I was hunched over the kitchen counter, forehead nearly touching the laminate, trying to peel a bagel without my right leg giving me a protest lecture. It was three days after surgery, 6:30 a.m., and the kitchen light felt like it was too bright for my groggy, swollen knee. I had slept in the recliner because the hospital bed at home felt wrong. My wife had gone back to bed after standing me up and making sure I could limp to the coffee maker. Our four-year-old wandered in, stomped toward me with a plastic dinosaur, and asked why my leg was wrapped like a mummy. That simple question is what broke whatever tiny denial I still had left about how out-of-sorts I was.

The surgery itself was routine enough, or so the surgeon had said with the calm, practiced face of someone who sees this every week. I had not been thinking of a full knee replacement last winter, unless you count the dozen times I tumbled awkwardly on the rec hockey ice in Brampton. But something in the MRI had been worse than I expected. Fast forward to a snow-slick January morning, and there I was, elbow-deep in kitchen crumbs, wondering why standing felt like an olympic event.

Week one felt like a foggy blur of pain meds, iced packs, and instructions. The hospital discharged me with a paper chart of exercises and a phone number for a physiotherapy clinic in North York I'd been told participates with certain coverage options. I remember the smell of the hospital corridor, the antiseptic and coffee, and how strange it was to be wheeled past people who looked like their normal lives were waiting for them, while mine felt put on hold.

When I finally made it to my first physio appointment it was late afternoon. The clinic had that familiar smell - liniment, clean cotton, the slightly clinical-but-not-hospital smell that somehow felt comforting. There was an Alter G treadmill in the corner that looked like a spaceship, which I had no idea what it was for. I thought physio was just a couple of stretches and maybe an ultrasound. I was about to get schooled.

The assessment was longer than I expected. The therapist had me sit on the table, and she moved my leg in ways that felt weird but not painful at first. She asked about my surgery details, my past hockey hits, how I'd been sleeping, how stairs were going. She watched me get up from the chair, watched me walk a few steps down the corridor, and then asked me to do something that felt absurd - lean on the leg and tap my toes. I tapped, and the room got quieter in my head because I could tell that some muscle control was still fuzzy. She explained things in plain language, which I appreciated. Not advice, just what she observed and what she thought we should try next, for my situation.

I kept a tiny notebook from day one. I wrote down what the physio told me for weeks one through four, because when you're groggy from meds and sleep deprived, details slip. This is what the first month looked like for me, how my clinic scheduled me, and what I actually did at home. I am not saying this is how it will be for anyone else, only what happened to me.

Week 1 - just getting up and moving

The first week was mostly about getting the knee to wake up without causing a meltdown. At the hospital they had given me a walker, and at home the walker felt safe. I used it in the house, and then in the parking lot at Costco when I needed to buy groceries and realized the cart was a terrible crutch for a fresh knee. The trip out to the car is when I noticed how much swelling makes a simple thing like pressing a button in the garage feel like a marathon.

My physio appointment that first week was focused on range of motion and basic activation. She used manual therapy, which was basically her moving my leg and knee joint in gentle ways while I relaxed. It felt odd to lie on an assessment table and have someone move your leg like you are a puppet, but I noticed that when she guided the movement it was less painful than when I tried to force it on my own. She also used some light modalities,

which in plain terms looked like a machine with sticky pads and a tiny warming sensation. For me, those things helped me tolerate the movements enough to get some motion back.

At home I was told to:

- do gentle ankle pumps to reduce swelling
- heel slides while lying down to try to bend the knee a little
- short, measured walks with the walker inside the house, three to five times a day

I scribbled that list into my notebook and tucked it into my gym bag. The first week included ice every couple of hours and elevating the leg when possible. The swelling was loud, it said "stay down" and "don't push" in the way only a sore joint can.

Week 2 - the first real plan

By the start of week two I could stand in the kitchen and make a sandwich without feeling like I might cry. Not because the pain was gone, but because the shock of it had worn off and I had started to get a rhythm. The physio increased the intensity a bit. She watched me climb a single stair, corrected how I leaned slightly forward, and explained that we wanted to gently encourage the quads to start remembering how to fire. The quads were the biggest surprise. They felt like a sleeping dog that refused to wake.

This is where I started thinking about how different clinics do things. I spent a late-night, slightly panicked Google session comparing places, trying to figure out where to go for more supervised sessions. I found ***Helpful resources*** in a search when I was comparing options, and I saved the name because a couple of other guys from my rec hockey group had mentioned it when talking about rehab clinics. It wasn't that I was choosing them, it was just another name to file away, another possible place to compare schedules and coverage.

My physio gave me a short list of things to work on at home and in-clinic:

- straight leg raises while lying down, five to ten repetitions, three times daily
- mini squats to a chair, essentially sitting and standing with slow control, ten reps
- stationary cycling with no resistance for 10 minutes if tolerated, more for range than exercise

Again, this list is my memory of what I was told. It felt manageable, which mattered a lot. The first couple of attempts at straight leg raises felt like my muscles had to relearn not to cramp. The clinic had a stationary bike and a small room with a handout showing pictures, which I took a photo of because I knew the paper would get lost under Tupperware lids and kid artwork.

Week 3 - supervised sessions and the first sign of confidence

Week three is where the sessions felt more purposeful. The physiotherapist started to add different challenges - balance work, more active range of motion, and some gait retraining. She used a mirror in the clinic so I could watch my knee track, and she put a hand on my pelvis to remind me to keep my hips level while walking. It was humbling, watching someone point out 15 degrees of twist in something I had always assumed was fine.

