I woke up and my first thought was that I had slept wrong. Then I tried to sit up and the room tilted and my knee felt like someone had crammed a bowling ball under my pajama leg. It was the middle of the night, the house quiet except for the faint hum of the fridge and my kid's night-light through the hallway. My wife nudged me and said, "Told you to ask for the stronger pain meds," and I mumbled something about being tough. That was the fourth night after my knee replacement.

I should be clear up front, I am not a physio, nor a doctor. I'm a 38-year-old guy from Brampton who works at a desk a lot, plays rec hockey on Sunday nights, and has done his share of drywall and sanding at home that his back now reminds him of. I write this as a guy who went through the whole process — surgery, the foggy first week, the trudge to appointments — and who learned a few things the hard way. This is a story about the first month after surgery, what the physio sessions looked like for me, and how things changed week by week.

The drive home after the hospital felt unreal. My truck smelled like hospital coffee, which I guess is a thing. I took the 410, thinking I could just manage the short commute to my parents' place in Etobicoke if needed, but it turns out stairs are tiny battles in this phase. My wife drove me to appointments the first two weeks, because I wasn't confident on my own yet. She made the calls, packed my backpack, nagged me into trying the ankle pumps the nurse showed me, and kept finding the Advil when I couldn't.

Week 1: the fog, the swelling, and all the "rest" advice

The first 72 hours are mostly a blur. The knee was swollen, warm, and unhappy. I relied on the hospital's physio for the initial walkthrough: how to safely get in and out of a car, how to walk with my walker, how to use the ice machine they lent me. They emphasized movement more than I expected. I had pictured being told to ice and sit on the couch, but the message was "move within limits." I nodded through it, half-listening, still high on hospital TV and the kind of pain that makes you grateful for any nurse who answers the call bell.

At home, the kitchen table became my office. Three years of WFH on a kitchen table supposedly prepped me for this, but typing emails with one leg iced and propped up is a special kind of awkward. The first few days I alternated between icing, elevating, and hobbling to the bathroom. My dad came by one morning, looked at me trying to shuffle down the hallway, and said, "You look like you got into a fight with the stairs." He was right.

I mentioned at a follow-up that I had Googled stuff at 2am and felt worse for it. My wife rolled her eyes and said the internet would just convince me everything was broken. I found myself wondering how long this swelling would hang on, and whether the range of motion would ever feel normal again.

Week 2: the first physio appointment and the assessment that surprised me

Two weeks after surgery I booked my first private clinic appointment. I had assumed post-op physio meant a quick check and some stretches. The clinic smelled like liniment and clean cotton, which made me think of old-school hockey dressing rooms. There was an Alter G-looking machine in the corner, half-alien, half-treadmill, which I later learned was for partial-weight-bearing walking. For now I was still using a walker.

The assessment room had a big treatment table and a row of resistance bands hanging on the wall. The physiotherapist I had booked was patient and a little amused by my "I play hockey, do I have to give that up?" Jokes. She watched me stand, watched me walk a few steps, and then had me lie on the table. She moved my leg in ways that made me realize how much I had been protecting it — some motions didn't hurt so much as felt foreign.

She tested things I didn't know could be tested without a machine: passive range of motion with her hands, strength checks against her resistance, and a gait assessment while I shuffled a little. She also asked what I could

do at home and how the pain felt during certain movements. Her notes were specific: degrees of bend, how my knee wobbled a bit when I tried to stand on one leg, how the scar was tight. I left with a few in-clinic treatments — mostly manual mobility work and gentle guided exercises — and a stack of instructions that I stuffed in my gym bag and promptly forgot about for a week. The actual hands-on part surprised me; it was not just "here's a sheet," it was a progressive nudge to move.

Week 3: boredom, a small breakthrough, and reality checks

The third week is where things get mentally interesting. You expect quick wins, but recovery has a weird patience-testing quality. Walking to Costco felt like a major outing. I remember that parking lot, the cold air, and feeling like a small-town hero for making it to the cart corral without asking for help. My knee was still puffy most mornings, but I could bend it a bit more than the week before. Not much, but measurable.

At the clinic they worked on scar mobility and did some manual therapy that felt like a dull, necessary wrestling match with my tissue. The physio taped my leg one session, which made me feel like I was back on the bench at the rink with a fresh strip of tape down my thigh. She pushed me into doing straight-leg raises, mini-squats to a chair, and heel slides on the table. These were boring exercises, but she explained what each was trying to get back — bending more, controlling swelling, getting the quad to wake up.

This is where I should confess I had no idea about OHIP physiotherapy rules. I asked at the clinic about coverage because my office's HR had been vague and I didn't want surprise bills. The receptionist told me what she knew about my coverage for post-op care in my specific case, and the physio clarified a few billing points for my own situation. It wasn't a blanket policy lecture; just what applied to me. That helped, because costs were on my mind — between the surgeon’s follow-ups, parking at the hospital, and all the little things a family needs, money felt tight.

Week 4: measurable change and the first time I drove myself

By four weeks things felt different. Not fixed, but different in a way that matters. The swelling had backed off enough that I noticed how my gait was improving. My therapist had me try balance work while holding onto a countertop, and for the first time I felt like I could trust the knee a bit instead of holding my breath every step.

One session included a short stint on that weird Alter G-like treadmill. It felt like walking inside a giant egg. The machine un-weighted me, so I could walk with a more natural gait without putting full weight on the leg. That was a real eye-opener — walking felt smooth, and my brain remembered how it wanted to move.

I had been skeptical about physio before this whole thing. I thought it was ultrasound and a sheet of exercises. My sessions proved me wrong in a good way. The manual work made the scar less angry, the guided progressions made me confident enough to try small stairs, and the repetition helped with endurance. My wife kept the calls to my surgeon and the clinic organized, which I would have failed at miserably without her.

