CONCLUSION
An outcome measure for assessing the characteristics (range, stability, contracture, extension lag) of knee joints in post total knee arthroplasty patients is essential in clinical practice and trials to predict effectiveness of physiotherapy interventions. This study attempted to establish the reliability of the KSKS which fulfills the above mentioned purpose. Results of this study revealed good to excellent intra-rater reliability of the KSKS when administered by two examiners at two different times with one hour time interval two measurements. This study revealed moderate inter-rater reliability of the KSKS between the examiners.

From the results of this study the following conclusions can be reached with regard to the reliability of the KSKS.

1. The KSKS has good intra-rater reliability when tested within a period of one hour. Since the study involves measurements on human subjects it is unrealistic to compare ICC values with that of laboratory studies which have excellent reliability.

2. The KSKS demonstrated moderate agreement for inter rater reliability. Since the measurements are based on the clinical experience, moderate reliability is acceptable to allow the tool to be used in clinical trials.
The KSKS, in spite of its moderate inter rater reliability, has demonstrated adequate intra rater reliability. We therefore recommend that the KSKS can be used as a reliable outcome measure in clinical trials conducted by participating physiotherapists. We also recommend that any researcher has to demonstrate both intra rater and inter-rater reliability before administering the tool in clinical trials.