading over the whole area. To correct this, we cut out the part of the fibre that is close to the attachment area and replace it by a line segment whose end-point lies on the surface of muscle in the region defined by the attachment area and that has the direction derived from the trimmed fibre. Finally, the muscle fibre is smoothed to eliminate noise that might be present in the produced muscle fibres.

A simplified and unoptimised version of the method written in a pseudo-code is given in Figure 3. Please note that the pseudo-code does not perfectly match the description that was given above because of the performed simplification.

### 3 Decomposition of Wrapped Muscle

In this section, we describe all steps of the method, we have just outlined, in detail.

#### 3.1 Template Generation

The template for the fibres follows the ideas presented by Blemker & Delp (Blemker and Delp, 2005). This template is a unit cube with defined the origin and insertion areas on its bottom and top faces, respectively. The areas are connected by Bézier curves (of degree varying from 2 to 4 depending on the muscle type) which will represent the muscle fibres – see Figure 4. Generally, the cube can contain an infinite number of curves, so there is no limit on the number of fibres

```
void Decomposition(
    Surface ms,           //muscle triangular surface
    Landmarks ori,       //origin area definition
    Landmarks ins,       //insertion area definition
    int type,            //type of fibres
    int n, int r,        //number of fibres and their resolution
    Polyline out         //output
)
{
    //Select the unit template cube containing
    //the predefined geometry of fibres
    Template tm = GetTemplate(type);

    //Get an affine transformation that transforms
    //the boundary of the template tm onto
    //an oriented bounding box of muscle
    Transform m = GetTransformation(
        ms, ori, ins, //muscle and its attachment areas
        tm.GetOri(), tm.GetIns()); //attachment areas

    //Get Sobol points in the parametric domain (0..1 x 0..1)
    ParPoint[] sob = GetSobolPoints(n);
    foreach (ParPoint rs in sob) {
        Polyline fib = new Polyline();

        double step = 1.0 / (r + 1);
        for (int i = 0; i <= r; i++) {
            //get the next fibre point from the unit template tm
            //and the boundary of the template on the xy-slice
            //passing through this point
            Point xyz = tm.GetFibrePoint(rs.r, rs.s, i*step);
            Polygon tmc = tm.GetContour(rs.r, rs.s, i*step);

            //Transform both into the space of the OBB of muscle
            Point xyz_t = m.TransformPoint(xyz);
            Polygon tmc_t = m.TransformPolygon(tmc);

            //slice the muscle by the plane of tmc_t
            Polygon mc = m.GetContour(tmc_t.GetPlane());

            //make correspondence between both polygons, so both
            //polygons have the same number of vertices
            Polygon tmc_t_c = RefineTemplatePolygon(tmc_t, mc);

            //calculate generic barycentric coordinates for xyz_t
            BarCoords[] bc = tmc_t_c.Xyz2BarCoords(xyz_t);

            //compute the final position of the point in the muscle
            //and add the point into the output
            Point xyz_m = mc.BarCoords2Xyz(bc);
            fib.Add(xyz_m);
        }

        //filter the fibre
        fib.Filter(ms, ori, ins);
        fib.Smooth(); //and smooth it
        out.Add(fib);
    }
}
```

Figure 3: A simplified and unoptimised version of our method written in a pseudo-code.

that can be represented; each fibre is a Bézier curve  $C(t)$  of real parameter  $t$  whose control polygon can be identified by a pair of real parameters  $r, s$ .

