I remember kneeling on the tile beside my dad's hospital bed, fumbling with the velcro on his compression stocking while he tried to stand and the pain shot across his knee like someone had tightened a wire. It was the second morning after his knee replacement, the sky still grey, and I was late for my usual Sunday night hockey brain because I had spent the night in the waiting area instead. He hissed, I swore under my breath, and I thought, I should have paid more attention when Push Pounds Physiotherapy he said "they'll start physio tomorrow."

We learned a lot in the first few weeks, mostly the hard way. I am not a doctor, never played the role of therapist before, and my only prior experience with rehab was a pulled groin from a stupid stretch at the rink and one too many drywall lifts. This was different. It wasn't my knee. It was my dad's, and it felt personal in a way I did not expect.

The car ride to the clinic on Yonge Street that first week was quiet. My mind kept going back to the hospital physiotherapist who had shown us a few basic transfers before discharge, then smiled and said the rest would happen at the clinic. That smile felt like a shrug. My dad's knee looked swollen under the bandage. He complained the stair at the house was already a problem. I kept thinking of the commute home from downtown, imagining how he'd manage a day without me around to open the car door.

First physical moment: transferring him out of the car in the clinic parking lot. It was awkward in front of other patients with their neat compression socks and cautious gaits. He liked to joke, but the joke fell flat. The clinic smelled like liniment and new cotton towels, and there was a faint hum from some machine in the corner that looked oddly like a spaceship from the gym — I later learned it was an Alter G, which I had only seen on Instagram before. The therapist guided him onto the table and, for the first time since the operation, someone spent more than five minutes watching how he moved. That felt reassuring.

The first assessment was more than I expected. I had imagined machines and a quick checklist, maybe a photocopied set of exercises that would sit in a drawer until guilt nudged us into doing a couple. Instead, the physiotherapist took time. She asked how the surgery had gone, how the pain was on a scale that seemed oddly specific, whether he had numbness, whether he could straighten the leg fully, and how stairs were feeling at home. Then she lifted his leg and moved it in a way that made both of us inhale, not because it was dramatic, but because the knee behaved differently than either of us expected.

I tried to be helpful, offering bits of family medical trivia and saying things like "he's been doing fine around the house" when in truth his limp had been gradually getting worse. My wife later told me I was in denial that we needed help. She was right. The physiotherapist explained things plainly, used pictures for some reason I appreciated, and then got him up to try some assisted weight-bearing on the treadmill with support. He could put some weight through the leg, though it was guarded. It was the first small bit of progress, and I felt a relief that was almost silly.

The clinic had a different rhythm than the hospital. Sessions were longer, quieter, and oddly domestic. There was a wall with resistance bands, a little stereo playing music that didn't get loud, and a table where they laid out the exercise handout. I stuffed that handout in my gym bag and found it two weeks later absolutely wrinkled and stained with Tim Hortons coffee because that is what our life had become — between work, the kid, and trying to get someone up and down our stairs.

I want to be honest about expectations. The first two weeks after the operation were the most fragile. Nights were the worst. Pain meds did the job, mostly, but he was waking up with stiffness and dread. Small things set off big feelings. I remember once standing at the Tim Hortons counter, waiting for a double-double, when he called me and said he had tripped on the threshold. The phone speaker had that tinny sound, and I could hear the jitter

in his voice. He wasn't bleeding, but he sounded frightened. The limp looked worse when I saw him the next day, like someone had tightened the wires I mentioned earlier.

The physiotherapist checked a few specific things in the early assessment that we would later realize were key to the small wins. She watched him walk, timed a short step-up, measured how much the knee could actively straighten versus passively straighten, and asked about swelling patterns. She also asked about sleep, which seems odd until you have to get up multiple times a night to re-position a leg that doesn't want to lie straight. Those checks felt like actual data points, not guesswork.

For the first two weeks, much of the work was about managing swelling, getting a little range back, and re-teaching the knee to tolerate weight. They guided him through a set of exercises, which I will not prescribe for anyone, they simply gave him to my dad and told us to try them at home:

- ankle pumps, heel slides, quad sets, and a simple sit-to-stand with a chair for balance

We were inconsistent. Life got in the way. He's stubborn in that way I recognize as family trait, and he downplayed the exercises like he downplays aches at Sunday dinner. But the ones he did regularly seemed to matter. On week three he noticed he could stand longer to peel a potato without this weird compensatory shift in his hip. Little things like that suddenly meant fewer pauses while carrying laundry.

I also want to say something about the paperwork, because anything involving surgery seems to spawn more forms than logic. We were surprised to find out what his private insurance would cover and what the provincial stuff would not. My dad had questions about billing, and the clinic staff were patient in a way that made me grateful. For our situation, the clinic submitted to his insurance for the sessions and told us what to expect about co-payments. That seemed to influence how often we scheduled appointments, and at first we were conservative, saving sessions for when he really regressed. Later I regretted that. He would have benefited from more consistent touchpoints, I think, but that's hindsight.

