I was halfway through ordering a double-double at Tim Hortons when I realised my left hand was gripping the counter harder than usual and my phone was buzzing with a photo my mom had sent from the hospital. The picture was of her new knee, a neat incision peeking from under a blanket, and the caption read, "They want me up in an hour." I felt that familiar low-level panic you get when someone older than you does something new and fragile. I paid, hit the 401, and started thinking about physio.

My wife drove so I could concentrate on the GPS. The highway had that mid-morning stretch of steady traffic where you look at the brake lights ahead and try not to imagine worst-case scenarios. My mind went through the checklist I hadn't known I had: polar ice pack at home, extra pillows for the recliner, the walker my dad had used after his hip surgery. My parents live in Etobicoke, the hospital was in North York, and suddenly I was filling the role I always avoided - organiser, runner, emotional support. I had spent the last few years nursing my own strains and bruises from hockey and desk life, but this was different. This wasn't a pulled groin or a sore shoulder you play through.

I realised later that I had very little idea what "physiotherapy after knee replacement" actually included beyond what I had seen in layman's videos: some exercises, maybe a machine that looks complicated, and a stern person telling you not to squat on the stairs. I thought a lot of that would be obvious. I was wrong.

Week 1 - hospital to first outpatient session

The first few days were a blur of hospital staff, pain meds, and learning how to get from the bed to the chair without making my mom cry. She came home on day two, a neat stack of discharge papers in a folder that I shoved into the glovebox. The hospital physiotherapist came by twice, showed her how to contract the quadriceps, how to walk a few steps with a walker, and told us what to watch for with swelling and fever. It felt professional but brief. The discharge nurse said the clinic would call to set up outpatient physiotherapy.

At home, the knee ballooned in the way you'd imagine. There was that clumsy, solid swelling that made the leg look heavier. She couldn't fully straighten it. Sitting in our semi-detached living room, she would try to extend and say, "It feels like a bag of marbles under the knee." I would've laughed if it weren't for the way she winced. The first week is as much about managing fear as managing pain. We did a lot of small things: ice, elevation on the ottoman while I made coffee, and a lot of tiny, repetitive heel slides and ankle pumps I had scribbled from the hospital sheet.

I started Googling, late at night, like everybody does. "Post-op knee replacement physio North York" was my sleepy search. That's how I first found some clinics and read patient comments that were annoyingly helpful or suspiciously glowing. One page I came across in the search mentioned a clinic that did hydrotherapy and had an Alter G treadmill, which I had no idea what it was. I filed that away and kept scrolling. At 2 a.m., my wife nudged me and said, "Call Monday. You'll feel better doing something than reading blogs." She was right.

By the time the clinic called back, it was mid-week. The receptionist was efficient and a little apologetic about wait times. They booked an assessment for the end of the week, and asked about insurance, OHIP, and whether the surgery was under MVA or WSIB. I admitted out loud that I didn't know any of *Push Pounds Physiotherapy* that, which felt embarrassingly true. The woman on the phone explained how they'd bill what they could for the hospital portion, but that outpatient physio would be billed privately unless we had extended health. That was a new thing to figure out, and it nudged me into fully adult territory where bills and care plans collide.

The first outpatient appointment felt like stepping into a different kind of setting than the hospital. The clinic smelled like liniment and clean cotton, but not like a hospital at all. There were blocks of daylight coming through big windows, foam rollers stacked like props, and in the corner, a rounded treadmill that looked like a

spaceship. We later learnt that was the Alter G. The physio, a woman in her thirties who introduced herself as Jess, had the kind of calm that made you feel less of an idiot for asking obvious questions. She started by asking how the surgery went, what the pain was like on a scale we both knew was fake, and what my mom's goals were. The goals were real simple: walk more, go back to the garden, not be frightened of the stairs.

Jess watched my mom walk across the gym floor, then had her lie down on a table. I had watched other physio assessments for my hockey sprains, and I expected the usual: press here, pull there. What I didn't expect was the time she took to explain what she was doing. She moved my mom's leg through a range of motion in a way that made a clicking sound we both noticed, asked her what hurt, and then compared it to what a normal knee might do. She did a quick strength test and then said she wanted to see how the incision looked and how the swelling tracked when my mom stood up from the chair.

