I was halfway through ordering my usual at Tim Hortons, cold cup in hand, when my wife pointed out the obvious before I even felt it. "Your knee looks huge," she said. I laughed, tried to play it off, then sat down and realised I could not straighten my leg without a protest from whatever had swollen up under the skin. That moment at the counter was the one where denial stopped being an option.

This all started a few weeks after my dad's knee replacement. I had gone to help him move some furniture at his Mississauga townhouse, thinking my job would be the heavy lifting because, spoiler, dad still moves faster than me. One awkward step off the curb in a Costco parking lot, and something in my knee tightened. I shrugged it off for a couple of days. I iced it, took the leftover ibuprofen from the medicine drawer like a responsible adult, and kept telling myself I was just sore from bending and lifting.

I work from home at a kitchen table that doubles as a command centre for my life - laptop, hockey schedule, grocery list, and the occasional stack of drywall screws when I get ambitious on a weekend. Sitting there for six hours, then standing to make coffee, then rushing out for rec hockey on Sunday nights, it all adds up. By week two, the knee was not just sore. It was stiff. I started limping on the drive back from North York one night, cursing the 401 traffic and wondering why a simple trip to a clinic felt like an admission of defeat.

The night I finally stopped pretending everything was fine, I was in the car on the 410, stuck behind a tractor trailer, texting my wife that I would be late. I tried to twist to get my phone and felt a pinching pain that made me sit straighter. The shock of it made me call her and say, "I think I need to see someone." She responded with that tone she uses when she is both sympathetic and fed up: "I told you to go three weeks ago."

Finding the right place felt like a small project. I did what any sensible person does and started Googling, late at night with a coffee gone cold. I didn't expect much. My experience with physiotherapy had been limited - a couple of sessions after a sprained ankle in university, and once after a fender bender when the neck stiffness would not quit. I thought physio was mostly heat packs and a sheet of exercises. That was my baseline of cynicism.

A few search results stood out because they mentioned things I did not know existed, like the Alter G treadmill that looks like a tiny spaceship. One of the pages I came across had " *Arthrosamid Push Pounds cost* " in a sidebar when I was clicking through options for clinics near North York, and I saved it because the name stuck. Not a referral, not an endorsement, just a note on my phone under "physio options."

Booking the assessment felt like setting a dentist appointment - necessary, mildly anxiety-inducing, and easy to postpone. The clinic I chose was smack in North York, about a half hour drive from Brampton if traffic on the 401 cooperates. I remember the drive that first morning: blue skies, too many lanes of traffic, and me rehearsing the degree of seriousness I should present so I would actually get the time I needed. I'd tell myself not to sound dramatic. Then I walked into the clinic and smelled liniment and clean cotton, a smell that somehow feels like seriousness to me.

They put me on an assessment table the way they put most people on assessment tables, but the process was not what I had assumed. The physiotherapist asked me to describe what I felt, when it started, and what made it worse. She did more than press on the painful bit. She moved my leg in ways I did not expect, asked me to perform small, awkward movements, and compared the movement to my other knee. Lying there, with the fluorescent lights and the distant whir of a machine that might have been an Alter G, I felt like I was being actually looked at rather than being given a guess.

She mentioned that some of what I was feeling made sense given my dad's recent surgery and the way I'd been lifting, but she never offered a neat label. Instead, she told me what the movement tests showed in plain

language, like "your knee is guarding when you try to straighten it" and "we're getting less range on that side." It was practical and not patronising, which I appreciated. For the first time in weeks, the knee made sense as something that had a pattern rather than random pain.

What I found out during that first session surprised me in a few small ways. First, the physio asked about my commute, my kitchen table office setup, and my Sunday night hockey. She wanted to know what movements I did regularly, and how the pain changed across a workday. Second, she brought up insurance and billing - not in a salesy way, but as logistics. I learned that my work's extended health plan covered some sessions, and that my dad's surgery records might be relevant to understanding my own mechanics because we'd both been doing a lot of similar lifting lately. I also discovered I could claim some sessions through the motor vehicle collision process for the fender bender I mentioned ages ago - that was a corner of the healthcare system I had never navigated before, and honestly, I was relieved someone would handle the paperwork.

The actual treatment in the first week was a mix of things I had stayed awake at night Googling, and other things I'd never have imagined. They did some gentle manual work on my leg while I lay on the table, moving my knee and ankle. I remember the therapist checking mobility in ways that made my knee click softly, and me flinching at times when a movement hit a tender spot. Then there were guided exercises to do right there. She wrote them on a little sheet and handed it over like a cheat sheet for an exam I had not studied for.

I started a short home program that day. Nothing heroic, mostly small but consistent: a few straight leg raises, a wall-supported squat, and a timed walk. The movements felt silly at first, like doing baby steps for a joint I assumed should already be working. I stuffed the exercise handout in my gym bag, where it lived next to a hockey mouthguard and a half-empty protein bar. I found that sheet again a few weeks later and felt oddly triumphant.

At home, the knee was unpredictable. There were days I could bend it farther and think I was cured. There were mornings I'd wake up to stiffness that felt like someone tightened a clamp around the joint overnight. I went back to the clinic twice in the first two weeks. Each session they reassessed, and that made a difference. They weren't just repeating the same thing; they were watching whether the range changed, whether the swelling came down, whether my limp improved when I walked into the clinic unobserved. I did not know until then how much of a physio assessment involved watching how you move when you are not thinking about it.