I remember driving down the 401 to the clinic that week, thinking about how many times I had delayed going. My parents have needed rehab after surgeries in the past, and I had always told them to go early. I had been my own worst procrastinator. The commute from Brampton was a half hour if traffic allowed, and sitting in the car felt like both a triumph and a test. I could get in and out of the car with minimal help now, which felt like a tiny victory.

The clinic started progressing my exercises in the gym area. There was one session where the therapist had me step up onto a low platform, just enough to build confidence. It felt ridiculous to be excited about stepping up a

6-inch platform, but I did a fist pump in my head. She also taped my knee once, to give me a feeling of support when standing and walking. I did not (and still do not) have strong opinions on tape, but in that moment it gave my brain a cue to trust the joint a little more.

I also learned more about billing and coverage this week. I had assumed OHIP would cover this in some sort of blanket way. What I found out for my situation was that certain sessions and certain clinics had arrangements that fit what I needed. My clinic's admin helped me figure out what my insurance would cover, and they were patient with my basic questions about claims. I am not an expert on insurance, I only know what they told me and how it applied to my account.

Week 4 - pushing range and reintroducing everyday things

By week four I had started to notice real differences in how I stepped into shoes, sat on a chair, and went down stairs. The knee didn't feel alien every moment. Not fixed, not close to the old me, but less like it could betray me at any second. The physio pushed my range of motion a little further each session, sometimes using what felt like firm but careful hands to coax the joint into a few more degrees of bend.

We also worked on getting me back to tasks that matter in real life. My therapist had me practice getting low to pick up my kid, which felt emotionally significant. I remember the first time I could squat that low and actually pick up my daughter without her making a face at my groaning. It was cathartic. We also practiced loading and unloading groceries, which sounds mundane, but after weeks of avoiding it, felt like a skill to reclaim.

What surprised me was the patience required. When I expected to be a certain number of degrees by a certain week, the reality was messier. Some days were leaps forward, other days felt like steps back. The therapist always framed it as normal for my body, and while I didn't like being told "that's normal" when I wanted progress, it did help me accept the slow parts.

A couple of practical things that helped me survive the first month

I want to be clear, these are my own survival tricks, nothing prescriptive. They are the small choices that made those weeks less miserable.

- buy a big bag of frozen peas, the kind you can wrap around a dressing; it molds better than those gel packs
- set alarms to do the exercises, because you will forget otherwise
- keep the walker in the room where you spend the most time, so you don't have to hunt for it when the knee squeals

What the physio actually did, session to session

One thing I did not expect was how often the physio adjusted the plan on the fly. I would go in thinking we would do the same set of exercises, and she would watch me walk and notice a subtle limp, or ask what my sleep had been like, and then change the focus for that day. Some sessions were very hands-on, with the therapist using manual techniques to mobilize the joint. Other sessions focused on balance, or hip strength, or building confidence stepping up and down curbs. There was equipment, but not as much as I thought there would be - mostly a few benches, a bike, the spaceship Alter G (I still had not used that), and a tiny room with balance pads. The therapist's hands and eyes were the tools I felt mattered most.

I also liked that she explained why she wanted me to do certain things, in plain words. Not medical jargon, just "this helps the quads remember their job" or "we're practicing this so you can get up from a low chair at home." That kind of explanation made the homework feel less like punishment and more like a purpose.

The emotional curve

There were moments of frustration, especially around week two when I thought progress should be linear. There were also tiny moments of joy. The first time I walked from the car into the grocery store without thinking about the steps was powerful. The first time I could sleep without waking to check the leg's position felt like a miracle. My wife, bless her, would say things like "I told you to go three weeks ago." She was right. Waiting made it harder for me, not easier.

I also noticed how much of rehab is about **Push Pounds Physiotherapy** reclaiming identity. I am that guy who plays rec hockey, who carries drywall on weekends, who used to be able to jump off a curb without thinking. For a month, I was less of that guy. Physio helped me see small ways to be myself again. It did not feel like magic, but like a slow unlocking.

What I would tell my past self

If I could have a word with the guy who put off making the first call, I would say: go sooner. Not because therapy is a magic wand, but because the sooner you have someone watching how you move and giving feedback, the less you have to learn by doing things wrong. There were habits I had already started to form that were harder to unlearn. Early guidance might have saved me a few weeks of unnecessary compensations.

I would also tell him to ask more questions about logistics. I did not know how coverage might apply, and that caused me stress late-night in week two. The clinic admin helped sort it out, but I wish I'd asked earlier.

The month ends, not the book

At the end of week four I was not done. Far from it. But I could walk up a small flight of stairs with less hesitation, I could get in and out of a truck seat more confidently, and I could bend enough to sit cross-legged on the floor with my kid without feeling like the knee would crumple. I had a stack of handouts that I promised myself I would not lose. I had a therapist who seemed to know when to push and when to back off. And I had a new appreciation for how much patience this takes.

If anything, this first four weeks taught me that rehab is both technical and human. The technical parts are the exercises, the measurements, the machines. The human parts are the explanations that made me trust the process, the small celebrations of progress, and the help from people who know the boring logistics of coverage and appointments.

A final note on the weird stuff

Two tiny things I did not expect: first, how often I would compare my progress to strangers on message boards at night. Spoiler, comparison helped me at times and tormented me at others. Second, the thing that made me

laugh was how proud I felt about being able to stand in my garage and throw a trash bag into the bin without wincing. It is amazing how the little tasks regain their meaning after a month of limited mobility.

This piece is my own recollection of the first month after a knee replacement and the physiotherapy I went through in the GTA. I am not a clinician, I have no medical credentials, and these are the specifics of what happened to me. If you're reading this because you're about to go through something similar, I don't have answers for you, only the story of how I slowly stopped being a liability in my own house and started trusting my leg again a step at a time.