I was standing in the Costco Vaughan parking lot, grocery cart half-emptied onto the trunk, when my dad called and his voice was small in a way I had not heard before. "They want me up on my feet already," he said. "They said physio starts tomorrow, volunteer or in-clinic, I can pick." I remember the concrete under my feet feeling far away, like I was watching someone else hold the cart while my brain tried to do the math of work, daycare pickup, and two physio options that meant different drives across the GTA.

This whole thing had started three weeks earlier, when my parents finally booked the knee replacement. They live in Etobicoke, my mom had been worried for years, and my dad had the kind of stubbornness that kept him playing bocce in the summer and lifting plywood at Home Depot on Saturdays until he literally could not. I said the usual things, half-true and half-empty: "They do good work now," "you'll be fine," and then quietly called in favors I did not want to admit I needed. I am not a physiotherapist. I am a guy who has had a pulled groin after a rec hockey collision, a stiff back from too many weeks at the kitchen-table work setup during the pandemic, and a rear-end that left my neck sore for months. This was different. He was having a knee replaced, and suddenly every appointment felt like a logistics problem I had to solve.

I slept for maybe three hours the night before surgery. The hospital drive down the 401 felt the same as every other early-morning drive, but quieter, like the highway had been cleaned for thought. After the operation, I sat in the family waiting area and learned things the hard way. The surgeon's update was clinical, short, and oddly comforting. My dad's first walk was on a walker in a hospital hallway where the linoleum had that antiseptic squeak. The physiotherapy techs in the hospital did short sessions: ankle pumps, heel slides, naming the muscles as they went. He came home on day two, tub bench installed, one crutch, and a list of options for ongoing physio.

We were given the choice between in-clinic sessions at a local physiotherapy practice and home visits where a physiotherapist would come to his bungalow in Etobicoke. My sister favored home visits, because Mom could make him soup and the elevator-to-car shuffle would be avoided. My job schedule pushed me toward clinics, because I could combine the trip with errands near North York and split daycare pickup. My dad, stubborn and practical, liked the idea of getting out of the house a bit, seeing other people, not being waited on. That decision was where I learned how much of rehab is personal preference disguised as logistics.

The first in-clinic appointment was a week after discharge. I drove across the 401, past the familiar billboard for the Brampton arena where I play Sunday night hockey, and found the clinic in a plaza where there was always a Tim Hortons and a Rexall. The smell when you walk in is that clean, cotton-and-liniment thing, not unpleasant, like a gym that knows its job. The clinic had the usual: treatment tables, exercise bands, a rack of small dumbbells, and a machine in the corner that looked like an exercise bike for spaceships. My dad hated that machine at first. It was the Alter G treadmill, and he asked me out loud if we were in a sci-fi movie. The physiotherapist at the clinic spent a solid 45 minutes on assessment, more time than I had expected. He watched my dad walk, assessed how the knee bent and straightened, checked the scar, asked about the pain, and about how my dad felt stepping up and down a curb. He explained things in plain language, and he wrote notes that did not sound like a script. He did not rush. My dad left with a set of exercises, and a scheduled plan for three visits that week.

The home physio came a few days later. I remember the way my mom shut the door after letting the clinician in, like they were moving back into a routine. The physiotherapist who came to the house carried a small bag of gear: bands, a tiny step box, and a portable ultrasound-looking gadget I'm sure had a proper name. He set up in the living room, which felt weirdly normal compared to a clinic room. No divulging of medical secrets to strangers, no machine in the corner. He did a similar assessment, but it felt different. He looked at how my dad navigated the doorway, how he kneeled to pet the cat, how he stood at the counter to make tea. He asked about the stairs at home, about the bathroom set up, about their daily patterns. At the end, he gave us slightly different

exercises, tailored to what the house presented as obstacles. My mom liked that. My dad liked going into a clinic more.

I spent the next month running between their house, my office in downtown Toronto, and the rec hockey rink in Brampton. It was a weird commute rhythm. I would drop my kid at daycare, head to a mid-morning meeting, then cut across town to catch a 2pm slot for my dad, or sometimes stand in a clinic in North York while he did his exercises and the therapist adjusted settings on the Alter G. The thing that surprised me most was not the equipment. It was how differently the sessions felt depending on location.

