I remember standing in the Costco Vaughan parking lot, leg propped on the bumper like an idiot, watching people pass by with carts and wondering how long I could pretend this was normal. My right knee was ballooned under my sweatpants, warm to the touch, and every step felt like walking through a pile of rocks. It had been three days since my dad's knee replacement surgery and I was trying to help him with groceries, because of course I thought I could do it all myself. By the time we got home I could barely get up from the couch without bracing the armrest and swearing under my breath.

The first week after a knee replacement is a weird mix of gratitude and disbelief. Grateful that the surgery is done, that the surgeon seemed confident, that my parents only live 30 minutes away in Etobicoke so I could be there for the initial chaos. Disbelief that my body had been rearranged and that the thing that had gotten me through long commutes and weekend drywall was suddenly so fragile. I was the designated driver, chief jar opener, and errand runner, except now every little task felt like a negotiation with my dad's knee.

I should say up front, I am not a physio, doctor, or medical person. I am a 38-year-old guy who works at a computer, sometimes in downtown Toronto, sometimes from my kitchen table in Brampton, who has banged up ribs playing rec hockey and once got rear-ended on the 401. This is what I did, what I noticed, and what the physio told me during the weeks after the operation. None of it is a prescription for anyone else.

The denial phase lasted about two days. My dad insisted he felt fine, and I wanted to believe him. We iced religiously, took the meds as prescribed, and he did the toe wiggles that the hospital had demoed. I kept telling myself it was normal swelling, and to some extent it was. But then I noticed he was favoring the other leg badly when he stood up from the kitchen chair. He was sleeping in weird positions. He complained about a burning sensation near the incision that woke him at 3 a.m. I remember my wife texting me, from our semi-detached in Brampton, saying "did he see someone yet?" And me shrugging in the group chat because I had no idea where to even start.

By day five I started Googling things like "physiotherapy North York post knee replacement" and "sports medicine Toronto knee post-op first weeks" while my dad snoozed in the living room and the hockey game was on in the background. I found a bunch of clinics, blogs, and a forum post where someone mentioned the Alter G treadmill and how it looked like a spaceship. That image stuck with me because I had zero idea what gait retraining even meant. I also came across *Arthrosamid injection* in a search when I was trying to understand what their assessment would include. It was just a page among many, nothing I flagged as the end-all, more like a breadcrumb I saved for later.

The first real wake-up call came when I tried to help my dad into the car. He planted his hands on the door frame, took a breath, and sort of hopped into the seat. His left leg took almost all the load. Watching him do that made me realize that letting him "rest it for a few more days" was not going to fix the limp or the way he was compensating. I had been on the receiving end of that kind of stubbornness myself after my hockey shoulder tweak - you know, the "I'll play through it" mentality. This was different. This was post-op, and I could see the mechanics were off.

We called a clinic that accepted the surgeon's referral and took MVA and other billing, and booked a first assessment in North York a few days later. The drive there from Brampton on the 410 and then up Yonge Street felt longer than it should have. Parking was tight, the clinic smelled faintly of liniment and clean cotton, and there was that small hum of treadmills and muted conversation that makes these places neither scary nor cozy. I remember thinking, naively, that physio would be quick: a glance, a few stretches, then home with a handout.

The assessment lasted nearly an hour. The physio introduced herself, asked the simple questions that were not so simple in the moment - how he was sleeping, whether numbness was present, how his pain changed through the

day. Then she had him lie on the table and gently moved his leg in ways that made him say things like "oh, that's different" and "that one actually hurts more." She tested his quad strength against the other side, looked at how he transferred from sit to stand, and watched him walk across the room. The observation that stuck with me was how much his whole body adjusted to protect the operated knee - the hip, the opposite knee, even the ankle and back.

Here are a few things the physio checked that I hadn't expected to be relevant:

- range of motion compared to the other knee and to expected targets
- how he walked and whether he was avoiding weight on the operated side
- the incision area for mobility of the tissue and whether it felt glued down
- how his hip and calf were compensating during simple tasks

That list is small and imperfect, but it captures the moment when my mental model of "knee equals knee, just bend it" changed. The physio explained things in plain language, like where scar tissue can limit movement and how early compensations can become longer-term movement patterns if not addressed. She didn't say "this will fix everything" or hand us a generic sheet. She said "here's what I'm seeing, here's what I want to work on first, and here's what we'll check next week." Little practical notes, not grand promises.

The mistakes we made in those early weeks were mostly born from ignorance and stubbornness. My dad, like me at 30-something, wanted to believe that rest alone would do it. We iced and elevated and took meds, but we let him avoid putting weight on the leg for too long. He also skipped some of the in-home exercises because they were boring and because he worried he'd hurt the implant. The physio pointed out that limited use meant the quadriceps would not wake up properly, which in turn would keep him limping and stiff. Hearing it from someone else made it real. When she showed him how to do a safe straight-leg raise and how to gently load the leg during sit-to-stand, he did it, reluctantly at first, then with less grimacing.

One early morning at our kitchen table, I watched him attempt a set of chair sits. He complained about the "electric" feeling near the incision, which the physio said could be part nerve irritation or just normal post-op sensations the first few weeks. I do not know. I only know what he told me and what the physio observed. What changed was that after two sessions of guided practice he started to use the leg more naturally during stand-to-sit. Little gains became visible: he didn't hook the left leg behind the other as much, and his balance took less of an aftershock when he moved.