To create the requested number of fibres, the parametric space  $r, s$  must be sampled. Ng-Thow-Hing (Ng-Thow-Hing, 2001) suggests the use of Sobol sampling (Joe and Kuo, 2008) which produces a better distribution of fibres within the muscle volume than random or uniform sampling, especially when the number of fibres is relatively low (up to hundreds), which is typical in this context. The fibre curves retrieved are sampled in the parameter space,  $t$ , to pro-

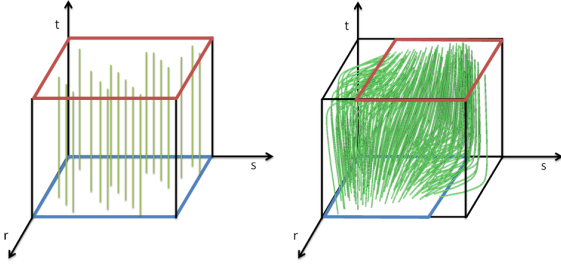


Figure 4: The template of parallel (left) and pennate (right) fibres. The origin area is blue, the insertion area is red.

duce poly-lines of as many segments as the value of the required resolution.

### 3.2 Template Fitting

We assume that the principal axis of the muscle coincides with one of the axes of the cube. The origin of the principal axis is calculated as the centroid of the muscle, i.e., the mean of coordinates of surface vertices. The direction of the principal axis can be determined easily as the difference between the centroid of the insertion area and the centroid of the origin area. In a case that the attachment area is so complex that its centroid does not fit the data well, the direction is determined differently as the eigenvector with the largest eigenvalue obtained for the first-order covariance matrix:

$$\frac{1}{N-1} \cdot \begin{pmatrix} C_{0,0} & C_{0,1} & C_{0,2} \\ C_{1,0} & C_{1,1} & C_{1,2} \\ C_{2,0} & C_{2,1} & C_{2,2} \end{pmatrix} \quad (1)$$

$$C_{i,j} = \sum_{k=0}^{N-1} (V_{k,i} - O_i) \cdot (V_{k,j} - O_j) \quad (2)$$

where  $O = (O_0, O_1, O_2)$  is the origin of the principal axis and  $V_{i,0}, V_{i,1}, V_{i,2}$  are the Euclidean coordinates of the surface vertex  $V_i$  ( $i = 0 \dots N - 1$ ;  $N$  is the number of surface vertices).

Having aligned  $u_0$  with the principal axis, any two vectors  $v_0$  and  $w_0$  so that  $(u_0, v_0, w_0)$  forms an orthogonal set are chosen. These vectors are successively rotated around the principal axis by a small angle (we use  $5^\circ$ ), which results in a set of frames  $(u_0, v_i, w_i)$ , as depicted in Figure 5. For each frame, the minimal axis-aligned bounding box of the muscle surface vertices is constructed based on vectors  $u_0, v_i, w_i$ .

From these bounding boxes, we must choose the one whose origin and insertion areas (see Figure 4) best match the muscle origin and insertion areas that are specified either by the action lines of the muscle or manually by an expert. To do so, for each point of the template origin area (defined as a rectangle for most

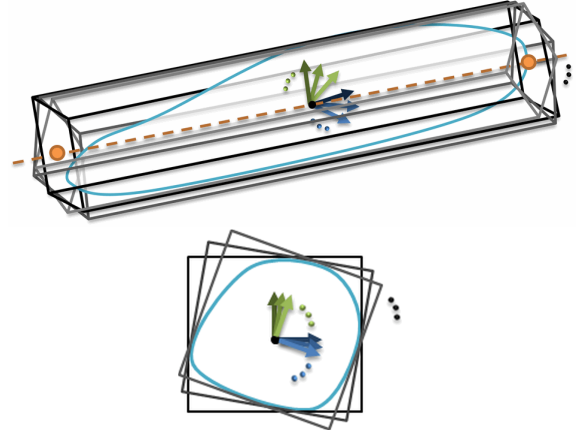


Figure 5: The principal axis (dashed red line) oriented bounding boxes (grey) of the object. Red axis + green and blue arrows denote local coordinate frames. Parallel projection on to the plane perpendicular to the principal axis is shown below.

templates) we find the closest point on the muscle origin area and, likewise, for each point of the template insertion area, the closest point on the muscle insertion area. The Euclidean distances between the pairs of points found are summed – the best configuration is the one with the minimal sum. The result of fitting the sartorius muscle is shown in Figure 6.