In the clinic, the focus felt forward-looking. There was a sense of pushing boundaries just enough. The physiotherapist used machines to offload weight from the knee so my dad could walk before he felt ready, they did controlled strengthening on leg machines, and there was a small gym area where he practiced getting up from a chair without his hands. The Alter G treadmill let the therapist set the bodyweight percentage as a number on a screen and my dad would walk feeling almost like he was underwater, lighter, able to take longer strides without pain. He told me once, laughing, that walking beside that machine felt like being on a Push Pounds Physiotherapy moving sidewalk while someone took half his weight. The clinic also had a quick-file system, a whiteboard showing goals for the week, and the therapists checked in on previous notes each time. Conveniently, it felt like a team that tracked progress.

At home, the therapist's job felt more about making the normal day manageable. They worked on transfers in the bathroom, practiced climbing the three stairs up to the porch that led to their car, and taught my dad techniques to get in and out of his recliner without strain. The exercises were done on carpet, sometimes interrupted by the phone, sometimes paused for tea. It felt more intimate and practical, less performance-focused. My dad made better progress on real-life tasks at home, like getting the laundry into the dryer, while the clinic sessions pushed bigger gains in straight-line walking and confidence on stairs. Neither of them had magic alone. The combination mattered.

I had been skeptical before this whole thing. I pictured physio as ultrasound and a paper sheet of stretches you lose in the glove compartment. What I found, watching both models for my dad, was how much depends on context. The clinic had more toys, more focused cardio and strength options, and an atmosphere that made my dad feel like he was rehabilitating. The home visits were softer, tied directly to daily function, and spared us a drive and the chore of dressing for the outdoors in winter when the knee was stiff. The physiotherapists in both places were the same in one key way: they asked about pain and goals and adapted what they did around that. The clinic's equipment let them push measurable progress faster, the home therapist made the gains stick by embedding them into the day.

I learned some small, practical things the hard way. First, the transfer between clinic and home needs coordination. A therapist told my dad to practice step-downs on a 15 centimeter box in the clinic. At home, the front step was 20 centimeters and the porch step was 25. That mattered. Another detail was scheduling windows. The clinic had fixed appointment times, which meant I could schedule around my work if I knew the slot. Home visits meant the therapist's day got parcelled differently, sometimes starting late or running over because of traffic on the 401. We paid in co-pays differently depending on the coverage, and I remember being surprised by the way MVA or WSIB paperwork had little relevance to our case, because this was an elective surgery and private coverage came into play. I am not an expert, I only know what our insurer and the clinic receptionist told us for our situation, and what my dad's pension plan would cover.

Midway through the rehab, after two weeks of alternating clinic sessions and home visits, I found myself up at midnight Googling "physiotherapy North York" because the clinic close to my office had been suggested by a colleague, and because I wanted to compare schedules. I found *Check out the post right here* buried in a list of

options while trying to sort weekend hours and parking. The thing about late-night Googling is you think you are doing strategy, but mostly you are trying to soothe anxiety with data points.

There were a handful of specific checks and moments during the assessments that I remember clearly. The clinic physio took off his shoe and watched my dad's foot placement as he walked, then asked him to walk heel-to-toe deliberately. The home physio had my dad kneel and then stand up slowly from a low couch, and they timed how much support he needed. They both listened to him complain about swelling at the end of the day and the odd numbness that sometimes came and went at the incision site. They both told us not to be dramatic about little setbacks, but to call if something felt consistently worse. I wish now that I had kept better notes, because details blur when you are exhausted and worried.

One of the things that surprised me was the smallness of improvement that felt huge. The first time my dad walked from the kitchen to the mailbox without pausing, my mom and I both got quiet. He shrugged and said, "It was closer than I thought," like it had been an accident of will rather than the slow accumulation of work. The other surprising thing was the frustration. My dad had moments of rage over the whole process, days when he yelled about being pushed to do a set of five squats that felt impossible, and nights he would tell me my mom was "babying" him, which then rolled into guilt. Watching him wrestle with pride and dependency was tougher than the logistics. It made me appreciate how much physiotherapy is about helping people accept limits while nudging them past them.