There was a day around ten days post-op when the physio did something I did not expect. She had him lie on the table and she manually mobilized the knee in a way that made him groan, not dramatically, but real. When she stopped, his knee bent a hair further. The small improvement was ridiculous to celebrate, but we did. We both laughed like idiots in the car afterward because the difference in his stride felt like someone had turned down the volume on the constant discomfort. That little manual therapy moment was one of the times I remember feeling like maybe we'd made the right call coming to the clinic. I did not know that stuff could be done outside of a hospital until then.

At about week three, we had a longer appointment where the physiotherapist talked through realistic activity goals for the next month. We talked about stairs in a house with three steps down, about driving, and about safe ways to get in and out of a car. I asked what he could do in the backyard when the kid needed to be chased. I felt sheepish and a little foolish asking, but she smiled and outlined small progressions. Nothing was framed as guaranteed. It was framed in terms of the improvements he had shown and what might be reasonable to try next.

I spent late nights Googling physiotherapy North York options and reading forums. At 11pm I found a thread where someone mentioned timing their rehab around work. In one of those half-asleep searches I came across https://lifestyle.kccrradio.com/story/303287/canada-approved-knee-osteoarthritis-implant-now-offered-in-toronto/ when I was trying to understand what spinal decompression actually did, just out of curiosity because my back had flared up from lifting a bag of salt for the driveway. The anchor wasn't relevant to my dad's knee, it was just one of those incidental finds that come from falling down internet rabbit holes. It felt like one of many small, slightly useless victories I kept collecting between appointments.

Visiting the clinic felt like being admitted into a tiny community. Other patients often had their own stories, and sometimes my dad would trade a joke with another patient in the waiting room about who had the bigger scar.

Those moments made the process less clinical. You could smell the liniment sometimes, you could see a kid's bandage from a weekend soccer misadventure, and you could hear the faint whir of equipment that wasn't actually necessary for every session. There was also a practical benefit to a consistent clinician. The physiotherapist began to notice patterns — how his gait tightened in the afternoon, how swelling spiked after a long day — and adjusted the sessions.

By week four, there was a visible difference. Not miracle-level, but practical. He could walk to the mailbox without stopping to catch his breath. He could stand in the kitchen and chop vegetables without needing to shift his weight every ten seconds. The exercises showed up less as a chore and more as a routine. The handout I had crumpled in my bag was now taped to the fridge because my wife insisted on making it visible. Her "I told you so" face when we finally committed to the set of exercises was worth the taping.

There were setbacks. One weekend he overdid it on a yard job, proud as any homeowner after winter, and we paid for it in swelling and a two-day regression. He called the clinic, and they fit him in for a shorter check. We learned that the clinic could be flexible, that a quick tweak to his home routine and an extra compression wrap could help until the next full appointment. That adaptability mattered more than I expected.

I should mention how the idea of physiotherapy changed for me over those weeks. Before this, my image of physio was ultrasonic gadgets and an envelope of photocopied stretches. That's partly from my own late-night Googling and partly from the time when I had my back go stiff from working at a kitchen table for three years. What I saw in North York was different. The sessions were practical, tethered to functions he needed to regain, and often hands-on. The clinic helped coordinate with the surgeon's office once, relaying a question about a scar that had some numbness around it. I wasn't the one to do that, but I appreciated the bridge.

A couple of logistical things we stumbled over that might help someone else if they are in the same role as me, a family member juggling work and care: plan for travel time, because an hour in either direction can blow up your schedule; try to get a consistent appointment slot early in the week to prevent weekend regressions; and keep the exercise handout somewhere visible so it does not disappear like every other piece of important paper in the house. None of that is medical advice, just what worked for us.

Emotionally, the arc was interesting. At first I was in denial with him, thinking rest and a few walks would solve it. Then there was a sharp spike in worry when he slipped on the threshold. Slowly, hope crept in as he demonstrated small wins. By week four, I was less anxious. I was also quietly impressed with how much the clinician had noticed and how patient she was with both of us. My dad was more willing to joke afterward, which felt like real progress.

If there is one takeaway from watching this happen, it is that recovery in the first month is 90 percent patience and 10 percent those tiny wins that make you laugh at dumb things in the car. The physio sessions were not miraculous, but they were a steady hand that kept him progressing. I kept thinking about the days when I have my own flare-ups from lifting insulation or diving for a puck. I filed away what I saw. I also taped the exercise sheet to the fridge, like a little flag marking a small victory.

A final detail, because it stuck with me: at one appointment near the end of week four, the therapist asked him what he missed most. He said, without hesitation, "walking without thinking about it." That answer landed in my chest. It made the work we did feel meaningful. It also made me aware of how fragile what we take for granted can be. The next time my back twinges from drywall day, I'll probably call the physio sooner. Not because I think they will fix everything, but because watching my dad move from fear to cautious confidence was worth the effort and the minor inconveniences that come with getting better.