I remember standing at the Tim Hortons counter, balancing a paper cup and trying not to think about the swelling under my work pants. The guy behind me was muttering about the Leafs, I was trying to fumble the change without bending the knee too much, and my left leg felt like it belonged to someone else. I had been told I needed a knee replacement six weeks earlier, signed the surgical consent papers, and then spent the last month pretending it was not a big deal. That morning, reaching for my wallet was a small negotiation: twist, wince, hold my breath.

Surgery had been two days ago. The drive home from North York late on a Friday, the 401 emptyish at that hour, is a blur of pain meds and the odd text from my wife reminding me to eat. I slept in a chair the first night because every position in the bed felt like trial and error. By Sunday morning I was on my feet with crutches, and the real work started: the first-week rehab.

I am not a physiotherapist. I am a 38-year-old office guy who works from a kitchen table most days, plays rec hockey on Sunday nights, and has patched up enough drywall to know that bodies notice things the week after. I also have relatives who've gone through surgery, so I had a vague idea of the scene. I had no idea how much of the recovery would be about patience and how much would be about surprisingly precise movement.

The first week felt small in big ways. It was a bunch of short, specific goals that added up into feeling human again.

The hospital physio told me basic stuff before they wheeled me out: move the ankle, tighten the quad, try a short walk with the walker. That had sounded routine at the moment, until I tried to actually move my leg on the ward and it felt like asking a sleeping dog to fetch a newspaper. My quad would not cooperate. The incision felt like a new piece of hardware in my leg. The morphine fuzz helped, until it didn't.

I booked my first outpatient physio in North York because the surgeon suggested a clinic near Yonge Street that did post-op follow-ups. The commute from Brampton was longer than I liked but the drive gave me time to get mentally prepared. North York felt like a small city within the city that day, lots of cars, men in suits, a few construction workers. The clinic was modern but not flashy, the kind of place with a reception desk, a wall of pamphlets I did not read, and a window that looked out onto a busy street. Walking through that front door with a walker felt oddly like a milestone.

The smell hit me first, that slightly clinical-but-not-hospital smell, with a hint of liniment and clean cotton. They led me to a room with a table and some straps and an exercise bike tucked in the corner. To the left, behind glass, was an Alter G machine that looked like a spaceship. I had heard the name before at some point, but I did not know what it did until the physio pointed it out and said, casually, "we can use that later if you need to reduce the load while walking." Little things like that made me realize how much I had not known about rehab equipment.

The first assessment was slower than I expected. I had assumed the physio would press on the scar and say, "Okay, here is your sheet." Instead she watched me walk three steps with the walker, then more, then asked me to sit on the table. I lay back while she gently moved my knee through range. There was that awkward moment where someone moves your leg in a way you did not expect, and you have to trust them with your newly replaced joint. She asked what hurt, what felt tight, where I felt weakness. She wrote notes on a tablet and explained things like a person explaining the rules of a new board game.

It turns out the first week was mostly about two things: managing swelling and getting the knee to move again enough to do the basic work. The physio explained that swelling makes everything feel harder and that early,

small motions are actually the heavy lifting. Again, I am repeating what happened to me, not telling anyone else what to do.

I remember the first time she had me practice straightening my leg on the table. The goal was to contract my quad and hold. I could not get it fully straight. It felt like my calf and thigh were arguing whether to cooperate. She put a small rolled towel under my ankle to encourage a particular muscle pattern, and had me hold for ten seconds, rest, repeat. It was embarrassing how long it took to feel like I had any control. But after a dozen reps my leg actually stayed a little straighter for a second longer. It felt like a tiny victory.

The clinic gave me a short list of exercises to do at home. They were basic but specific, and I stuffed the handout in my gym bag where it promptly spent the rest of the week. Eventually I stuck the page on the fridge.

A few things I was told and what actually happened in the first week:

- ankle pumps for circulation, to stop the swelling from turning into something worse;
- heel slides on the bed to regain bending motion, done very slowly;
- isometric quad squeezes to try to wake the muscle up;
- short stands and weight shifts to get comfortable on the walker;
- ice and elevation after any activity.

I know I was only allowed one list, so that is the only one you get. The first time I tried the heel slides around midnight because I woke up stiff, I realized two things: night is when the body clams up, and my wife was right about me needing to be a lot more disciplined about the exercises.

The people at the clinic were frank. The first week is not about running or even driving. It is about basic mobility and preparing for more intense work. I did find out, in my case, that OHIP would cover a portion of my rehab because the surgery was performed under the provincial system, but there were clinic fees for some modalities and private assessments. That was what I learned for my situation, not a rule for everyone. Sorting out the billing felt like another small administrative exercise to manage between the pain meds and the snacks my wife brought.

There was a moment mid-week that surprised me. I was on a short walk in the parking lot near the clinic, walker clunking on the pavement, and a guy from one of my rec hockey teams rolled down his window and called out both to be polite and to needle me. He asked what had happened. I tried to explain without making it sound dramatic, and he said, "Man, my dad had that and he was back to the rink in no time." I smiled because people say that, but I also knew my week-to-week progress would be the deciding factor, not some optimistic bingo call.

During that first week the physio did a mix of hands-on and instruction. She used gentle soft tissue techniques around the thigh to try to reduce tightness that was limiting my bend. It felt odd to have someone press along muscles that had been through surgery, but it also felt relieving when one tight spot eased. She also used a small electrotherapy machine for a few minutes, placing electrodes around the knee, which felt like a light buzzing. I had assumed electro stuff was just noise, but sitting there with the buzzing while she explained why they were doing it made me less skeptical. It did not fix everything, but whatever small effect it had was welcome.