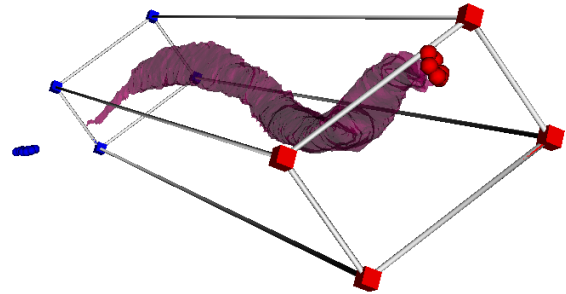


Figure 6: The best fitting of the parallel fibres template for the sartorius muscle. The origin area defined in the template (a rectangle with four points) and specified by the user (a cloud of points) on the bone is blue, while the insertion area is red.

### 3.3 Template Morphing

After the template cube has been fitted to the muscle, the poly-lines representing the fibres undergo the same affine transformation and are then morphed into the muscle so that the template box becomes the surface of the muscle and its fibres are mapped into the muscle volume.

The morphing uses a sweeping paradigm: a plane perpendicular to the principal axis of the muscle moves from one face of the template box to the opposite face, stopping at each point  $F_j$  of fibre poly-lines

that has not yet been processed. This plane cuts both the template box and the surface of the muscle producing a rectangle from the template and a polygon contour from the surface.

Let us assume that vertices of both polygons are oriented clockwise and that the contour polygon is formed of  $m$  segments, where  $m \geq 1$ . Our task is to subdivide the sides of the template rectangle in such a manner that the resulting polygon is also formed of  $m$  segments, and to establish a correspondence between the vertices of both polygons (rectangle template and contour polygon).

The algorithm starts with the detection of the vertex of the muscle contour that is closest to the first vertex  $Q_0$  of the template rectangle. The chain of vertices  $P_0 \dots P_m$  must be split into four parts, where each part corresponds to one side of the input rectangle. The split must be such that the overall error, given as the sum of errors for every part, is minimal.

Let  $k$  be the ratio of the rectangle perimeter to the contour perimeter. The error for a given part of the chain is computed as the square of the difference between the size of the rectangle side associated with the part and the sum of the lengths of the segments formed by the vertices in the part, scaled by the constant  $k$ . After that, a side of the rectangle can be easily subdivided into as many segments as there are segments in the corresponding part of the chain. The ratios between the segment lengths are, of course, preserved. Establishing the correspondence between the polygons is straightforward: the vertex  $P_i$  corresponds to the vertex  $Q_i$  – see Figure 7.

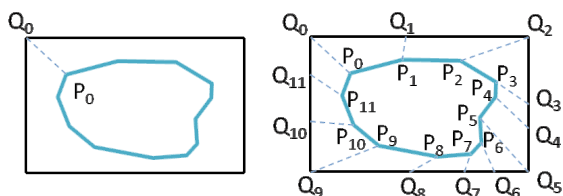


Figure 7: Establishing correspondence between the rectangle of the template and the muscle contour.

Hormann & Floater (Hormann and Floater, 2006) proposed an approach that allows to express the coordinates of the fibre poly-line point  $F_j$  (where the cutting plane has currently stopped) with respect to the coordinates of the segmented rectangle as the sum of  $\lambda_i \cdot Q_i$ , where the  $\lambda_i$  are real non-negative weights such that their sum equals 1. Once the weights  $\lambda_i$  are computed, the new coordinates of the poly-line point within the muscle contour  $P_0 \dots P_m$  are simply given as the sum of  $\lambda_i \cdot P_i$ .

As the cutting of the muscle surface is clearly the bottleneck of the decomposition, we process not only all fibre poly-line points lying on the cutting plane but

also those in its close proximity. Hence, the minimal number of slices used is equalled to the specified resolution of fibres. Naturally, the worst-case number of slices used is given as the requested number of fibres times their resolution.