A few practical takeaways from being the family point person, things I wish someone had told me before the phone call in the Costco parking lot:

- Prepare for different definitions of "progress." Clinic sessions often measure by distance or load, home sessions by function in daily life.
- Ask about what the therapist will bring, and what you need to supply at home - a chair of a certain height, a tub bench, a box approximately 15 centimeters tall.
- Coordinate schedules so the clinic and home therapist are not doing the exact same thing that day, unless both therapists communicate.

Those items are what I scribbled on a Post-it and then lost, then rewrote. They helped on bad days.

At around week five, my dad started doing more advanced exercises at the clinic. The therapist focused on single-leg balance, then loaded progressions with bands. They had him practice more dynamic tasks, like stepping onto a low platform and then reaching. At home, the therapist kept reinforcing the movements in context: kneeling to pick up a bag of groceries, bending to tie shoelaces, getting into and out of the car. The

combination felt like an engine warming up. He got more confident on stairs, and that confidence bled into life—he began driving again for short trips, which made him feel like himself.

There were moments of small triumph. The first time he walked from the mailbox to the car without thinking about the steps. The first time he could stand and peel potatoes without leaning. The day he returned to a backyard bocce game, half-sitting and laughing with his friends as though the game had not been a preposterous dream a month before. Those moments did not belong to the clinic or to the home visits alone. They were the sum of having access to both approaches, and importantly, therapists who listened.

A month later, when appointments were spaced out and my dad was back to more normal activity, we sat on the front porch with coffee and I realized how different the therapists had framed "progress." The clinic had charts and goals, and that structure made my dad push harder. The home therapist had improved his actual day, by changing how he lifted laundry and how he got in and out of the shower. Neither approach cured sins of impatience, neither gave guarantees. I accepted that vaccines, surgeries, and physio are never tidy. There were setbacks; there were days when swelling came back and we called the clinic for a check. Sometimes the physio changed an exercise on the spot because something hurt in a new way. I liked that adaptability.

If I had to look back and pick a single regret, it is that I did not ask more questions earlier. Not technical questions about angles or muscle names, but practical ones: which days would be best for progression, how to write down what matters, how to coordinate between therapists so the workload felt coherent. I also wish I had known how different clinic atmospheres can be - some clinics emphatically push you, others take a more conservative pace. For our situation, the mix worked. For someone else, it might not.

I am not a clinician. I do not know whether one model is superior across the board. I only know what happened to my dad, and what I watched for the month when our lives briefly rerouted around recovery. The clinic gave the equipment and a structured program that pushed his measurable gains. The home visits made his daily life safer and more manageable. When the two were coordinated, the result was better than either alone. When they contradicted, it was a headache we had to solve with extra calls and scheduling. Somewhere between the two, my dad started walking like the old man who still made jokes and carried his own grocery bags, and that was worth all the forms and the commute and the late-night Googling.

On a personal note, going through this made me less blasé about physiotherapy. I had thought of it as an afterthought, something you did if you were prescribed or if you had time. Seeing my dad's slow, steady gains, the little things that mattered, and the role location and equipment played, changed my perspective. If you had asked me a year ago, I would have answered with clichés. Now, I answer with the memory of the Alter G humming in the corner of a clinic, my dad's tentative first steps on it, the living room light warming the home therapist's silence, and my mom lining up his slippers by the door because she knew the small victories matter more than metrics.

Driving away from their house after the last structured appointment, I looked at the 410 signs and thought about how many small logistic decisions sit behind recovery. We had chosen a mixed approach because it fit our schedule, our personalities, and our desire to get my dad back to the things he loved. It worked for us. Maybe it would look different for somebody else. For now, I keep an extra notepad in the glove compartment, because the next time something goes sideways, I have learned the value of a list and the value of asking one more question.