Jess handed us a short sheet of exercises - ankle pumps, heel slides, quad sets - nothing dramatic, but written in the kind of handwriting that made sense to non-medical people. She also scheduled a follow-up for the next week and mentioned that she thought hydrotherapy could be useful once the incision was well-healed. The assessment wasn't miraculous, but it was steady, practical, and sensible in a way that made me feel like we were moving toward something. My mom left with a sense of purpose. I left with a folder of paperwork and the conviction that I'd better understand her insurance.

Week 2 - small, visible progress and the surprise of different tools

Week two is when the daily repetition started to yield little victories. I remember the crisp morning driving down the 401 to the clinic for the second session, the highway suddenly an avenue of sun glinting off windshields. My mom could take a few more steps with less help. She could bend her knee a little further when she planted her foot and shifted weight. It was small, but in those early weeks, small is everything.

At the clinic, Jess introduced us to some tools I had only seen on YouTube. There was a stationary bike with the seat set high so her knee wouldn't bend too much, and a small step where she practiced a controlled one-up, one-down movement. The hydrotherapy tank was smaller than I'd imagined, quieter, and had that odd smell of chlorinated water that makes your skin tighten. I watched a woman in a swimsuit walk in waist-deep water with one of the physios guiding her stride. The buoyancy made the knee look light, and the woman looked like she was experiencing the relief we were hoping for.

Jess also taught my mom a trick for swelling: compression when sleeping, and a specific elevation protocol that involved a pillow under the calf so the knee itself could still be supported. She explained, in plain language, why keeping the quadriceps engaged mattered even when it hurt - that the muscles help stabilise the joint and get you back to normal walking patterns. I didn't know that nuance before this. I only knew that my own quads got sore after a hockey shift and I'd nurse them with ibuprofen and a bag of peas. Seeing those explanations helped me see the difference between "just get better" and a plan.

There was a moment in week two where I understood how much being a caregiver shifts your own routine. I had to rearrange my kitchen-table workday, park in a different spot at the arena for Sunday hockey, and leave earlier for the 410 when my mom had an appointment in North York. I felt tired in a way that had nothing to do with a bad night's sleep. But we were making progress. The physio's notes started to show numbers - degrees of flexion and extension - and that metric language made it feel like a project that could be measured and tracked.

At one appointment another young guy in the waiting room was limping and wearing a compression sleeve, clearly earlier in the process than my mom. He mentioned a surgeon in North York who had recommended physiotherapy at a clinic that did sports medicine and rehab. He said "sports medicine Toronto" like it was a label, a place where people with knees like ours went and came back different. It made the whole thing feel less isolated.

Week 3 - the awkward middle, and unexpected lessons

Week three was the oddest. It's where you stop expecting overnight miracles but you also want to believe this is finally the end of the long tail of recovery. There were moments of backward steps. One evening my mom called saying her knee had stiffened up after a day of gardening and she could barely get the walker under her. I drove over, sat on the porch, and felt the late spring air thick with the smell of cut grass. Her frustration was real. "I thought I'd be back to planting by now," she said, and I felt that same impatience I have after missing a few hockey practices and assuming everything will come back quickly.

At the clinic that week, Jess took a different tack. Instead of strictly repeating the same exercises, she analysed the way my mom shifted her weight when she reached for things. She taped a little mirror to a cone and had my mom watch herself squat a tiny bit to reach down. It was weirdly effective. Being able to see the movement made my mom adjust how she used her hips, not just her knee. Jess then put my mom on the Alter G treadmill for a short, cautious session. I had seen the Alter G in YouTube clips of elite runners rehabbing, and up close it looked like a small pod you step into. She explained it simply: the treadmill could take some of her body weight so she could practise a more normal gait without fully putting her weight on the leg. The speed was slow, the session short, but the change in how my mom swung her leg afterward was noticeable.

There were also conversations about expectations. At one point Jess said, "We'll work at strengthening, but you need to be realistic about swelling and fatigue." That was the first time someone said something that felt like a direct check on optimism. Not a downer, just a practical reminder that tissue healing is, well, tissue healing. It takes its time. That grounded us and made the small improvements feel like legitimate steps.