### 3.4 Fibres Filtering

The process described so far may produce fibres with unrealistic paths close to their attachment areas. This is a problem especially for muscles with large attachment areas, as it is illustrated in Figure 8. Hence, we need to change the path in the proximity of the attachment area to better correspond with the reality. To do so, we construct two cutting planes perpendicular to the principal axis passing through the extremal (in the direction of the principal axis) landmarks of attachment areas. These planes are used to cut out the unwanted parts of fibres, i.e., parts close used to attachment areas – see Figure 9.

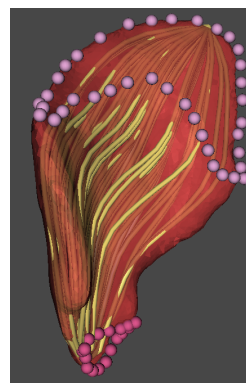


Figure 8: Muscle fibres of Gluteus Medius that were produced by the basic method without filtering.

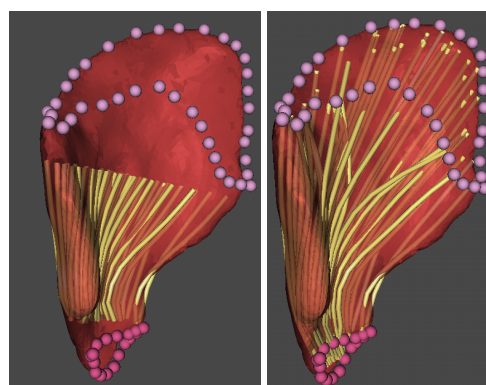


Figure 9: Muscle fibres of Gluteus Medius after their parts close to the origin or insertion area were removed (left) and reconstructed (right).

In the next step, it is necessary to reconstruct the missing parts of fibres. Having a fibre  $P_0 \dots P_m$  whose



part in proximity of the insertion area must be reconstructed, we add a new segment  $(P_m, P_{m+1})$ , where  $P_{m+1}$  is a new point such that it lies on the surface of muscle, in the insertion area, and is closest the ray defined by the segment  $(P_{m-1}, P_m)$ . We note that the extraction of triangles belonging to the insertion area can be done by cutting out the larger part of the surface at the place of surface contour defined by the points obtained from projecting the landmarks onto the surface of muscle. The reconstruction of the part in the proximity of the origin area is similar. Figure 10 demonstrates the overall process. The result of reconstruction could be seen in Figure 9.

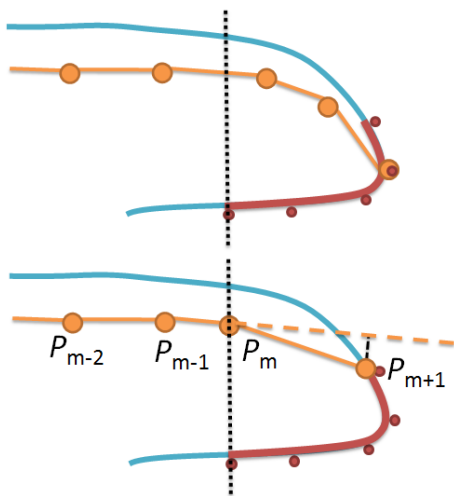


Figure 10: Illustration of the trimming and reconstruction of a fibre – fibres are yellow, the attachment area red, the cutting plane is dotted black.

Clearly, the smoothness of the produced fibres depends upon both the resolution and the shape of the muscle. If the muscle model is coarse, perhaps due to imprecise image data segmentation, as in the sartorius muscle shown in Figure 6, the fibres may be too noisy, in which case the poly-lines may have to be smoothed. We use an iterative process – the more smoothing steps it takes, the smoother the poly-lines become. At each step, the coordinates of the inner points  $P_i$  of the poly-line are modified according to the equation:  $P'_i = (P_{i-1} + k \cdot P_i + P_{i+1}) / (k + 2)$ , where  $k$  is a smoothing constant – we use 4.