One memory that sticks is being in a treatment room with an Alter G in the corner. I'd seen the picture once online and assumed it was for elite athletes. The machine looked like the upper half of a space suit fused to a treadmill. The therapist explained what it did in a simple way: support some of your weight so you can walk with less load on the joint. I had never ridden in anything like it, but the idea of walking without as much pain appealed to me, especially after a week of hobbling to the car like an old man. It felt oddly futuristic and also a bit ridiculous, this little spaceship helping me put one foot in front of the other.

I was given small goals. Nothing outrageous. The first goal was to get to the point where I could climb the two flights of stairs in our semi-detached house without a pause at the halfway landing complaining about my knee. The second was to be able to play at least part of Sunday night hockey without feeling like my knee was going to give way. I cannot present these as recoveries that will happen for everyone, only as what I held myself to, and what made the rehab feel like a real project rather than a vague hope.

The physio also taught me to pay attention differently. I started noticing how I shifted weight when I stood at the kitchen island, how I favoured one leg when I was on a conference call and standing up to stretch, and how I avoided the stairs when I could. Small adjustments that felt annoying at the time slowly added up. The ankle mobility work that she showed me seemed unrelated at first, but over time I could feel my steps smoothing out, as if the whole chain of movement from hip to foot was cooperating more than it had.

There were stretches of frustration. One day I left a session feeling like I'd done everything I was supposed to and then took a wrong step off our front stoop and felt the knee flare up so badly I had to sit down on the bottom step until the heat subsided. Those moments tested my patience and made me question whether all the effort was paying off. My wife kept reminding me to do the exercises on the schedule and not to skip the clinic appointments if I felt better that week. She had a point. When I skipped a week, the limp came back louder.

In terms of what the physio actually checked over the first few weeks, I remember a handful of specific things that felt important:

- how my knee bent and straightened compared to the other side
- whether my thigh muscles engaged when I tried to straighten my leg
- the amount of swelling around the joint and whether it changed with activity
- how I walked, including stride length and any favouring of one side

Those checks were repeated, and each time the conversation changed slightly. When the swelling decreased, the therapist would touch the area and note it, then have me do another movement. When the muscle engagement improved, she would ask whether I felt like the knee had more support. It was incremental and concrete.

By week four, I was less cautious about daily tasks. I still avoided a dumb mix of confidence and bravado where I tried to lift heavy without thinking. I learned a few practical things that felt like small wins. For example, using a backpack when I had to carry tools to my dad's place distributed the load better than one-sided lifting. I started to time my longer walks for mid-afternoon when the knee felt a little more forgiving. I also realised my commute mattered - the long sit in the car and the brief jolt getting in and out did more to irritate things than I had imagined.

I also learned a bit about navigating payments and insurance, which I had previously ignored. My extended benefits covered a chunk of the sessions, which took some stress off deciding whether to keep going. The clinic staff handled the billing, which was a relief. I found out, personally, that some of the sessions after a minor motor vehicle incident could be billed differently, and that paperwork required specifics I had not thought of, like the exact date of the accident and which clinic handled the initial visit. Again, this is what happened to me - I am not saying that's the rule for anyone else.

One of the more surprising upsides was how the physio approach bumped my confidence. It is easy to get into the habit of blaming age, or "old man knees," for anything that aches. Having someone check movement, explain what improved, and give small, measurable tasks made me feel like I was doing something active to get better. The relief when a movement that had been stiff for weeks finally eased was almost disproportionate. I remember

straightening my leg in the kitchen, mid-morning, and telling my wife with far too much enthusiasm that the ache had eased. She smiled, handed me a coffee, and said, "Good. Keep it up."

By the end of the second month, I was close to where I had been before the Costco misstep. Not back to perfect, but stable enough to tackle drywall again on a Saturday without a full day of regret. I went back to playing some hockey, choosing to sit out if the knee felt off that night rather than forcing it for pride. The physio sessions tapered into occasional check-ins, which felt like a fitting way to close the intense phase.

If I look back at what changed my mindset most, it was the assessment and the ongoing checking. The first time the physiotherapist spent twenty minutes watching me walk without commenting, then asked me to do the same walk with a small cue and pointed out how my stride shifted, I felt understood. I had expected quick fixes and instead got gradual, measurable improvements.

I still don't pretend to know everything. I learned a lot, yes, but also how many small things matter - the way you stand at a coffee shop counter, the timing of workouts around work, the simple act of not taking the stairs two at a time while you think you are fine. I don't give medical advice, I just tell you that for me, the combination of a thorough initial assessment, consistent follow-up, and small home exercises made the difference between a knee that stayed angry and one that settled down enough for normal life.

If you ever find yourself standing at a counter, surprised by how your knee looks or feels, I get the instinct to ignore it. I spent too long doing that. My dad's surgery taught me the value of taking recovery seriously, and my own little misadventure **Push Pounds Physiotherapy** reminded me that treating something early made life less annoying. Whoever reads this, take it as one guy's story from Brampton - a guy who learned that physio could be practical, that the Alter G does look like a spaceship, and that there is a certain relief in having someone actually watch how you move and tell you what has changed.