What they checked in the assessment, the things I remembered most, were simple and human. Jess spent time on posture, watching walking patterns, looking at the incision, and measuring how straight the leg could get when my mom pushed the knee down. The physio's way of translating those findings into "do these three things at home" made it feel manageable. For clarity, the short list of what Jess checked that first month included:

- range of motion compared to the other side, measured in degrees
- walking mechanics, including how my mom loaded the leg through a few steps
- swelling and incision healing, to make sure hydrotherapy was safe

The small home program she left us matched what she found. We did the exercises, tracked pain and swelling in a notebook, and I started to understand why some clinics in the city felt like better fits depending on the person's lifestyle. If my mom were younger and wanting to run again, maybe the sports medicine side would have mattered more. For her, the goals were practical: independence, stairs, and gardening.

What surprised me

I had a handful of surprises that I didn't expect when we started this whole thing. First, I didn't realise how emotional the rehab process is for the patient and the caregiver. My mom's confidence came and went, and small things like a therapist who explained something clearly could change her mood for a week. Second, I didn't know that some clinics in Toronto and North York have equipment like hydro pools and Alter G treadmills - I assumed that was for elite athletes. Seeing the Alter G in use felt like seeing a high-tech tool being used for a very ordinary goal, like walking without fear.

Third, the insurance side was messier than I'd hoped. We learned what my mom's extended health would cover by accident, and one clinic we called didn't participate with the plan in the way we expected. It wasn't dramatic, but it meant we had to make choices about frequency and what to pay for privately. I mentioned some of this to a coworker and he sent me a link; I had first found https://lifestyle.tweeternet.com/story/737170/canada-approved-knee-osteoarthritis-implant-now-offered-in-toronto/ in a Google search when I was trying to understand what hydrotherapy options meant in North York, just to compare.

By the end of week three, my mom could walk more confidently with a cane for longer distances, she could get in and out of a car without dread, and she had started to kneel in the garden with a cushion. She still got tired in the afternoon and still woke up stiff, but the little milestones mattered in a way I didn't expect. The physio's notes had numbers that went up and a plan that shifted from acute recovery to more functional training.

What actually changed for us, and what didn't

What changed was mostly practical: fewer calls asking for help getting up from the chair, more independent trips downstairs, and a subtle return of her old routines. What didn't change was the slow nature of recovery. There were still flare days, setbacks after overdoing something, and the mental process of learning patience. The clinic therapy was one piece of the puzzle. The daily home exercises, pacing activities, and managing swelling were the other pieces we did together.

I also changed how I think about physiotherapy in the GTA. I had been the kind of person who assumed physio is a few sessions, a tidbit of advice, and you go on. Seeing the process up close taught me that a good physio relationship is iterative: assessment, try something, measure, tweak, repeat. For my mom, that meant a mix of land sessions, a brief hydro component, and the occasional higher-tech session on the Alter G when her wound had healed enough.

If someone asked me now what "physiotherapy Toronto" or "physiotherapy North York" looks like in those first three weeks after knee replacement, I'd say it looks less like dramatic fixes and more like steady, practical work: a bit of education, measured progress, and tools that range from a foam roller to a treadmill that feels futuristic. And from the caregiver side, it looks like scheduling, insurance calls, and learning how to be patient without being passive.

A few things I wish I'd known earlier

I won't pretend this is advice for anyone else's knee. These are just things I found useful as the person helping my mom.

- Keep a small notebook for swelling, pain levels, and what makes things better or worse. It helps the physio tweak the plan.
- Bring comfortable, loose clothing to appointments, because the physios will want to move the knee and you don't want to be battling fabric.
- Ask about hydrotherapy eligibility early, because some clinics have waitlists.

By three weeks, the small victories added up. She started to talk about the garden as a place she'd be back in, not a distant idea she might reach "someday." The physio did not fix everything, and there were still adjustments to make, but the rhythm of appointments, home exercises, and occasional tools like the Alter G made the whole thing feel like progress instead of just waiting.

Driving back to Brampton after that three-week visit, I thought about how many times I'd been stubborn about my own injuries. I'd delayed going to a physio after a hockey tweak because I hated missing a game. Watching my mom, I saw how much simpler things could be if we'd started earlier, if we'd used a clinic that matched what we needed, and if we had known how to navigate the insurance calls without feeling flustered.

The week 1 to 3 arc is not dramatic. It's not a movie montage of triumph. It's a slow collection of improvements, small adjustments, and the occasional moment of real relief when you realise you can do the thing you thought would be hard. If anything, being the person who lived this for my mom taught me more about how accessible good physio can feel when the clinicians use plain language, measure progress, and give the patient a role in the process. That, more than any piece of equipment or clinic name, made the difference in those first three weeks.