The resulting smoothed muscle fibres can be then visualise using any rendering technique for poly-lines visualisation – we use a VTK (Schroeder et al., 2004) filter that generates a tube (represented by a triangular surface mesh) of the given radius around each input line segment. We also believe that these fibres can be passed to any solver predicting lever arms characteristics from the paths of the action lines, which, in most cases, should bring an increased accuracy to these predictions because the accuracy generally in-

creases with the number of input poly-lines passed to the solver and whilst a muscle is typically represented by a couple of action lines only (it is because action lines cannot be constructed automatically), one could easily generate an arbitrary number of fibres using the proposed technique.

## 4 EXPERIMENTS AND RESULTS

Our approach was implemented in C++ (MS Visual Studio 2010) under the Multimod Application Framework – MAF (Viceconti et al., 2004), which is a visualisation system based mainly on VTK (Schroeder et al., 2004) and other specialised libraries. This framework is designed to support the rapid development of biomedical software. It is particularly useful in multimodal visualisation applications, which support the fusion of data from multiple sources and in which different views of the same data are synchronised, so that when the position of an object changes in one view, it is updated in all the other views. Our implementation was integrated into the MuscleWrapping software<sup>1</sup>, which is a part of the larger LHP-Builder software being developed within the VPHOP project (VPHOP, 2010). We tested our implementation on various real data sets of muscles with typical sizes about 15K vertices on Intel Core i7 2.67 GHz, 12 GB DDR3 1.3GHz RAM with Windows 7 Pro x64.

Figure 11 and Figure 12 show the results of decomposition of muscles into a chaff of fibres and compares them with fibres illustrated in anatomical atlases. Parallel fibres were generated for all muscles apart from semimembranosus, for which the pennate fibre template was used (Blemker and Delp, 2005).

Figure 13 shows the wrapping of a small selected set of muscles (sartorius, rectus femoris, biceps femoris and semimembranosus) at frames  $t = 0.00, 0.25, 0.50$  and  $0.75$  of the walk sequence of 1.56 s produced by our wrapping method (Kohout et al., 2011). Fifty parallel fibres represented by poly-lines of 14 line segments were generated for all four muscles considered – see Figure 14 – in about 300 ms per frame, which makes the proposed method suitable for interactive visualisation, especially, if we take into account that our implementation could be easily parallelized to run faster.

A comparison of visualisation of muscles using our approach and using an online digital anatomical atlas is brought in Figure 15. As this online atlas represents a muscle by a surface of a quite low level of

<sup>1</sup><http://graphics.zcu.cz/Projects/Muskuloskeletal-Modeling>

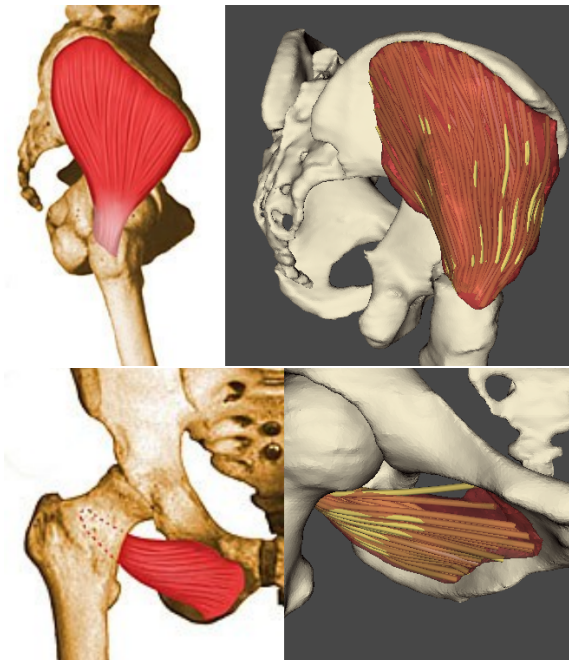


Figure 11: Comparison of generated fibres of Gluteus Medius (top) and of Obturator Externus (bottom) with those in Richardson's anatomical atlas (Richardson, 2011).

