I was hunched over the steering wheel in the Costco Vaughan parking lot, one hand rubbing the outside of my knee, thinking about nothing but how I was going to get the kid back into the car seat without crying. It was one of those mornings where the 401 was already a mess and my wife had texted two reminders about the daycare pick-up. I remember the cold from the car seat seams, the way the knee felt swollen and thick, and how every step from the lot to the automatic doors felt like walking up a tiny hill.

I had promised myself I would "see how it goes" after the surgery. I say promised, but what I meant was I avoided thinking about it. Work was busy, the office still wanted me in for a few days a week, and the commute from Brampton to North York feels longer when you are scheduling appointments. I had done physio for a pulled hamstring years ago, so in my head this was the same kind of thing. Spoiler: it was not.

The first night after the op I slept at weird angles, the hospital pillow wedged under my knee, alarmed at every little twinge. By week two the swelling had shadowed my shin and the scar felt like someone had glued a small gadget to my leg. Walking from the parking spot to the Tim Hortons inside Costco felt like an achievement. Friends and colleagues texted the usual stuff, and my dad called once and asked if I was following the home exercises. I had a handout somewhere. I also had a knee that did not want to straighten fully.

The moment I actually decided to call a physio clinic was boring and unglamorous. I was at my kitchen table, laptop open, one of those mid-winter Saturdays where Home Depot and Costco both tempt you and the house needs more shelving. My knee clicked when I stood up to grab my phone. The click was loud enough for the dog to tilt his head. My wife looked up from the living room and said, "You said you would call a physio." She was right. I called.

What I thought physio would be like: fifteen minutes, a massage, a sheet with exercises, nodding and done. What I found instead on the first visit surprised me in small, very practical ways. The clinic smelled like liniment and clean cotton, not overpowering but not completely neutral either. There was an Alter G-looking contraption in the corner that looked like something from a sci-fi set. The assessment room was quiet, with sunlight through blinds and a treatment table that sagged just slightly where other knees had landed.

Before the session I Googled stuff. I even found **Arthrosamid clinical studies** when I was comparing clinics and reading random patient comments at midnight. I did not know what OHIP covered for post-op rehab in my situation, and when I asked on the phone the receptionist gave me a plateful of "it depends" and "we'll bill what we can" answers that only made me more confused. In my case, the clinic handled the MVA paperwork and some of the billing, and I got a better sense of what to expect financially after the first appointment, but that was specific to my booking and how I had the surgery coded. I almost laughed when the physio said, "We will get started with some basic things and see how the knee moves," like it was a line from a script. It was not. It was exactly what happened.

The assessment itself was longer than I expected, maybe forty-five minutes. The physio asked about my job, my hockey, my drywall adventures that had ruined my back more than once, and how I was getting around the house. He watched me walk, which I thought would be quick, but he made me walk farther than just a few steps. He had me lie on the table while he moved my leg in ways that felt odd because I did not realize my leg could move that way post-op. He pinched and prodded, but not in a scary way. He explained what he was doing in plain language and sometimes in analogies I could picture, like "think of the knee as a hinge with soft packing that needs to be gently used" - nothing clinical-sounding, just practical.

What the physio checked surprised me. He spent time on things I would not have thought to mention, like how my hip was compensating, how my ankle was holding tension, and how my core was doing the work of a knee that was missing some motion. I wrote them down because I am the kind of person who writes things down, and

because my brain gets foggy when I am tired. A short list of what he checked, because it helped me make sense of the visit:

- how far the knee could bend and straighten compared with the other side
- strength around the knee and hip when I pushed against his hand
- how I walked, and whether there was a limp or avoidance pattern
- how my scar moved and whether there was tightness in the tissue
- balance and the wobble when I stood on one leg

It felt thorough but not overwhelming. He did not use words that made me feel stupid for waiting. He asked how the recovery had been at home, if I had been icing, and whether my wife had been on me about the exercises. She had. She was annoyingly correct.

The first treatment session included some manual therapy, which for me meant a few targeted movements on the table and a stretch that made the back of my knee feel like it unlocked a little. He used some electrical stimulation machine that buzzed briefly, and I admit I was skeptical about that too, but the immediate effect was small and not dramatic. Mostly it felt like someone had taught me how to use the leg again, in tiny increments.

Exercise compliance is where I failed spectacularly the first few weeks. The physio gave me a handout, which I shoved into my work bag and found three weeks later folded and coffee-stained. He also gave me a short list of things to do that fit into the time I actually have between meetings and daycare runs. I kept them simple because if an exercise routine requires more planning than my Sunday hockey schedule, it will be ignored. The exercises were simple enough to do at the kitchen table, in the car as a passenger, or while watching the Leafs game.

Short list of the exercises I actually did, because they were the ones that stuck: *Push Pounds Physiotherapy*

- heel slides while lying down, focusing on slow movement and breathing
- quad sets, tensing the front thigh while keeping the leg straight
- gentle sit-to-stands from a chair with a pillow under the heel for a few weeks
- standing knee bends holding onto the counter for balance

These were not glamorous. They were not a silver bullet. They were things I could do while watching the kid do his puzzles, or waiting for the coffee to finish. Doing five of each exercise, three times a day, was a big ask the week I was back at the laptop for a full day.