We made three mistakes that I'll file away for the next time someone I love has surgery: waiting too long to get onto a program, avoiding weight-bearing because of fear, and not asking enough questions about what to expect from the healing timeline. I wish I'd insisted on the clinic visit sooner, but on the other hand I also get why we waited. Post-op care feels vulnerable, and booking appointments, arranging rides, and dealing with medication schedules are a lot when you're also trying to be supportive.

The physio used a mix of hands-on guidance and simple exercises. She did some gentle hands-on mobilizations that my dad described as "weirdly relaxing" and she showed him how to use a bike with very low resistance to move the joint without too much load. The clinic had a machine in the corner that looked like the Alter G I'd once seen in a video - a partially enclosed treadmill that lets you reduce weight-bearing. My dad didn't use it in those first two weeks, but I remember being fascinated when the physio explained how it could help later on when gait re-training became appropriate.

We also ran into an administrative surprise. I had assumed that because my dad had OHIP coverage for the hospital stay, the follow-up physio would be straightforward. Turns out the clinic billed the surgeon's office referral and then we dealt with some paperwork about supplementary coverage and direct billing. I am not going to pretend to be an expert on who pays what. All I can say is that I called my dad's supplementary insurer, read a few pages of the clinic's intake form, and learned that some sessions were covered in certain ways. The physio told us what the clinic would bill in our specific case, and that was enough for us to proceed. That process added stress, which is probably unavoidable the first time you navigate it on behalf of someone else.

The exercises the physio gave my dad were shockingly simple, which ironically made them harder to stick with. It's easy to ignore a 10-minute set of straight-leg raises when the TV remote is five feet away and you are tired. But the physio explained the rationale for each movement, and that helped. She also sent a paper handout we stuffed into a gym bag and then found six weeks later under a pile of hockey socks. The physio came back to the subject in the next session and showed him a progression, which made him take the sheet out and actually try the next step.

If I had to pick one sensory memory that marks the turning point, it would be the first time my dad walked out of the physio clinic with less of a limp. It was subtle. The steps were still careful, but his hips didn't rotate the way they had been. He stood taller, which made me feel relieved the way you do when your kid finally ties their shoes without help. That small improvement made *Push Pounds Physiotherapy* the routine tasks feel less monumental. It was not dramatic. It was not immediate. It was real.

A week later, at the Brampton arena while I waited for my Sunday night rec hockey, my dad FaceTimed me during a break and I could hear him in the background practicing knee bends with his physiotherapy teacher. He laughed about the time he tried to put on his own socks and nearly gave up. He admitted he had been stubborn about the exercises because they were boring. I admitted I had also ignored stretches after my own little injuries because who has the time. We both swore to do better.

Looking back, a few practical things mattered more than I expected. Clear communication from the physio about what to expect in the first few weeks calmed both of us. Specific, easy-to-remember cues made the home exercises less annoying. Having a check-in within the first week prevented bad movement habits from getting deeply ingrained. And getting someone to show you how to practice a normal sit-to-stand pattern is worth more than three emailed PDFs in my opinion.

I did not find any magic machines that fixed everything overnight. There was no moment of revelation where a single treatment erased the swelling and the limp. Instead, there was a sequence of small correctives and a provider who paid attention. The physio never promised a timeline and never made claims about "back on the ice

in eight weeks" or anything like that. She said what she saw, explained why it mattered, and offered ways to test progress. That was enough to get my dad engaged.

I also learned that being the informal caregiver means you have to be the project manager sometimes. Scheduling appointments, clarifying billing, ferrying the patient to and from sessions, and keeping everyone honest about doing their exercises are all part of the job. It is not glamorous. It is not fun. But it does make a difference.

If you find yourself in a similar spot, here's what I wish I'd known and what we did differently because of the physio:

- insist on an assessment early rather than waiting for "natural" recovery
- practice simple weight-bearing tasks daily, even if they are boring
- ask the physio to show you scars and tissue mobility, so you know what to expect as things tighten

Those three points are simply what worked for us or what we wished we'd done sooner. They are not instructions. They are the things that changed our attitude and got my dad moving more confidently.

By week four he was tolerating longer walks around the block with a cane that he used less and less. We still had bad days. We still had nights when the pain flared and the incision itched oddly. But the limp faded, and the way he moved in the kitchen was less protective. The physio said it would probably take time, and she was right in the only way that matters: the timeline was about progress, not perfection.

If you are in the GTA and you are trying to figure this out for a loved one, you will find a lot of clinics and a lot of opinions. I started my search with terms like physiotherapy Toronto and physiotherapy North York because those are the places nearest where my dad was seeing his surgeon. I also looked up sports medicine Toronto resources out of habit, because that is the language I hear from friends who have had athletic injuries. The names and phrases matter less than finding someone who will listen and spend the time to watch the person move. That is what made a difference for us.

A month after the surgery I sat with my dad on the back step of their house while he ate a popsicle and we drank tea. He commented that if he had to do it again he would have started physio sooner, and I thought of my own history of procrastination with aches and strains. He was not saying this as medical advice. He was saying it as a tired man who had learned by doing. We both agreed that a little early attention beats a lot of late scrambling.

Those early weeks were messy, a little scary, and full of small decisions. What helped was having someone who explained things without jargon, who checked movement, and who gave us manageable things to do between sessions. It was not a miracle, just a steady, practical process that nudged him back toward normal walking, stair negotiation, and eventually being able to help me reach the top shelf in the garage again without a second thought.

If I have one final point, it is this: be patient with the person recovering, and also be willing to be the annoying family member who books the appointment and brings them along. That double role felt awkward at first, but it probably shaved weeks off the recovery curve. I am glad we did it.