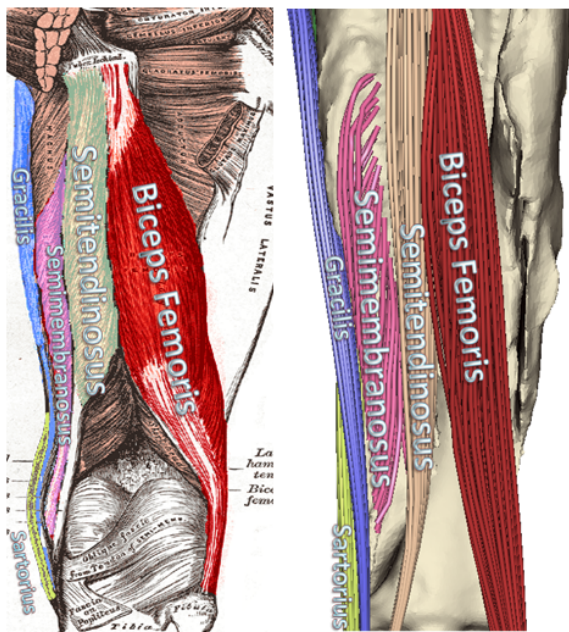


Figure 12: Comparison of generated fibres of biceps femoris (red), semitendinosus (orange), semimembranosus (pink), gracilis (blue) and sartorius (light green) with those in Gray's anatomical atlas (Gray, 1918).

detail and its muscle fibres only as a texture mapped onto the surface of the muscle, there cannot be doubt that our method provides users with a more realistic visualisation. We note that similar conclusions could be drawn also for other anatomical atlases.

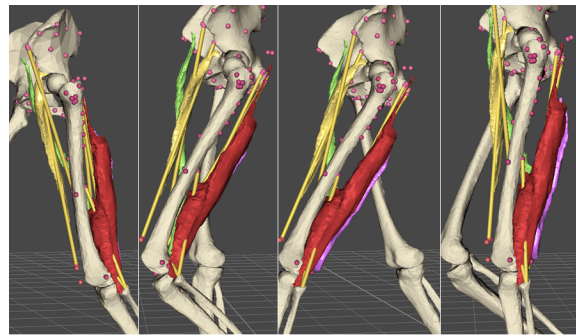


Figure 13: Four selected muscles (sartorius – green, rectus femoris – yellow, biceps femoris – red and semimembranosus – fuchsia) during the movement at frames  $t = 0.00$ ,  $0.25$ ,  $0.50$  and  $0.75$ .

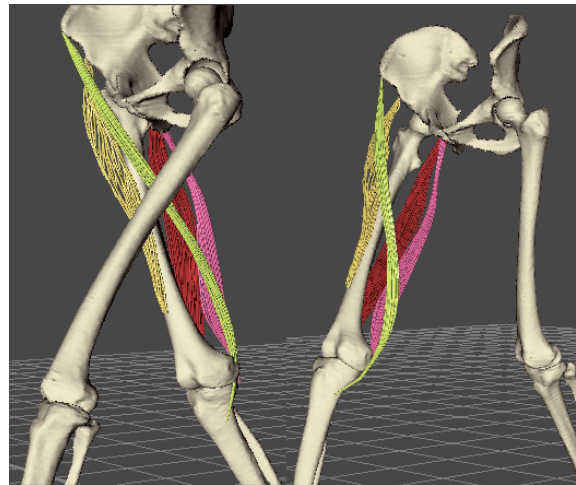


Figure 14: Fibres of four selected muscles (sartorius – green, rectus femoris – yellow, biceps femoris – red and semimembranosus – fuchsia) during the movement at two different frames.