I kept thinking about the hockey hits I had taken in high school, the silly runs I tried to squeeze in between meetings, the drywall-loading days that my back still complained about. My body had a history, and the knee seemed content to remind me of it at inconvenient times. The physio kept reminding me that rehabbing a knee replacement is about small wins. That annoyed me at first because I like big milestones, but then I saw the small wins stack into bigger ones. The limp that was almost always there when I put on shoes became less obvious by week five. The scar tissue stopped catching when I bent down.

One thing that surprised me was the social stuff. I had underestimated how much I would want to talk to someone who got what it felt like to be a busy professional trying to rehab around meetings and kids. The physio clinic had a few other patients in the waiting room who had the same polite fatigue, the same excuses about work. A guy from North York in a Leafs toque and a woman who kept checking her calendar. The receptionist offered to text reminders for appointments, which I appreciated more than I expected.

I also learned, from asking and from listening, how many ways a knee can be involved in everyday life. The physio pointed out how my workstation at the kitchen table was not ideal. I had been tucking my leg under the table because it was easier, and that was making the knee stiff. He suggested small changes to how I sit and stand that

did not sound like a clinic brochure, just things like moving my laptop to a riser for a while, alternating a footstool, and standing during calls if I could. Those micro-adjustments helped more than I thought they would, mainly because they reduced the number of times I had to reset my leg during the day.

There were moments I wanted to quit. Week three was rough. I had a flare-up after a long shopping trip, and I spent an afternoon on the couch wondering which of my bad life choices led to this. My wife reminded me, with a tone that said "I told you so," that rest is not always the same thing as recovery. She was right. The physio told me the flare-up was a normal part of progress for some people he had seen, not an exact truth for everyone, just what he had observed. That phrasing made me less defensive. I went back to the exercises and the small routine.

After about six weeks I noticed fewer clicks when I walked up the stairs at the arena before Sunday hockey. I was still cautious on the ice, but I skated. The difference between week one and week six was not massive, but it was real. I could stand for a bit longer in the kitchen while making supper without having to sit down mid-chop. I do not say this to promise anyone anything, just to say what happened to me.

For the work side of things, I found myself timing physio appointments for late afternoons so I could go straight from the office in North York. The commute on the 401 with a slightly improving knee felt more manageable than trying to wrap up everything at home and then driving out. Once I found a rhythm, appointments became part of the weekly shape, like the grocery run or the dog walk.

A weirdly helpful aspect was how the physio framed progress. He used measurable, boring things like degrees of bend and how many sit-to-stands I could do without the knee fatiguing. He wrote a couple of numbers on my file and told me we would aim to improve them gradually. Seeing the numbers go up turned into something I could a little bit obsess over, like trying to beat my previous week's count of heel slides. Ridiculous, but satisfying.

There were also practical conversations about insurance and paperwork that I would have missed if I had tried to do it alone. The clinic helped submit certain claims and gave me detailed receipts. For me, that mattered because I was also dealing with work deadlines and daycare schedules; having one less bureaucratic thing to think about was a relief. Again, that is what happened to me.

One of the most underrated parts was the education. The physio taught me why sometimes icing helps and when it felt like it was just a Band-Aid. He explained scar massage in a way I could do in the car while waiting at the daycare, which felt silly to admit but was actually useful. He also pointed out one random thing, that my hip was doing most of the work when I tried to squat, which made sense after he had me do a few squats and corrected my form. Little adjustments like that saved me time and frustration.

By three months I was no longer scanning the floor for uneven pavement with a nervous look. I still had days where the knee felt tired after a long run at the arena or a weekend of hauling lumber, but the baseline had shifted. The exercises became less of a chore and more of a habit. I stopped losing the handout.

If there is anything I would tell my pre-op self, beyond "listen to your wife sooner," it would be to start talking to a physiotherapist early about what realistic, small steps look like in your life. Not because everyone should, but because I wasted a few weeks assuming rest would do the heavy lifting. The physio never told me I would be back to normal by a certain date, and I did not want him to. He did tell me what he saw and what we could try together, and that was enough.

I am not writing this as advice. I am not a physio, or a doctor. I am a guy from Brampton who sits at a kitchen table for work, who plays rec hockey and carries drywall on weekends, who avoided making calls until the knee stopped letting me ignore it. What I share is what I experienced: the smell of the clinic, the way the assessment felt like someone actually watching me move, the small, boring exercises that quietly added up to improvement, and the relief of not having to juggle everything alone.

If you find yourself standing at a counter in Tim Hortons or sitting in a Costco parking lot thinking the same "I'll see how it goes," know that for me the pivot was small. A phone call. A handout I finally read. A clinic that helped me deal with the paperwork and gave me exercises that fit my life. The rest was doing it day after day, in between meetings and rides down the 401, and sometimes forgetting the routine only to start again without shame. It is not dramatic. It is just taking the time to move the leg in ways that let it remember what it was supposed to do.