What the physio actually did in sessions (what worked for me)

I want to be careful here and not make this sound like a recipe for anyone else. This is what happened in my appointments, what I felt, and what my therapist told me about my own progress.

Short list of things the physio checked during the assessment that mattered to me:

- passive and active range of motion in the knee, compared a little to my other leg
- quadriceps activation, because after surgery that muscle was lazy
- walking pattern and single-leg balance while holding support
- scar mobility and surrounding tissue tightness

- pain levels during specific movements, and what made the swelling worse

Those checks led to treatments that included a mix of hands-on work and exercises at home. Hands-on work was mostly soft-tissue massage around the scar and gentle joint mobilizations. The exercises were repetitive, sometimes boring, but gradually pushed my bend and my confidence.

My home exercise list — the things I actually did regularly:

- heel slides on the bed to increase bend
- straight-leg raises to wake up the quad
- mini-squats to chair height for controlled loading
- ankle pumps for circulation and swelling control
- short walking sessions with a focus on heel-to-toe roll

I did those multiple times a day, sometimes annoyed, sometimes grateful. The physio gave me a paper handout the first week that I folded and lost in my backpack. I found it again in week three, covered in creases. That paper was useless unless I actually did the exercises. The ones I skipped were the ones that stubbornly held back progress.

A few moments that were unexpectedly emotional

There are small, oddly moving moments in post-op recovery. For me it was the first time I bent far *Push Pounds Physiotherapy* enough to sit in my kid's booster seat without grunting. It was the first time I could stand in the kitchen and load a pot into the sink without needing to grab the counter. Little victories that my wife noticed more than I did — she would say, "that's new, isn't it?" And I'd shrug and say, "maybe."

Another moment: I was at the rec rink three weeks after surgery to watch the Sunday game. I wasn't playing, but I went because it felt stupid not to. Standing on the bleachers, watching the boys skate, there was a sting of envy, but also gratitude that I could at least stand and clap. A teammate tapped my shoulder and asked how it was. I said honestly, "better, but not there yet." He told me his dad had a knee done and was back golfing in a few months, and I felt that cautious hope.

Where I messed up and what I learned about patience

I'll own that I pushed too hard once. Feeling decent after a week, I lifted a heavy bag of soil from Home Depot and paid for it the next day with extra swelling and a setback that took nearly a week to calm. My physio told me to see that as a soft reminder, not a failure. Recovery isn't a straight line. There are peaks, and then there are days where your leg says no.

I also waited a bit longer than I should have to start addressing scar tightness. I assumed it was cosmetic and would sort itself out. It didn't. When the physio actually worked the scar and the surrounding tissue, I immediately felt more bend. I wish I had pushed to check that earlier.

The cost and OHIP questions — my experience

Money is a practical part of this story. I called the clinic to ask about costs and my own coverage after the surgeon's team gave me a list of local clinics. The receptionist explained what the clinic typically bills for post-surgical physio and what they had been told about my own insurance coverage for post-op care. It helped to have that clarity for my own budget. I also learned about the billing window for my post-op care, and it guided when I scheduled my sessions.

I don't want to say anything definitive about how billing works for everyone. I only mean to say what I found out in my situation, and that having the receptionist explain the expected charges made planning easier.

The mental part: being patient with progress

A surprising part of this whole thing has been the mental adjustment. I am used to pushing through discomfort: skate harder, fix the drywall, finish the sprint. Post-op recovery forced me into a slower mode. The physio encouraged incremental progress, and that slowly built back trust in the knee. There were days I felt impatient and days I celebrated tiny wins. The rhythm of recovery became part of my life for those weeks.

Looking forward from week four

At week four I could get into the truck more easily, climb a few stairs without bracing, and walk longer without thinking about each step. My sessions shifted from passive mobility to strengthening and walking drills. I still had swelling after long days, and I still took my meds when needed, but the direction was consistently better.

If someone asked me what the most useful thing about physio was, I'd say it was the combination of hands-on work and the slow, guided progression. Hearing a professional tell me the exact degree I was missing and then being shown how to get it back made progress feel real. I don't want to suggest that this is the same for everyone. It’s just what I experienced.

A few practical notes from my perspective

- Find a clinic where someone actually watches you move rather than just hands you a sheet. For me that difference mattered.
- Bring someone to the first appointment, especially the first week or two. My wife handled logistics and moral support, which made the whole thing less stressful.
- Keep the exercise handout somewhere obvious. My folded sheet saved me later when I had a lazy week.

I also ended up finding a local resource when I was researching clinics and timelines late at night, and came across ***Visit website*** when I was trying to understand what post-op options were available closer to North York. It was just one of many things I read while trying to make sense of calendars, parking, and who could take me to appointments.

Final thoughts from someone who still scrapes a little on drywall

Four weeks in, I was not finished. I still had work to do, but I saw the shape of recovery. The physio sessions had moved me from feeling fragile to feeling like the knee could be trained. I went back to the rink to watch, to taste the smell of the arena again, and felt a quiet confidence that I would get back on the ice someday.

If you meet me at Tim Hortons and I look like I'm limping a bit, know it's progress. I'm the guy with the knee brace who tells a bad joke about the Alter G looking like a spaceship. I'm still learning patience, and I'm still doing my heel slides in the evenings while my kid wrestles the couch cushions. It is tedious at times, but also oddly satisfying to see the bend increase week by week.

That's my month-one story. Not a guarantee, not advice. Just what happened to me, what the physio did in my sessions, and how a guy from Brampton slowly learned to trust a rebuilt knee again.