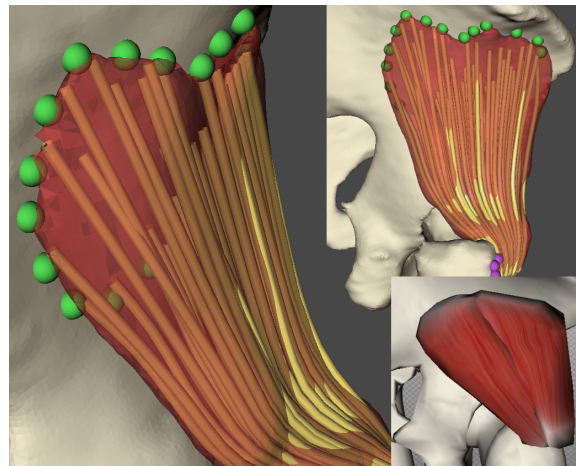


Figure 15: Our visualisation of gluteus minimus muscle in comparison with the visualisation obtained from <http://www.biomedicalhuman.com/> online anatomical atlas (bottom right corner).



When we compare results produced by the method by Blemker et al. (Blemker and Delp, 2005) – see Figure 16 with our results – see Figure 17, it is clear that although our method may produce unrealistic path for a couple of fibres, the majority of produced fibres resemble those produced by its much slower, and, therefore, impractical, counterpart. This is also confirmed by orthopedists with whom we cooperate.

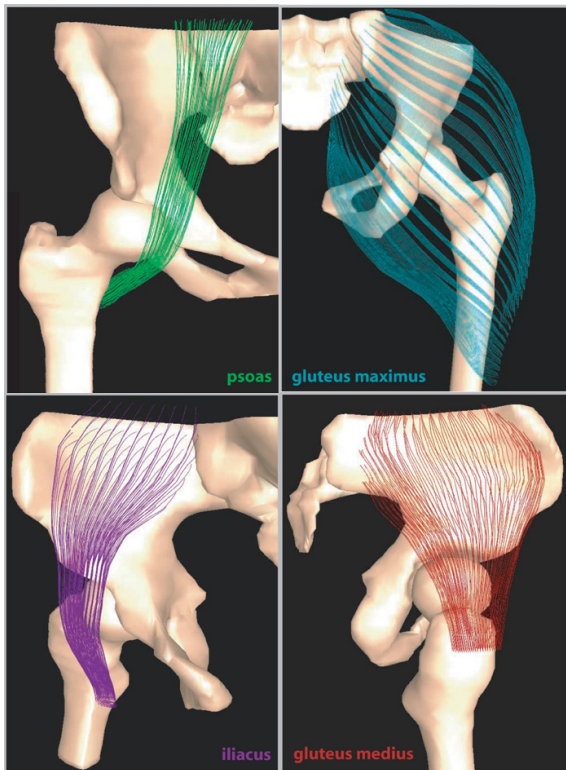


Figure 16: Muscle fibres of psoas, gluteus maximus, iliacus and glutes medius produced by the method by Blemker et al. This figure was taken from (Blemker and Delp, 2005).

## 5 CONCLUSIONS

This paper has presented an approach that can automatically generate an arbitrary number of muscle fibres within the volume of muscle represented by its surface in a convenient time. Although the main goal of our work was to enhance educational tools used by both medical experts and physiotherapists, we believe that, since the produced fibres quite well correlate with those depicted in anatomical atlases (even for muscles with large attachment sites), the fibres can be used (instead of action lines) to predict the muscle lever arm on the articular joints and the distribution of fibre length (which is an input for the muscle force-length-velocity relationship to define the boundaries