One of the most humbling things was relearning how to transfer from sitting to standing without a dramatic pain spike. Before the operation I took that for granted. After surgery, every movement required thought. The physio taught me ways to use my arms and hips to protect the knee while still making the knee work. Those techniques felt clunky at first, but after a few tries I could stand without holding my breath.

I came home one night and Googled "physiotherapy North York post-op knee" at 11 pm because anxiety makes you do that. I found a page that had sensible information and then fell into a rabbit hole of recovery anecdotes. That search is where I first came across https://lifestyle.blackberryempire.com/story/210430/canada-approved-

knee-osteoarthritis-implant-now-offered-in-toronto/ , just a page I flagged to look at later. It was one of those mid-night Googles that is more about curiosity than practical planning.

The first week involved a couple of real frustrations. Pain control was one. The meds gave me a foggy evening, then I would try to move and it felt like someone had painted cement into my leg. I learned when to push and when to rest, mostly by trial and error and the physio's advice about small, repeated motions versus longer sessions. Swelling was another. Elevation and ice became a ritual after the fifteen or twenty minute walks I managed. The incision itched as it healed, which is a weird sensory experience when everything else is tight and sore.

Emotionally, there was a steady undercurrent of "I should have been more prepared." My wife kept reminding me to take it easy and not to do DIY projects, which of course I tried to argue against before giving in. My mother called daily to check on me, and my dad offered old-timer advice about walking sticks and sleep. At one point I sat on the living room couch and cried for a few minutes because the idea of not being able to pick up the kid the way I used to felt unfair. It was a small guttural thing, not dramatic, but it was real.

The physio staff were good at normalizing those emotions without being clinical. One of the assistants said, plainly, "People are surprised at how much this affects day-to-day stuff." That line stuck with me because it was true and because it came from someone who clearly had seen it a lot. In that one week I flipped between feeling like my body had betrayed me and feeling like we were learning a new language.

By the end of the first week I could tell real differences. Standing in the kitchen using the walker to shuffle from the fridge to the counter felt less like an ordeal. The straightening holds on the table were up by a couple of seconds. The swelling had decreased a bit, enough that the pants sat differently. The incision no longer felt like a foreign object. None of those changes was dramatic, but they were cumulative.

The clinic gave me a handout that listed goals for the first two weeks. I lost that handout by week three, because life with a toddler and a recovering adult is a game of balancing towels, meds, and toys. But the list included things like walking longer with the walker, being able to straighten the knee more, and increasing short-term standing tolerance. Hitting those felt like checkpoints.

There were also practical moments that felt worthy of note. Driving was off the table the first week for me. I arrange my schedule to avoid the 410 and 401 all the time, but being a passenger and then getting into the car was still a challenge. The first time I climbed the stairs to our upstairs bedroom without going step-by-step like I was defusing a bomb, I felt a ridiculous surge of pride. Little wins pile up.

I also noticed the small differences between a 20-minute check-in and a full 45-minute session. The clinic offered both, and my surgeon had recommended consistent, focused sessions. The longer sessions let the physio progress me through a sequence of motions, hands-on release, and then a walking session. The shorter ones were mostly updates. For me, the longer sessions felt worth it in that early stage.

Halfway through the week the physio suggested trying the Alter G at a later stage if I needed to practice gait without full body weight. I did not use it in week one, but just seeing it there felt like a promise of future progress. It looked like the kind of thing I had assumed was for elite athletes, which made me laugh because here I was, a rec hockey guy, thinking about progressive bodyweight support treadmills as if I were training for something grand.

I learned some unexpected practicalities too. Take shoes that close easily and have some structure. Don't try to carry too many things in your hands when using a walker. Make sure you have a phone charger reachable from the couch. These are not glamorous, but they make day-to-day life manageable.

A recurring piece of advice from the physio was to be patient with the quad activation. That muscle had to be coaxed back into action after surgery. She gave me visualizations to try, like "pretend you are trying to push your knee into the table," which sounded silly but helped form the right pattern. The physio also filmed a few of my exercises on her phone so I could see what they looked like, which I appreciated because sometimes what you think you are doing and what you are actually doing are different things.

By the seventh day, I had a sense of what a "good" first week looked like for me. It was not heroic leaps, it was the steady, small, repeatable things that added up. A good week involved more upright time, some measurable increase in knee bend, better quad activation, and a slight drop in swelling. It involved better sleep positioning, an improved pain routine, and at least one moment where I could pick up my kid with less planning. It included buying less paracetamol because I felt like I was managing the pain better, not because the pain disappeared.

Looking back, I wish I had been better prepared for how much the physio would help me with the small details. Before the surgery I thought physio meant a bunch of stretches and a pep talk. The first week taught me that rehab is detail-oriented, the kind of work that pays off in increments. I also wish I had asked a few more practical questions earlier, like how to manage the incision during long sits, or what kinds of shoes to have ready.

I never felt like the physio was promising anything other than steady progress. They were careful to frame things as week-to-week improvements, not miracles. That attitude matched my needs. My expectations were modest and concrete, not dramatic. When I stopped expecting overnight fixes, each small gain felt more satisfying.

If I had to sum up the week without trying to be prescriptive, I would say it was about learning to live with the new knee and teaching the rest of the body to work with it. There were practical lessons, tiny victories, a few tears, and more patience than I expected I had. The sense of starting to feel like myself again was gradual and, honestly, surprising in how powerful little wins can be.

The first outpatient week was done, and I drove back to Brampton feeling tired but oddly optimistic. The 410 exit signs are a familiar comfort, and that drive gave me time to think about the next steps. I still had a long road ahead, but the first week had real, tangible steps forward. My quad was waking up. The swelling was less. I could shuffle through the kitchen without the awkward negotiation at the Tim Hortons counter. For me, that was a win.