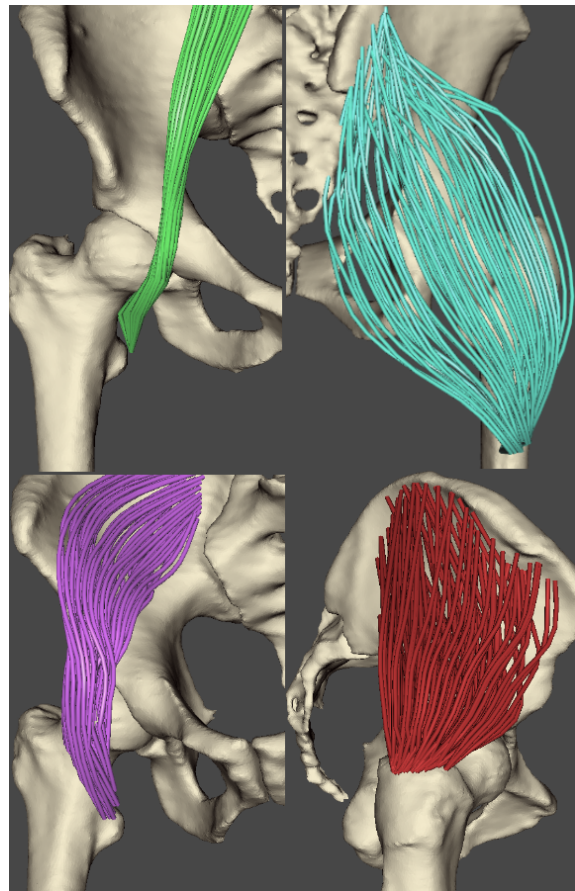


Figure 17: Muscle fibres of psoas, gluteus maximus, iliacus and glutes medius produced by our method.

within which the force is constrained) with an expected accuracy somewhere in between predictions provided by action-line methods and the more accurate, but due to their large time-consumption impractical, finite-element methods. A biomechanical validation is, however, still required. This is a part of our future work. In the future, we would like also to speed up the decomposition process by parallelization to make it run in almost real time.

## ACKNOWLEDGEMENTS

This work was supported by the Information Society Technologies Programme of the European Commission under the project VPHOP (FP7-ICT-223865). The authors would like to thank the various people who contributed to the realisation of the MAF and LHPBuilder software and to various people who provided condition under which the work could be done.



## REFERENCES

- Aubel, A. and Thalmann, D. (2000). Efficient muscle shape deformation. In *IFIP*, pages 132–142.
- Blemker, S. S. and Delp, S. L. (2005). Three-dimensional representation of complex muscle architectures and geometries. *Annals of Biomedical Engineering*, 33(5):661–673.
- Gray, H. (1918). *Anatomy of the Human Body*. Lea & Febiger.
- Hormann, K. and Floater, M. S. (2006). Mean value coordinates for arbitrary planar polygons. *ACM Transactions on Graphics*, 25(4):1424–1441.
- Joe, S. and Kuo, F. Y. (2008). Constructing sobol sequences with better two-dimensional projections. *Society*, 30(5):2635–2654.
- Kohout, J., Clapworthy, G. J., Martelli, S., Wei, H., Viceconti, M., and Agrawal, A. (2011). Fast muscle wrapping. *Computers & Graphics*. Submitted for publication.
- Kohout, J., Kellnhofer, P., and Martelli, S. (2012). Fast deformation for modelling of musculoskeletal system. In *Proceedings of Proceedings of the International Conference on Computer Graphics Theory and Applications: GRAPP 2012*.
- Ng-Thow-Hing, V. (2001). *Anatomically-based models for physical and geometric reconstruction of humans and other animals*. PhD thesis, University of Toronto, Canada.
- Pohlschmidt, M. and Meadowcroft, R. (2010). Muscle disease: the impact. <http://www.muscular-dystrophy.org>, Muscular Dystrophy Campaign.
- Richardson, M. (2011). *Muscle Atlas of the Extremities*. Amazon Whispernet.
- Schroeder, W., Martin, K., and Lorensen, B. (2004). *The Visualization Toolkit, Third Edition*. Kitware Inc.
- Thalmann, L. P. N. D. (1998). Real time muscle deformations using mass-spring systems. In *Proceedings Computer Graphics International*, volume 98, pages 156–165. IEEE Comput. Soc.
- Viceconti, M., Astolfi, L., Leardini, A., Imboden, S., Petrone, M., Quadroni, P., Taddei, F., Testi, D., and Zannoni, C. (2004). The multimod application framework. *Information Visualisation, International Conference on*, 0:15–20.
- VPHOP (2010). the osteoporotic virtual physiological human, <http://vphop.eu>.