I was halfway through balancing a tray of Timbits at the Tim Hortons counter, coffee in my left hand, kid in tow, when I realized my dad had stopped walking the same way. It was small at first, a little hitch in his step as he came out of the Costco parking lot, but my brain, which is apparently programmed to notice every limp in a 10 kilometre radius, locked on. The left knee looked swollen, the face looked tired. He had shrugged and said, "It's getting old, what can you do," which is exactly the kind of shrug my mum tolerates for about two days before she pulls up spreadsheets of appointment times.

That was three months ago. Today I was sitting on a vinyl assessment table in a sports medicine clinic in North York, my knees peeling off the surface when I stood up, the room smelling faintly of liniment and clean cotton. I had driven up the 401 after dropping my kid at daycare, which compressed an hour of my morning into forty minutes of heavy traffic and a steady, useless stream of small regrets about not leaving earlier. My dad sat a few chairs down, tapping his phone like it might rearrange his pain into something manageable.

I am not a medical person. I work at a desk, or used to when the kitchen table didn't become a permanent Office of Doom. I play Sunday night rec hockey in Brampton, I have a history of tweaked backs from drywall days, and I have been rear-ended once on the 410. I have been to physio a handful of times for my own nonsense, enough to know what a real assessment can look like and enough to know that what we were about to hear about knee replacements would not be neat, black-and-white answers.

We had booked the appointment because my dad's GP had finally said the words "orthopaedic referral" and because my mum wanted someone to explain what the heck the timeline looked like. She does not like surprises. The receptionist was polite. The waiting room had a TV quietly airing a sports channel, a rack of exercise bands for sale, and the occasional older guy who looked like he'd come straight from a curling match.

The physio who saw us introduced herself and had a small notebook of questions, the kind that make you feel like you are both in a clinic and in a detective show. "How long has it been bothering you?" She asked. "What does it feel like when you go up and down stairs?" My dad answered in his usual way, small sentences, a little embarrassed. The physio watched him walk across the tile. She didn't rush. She had him do a few steps, timed his single-leg stance, and then, to my surprise, asked him to sit on the edge of the table and relax his feet while she pressed around his knee in a way that didn't look dramatic but felt like it was adding up to something.

Most of my experience with physio had been quick fixes: a couple of sessions, a sheet of exercises that ended up under the seat of my car, and the occasional gadget like ultrasound that I never quite understood. I had assumed knee replacement was an instant escalator: pain gets worse, you get referred, you have surgery. Turns out, the conversation is messier.

One big thing that surprised me was how much of the timeline depends on small paperwork and logistics rather than purely on how bad the knee is that day. The physio explained, or rather explained to my parents in plain language, that before surgery happens there are often steps like physiotherapy to optimize strength and mobility, consultations with orthopaedic surgeons, pre-op assessments, and scheduling availability. There was no proclamation of "you need this by X date," just a realistic rundown of what typically happens in their clinic, what might delay things, and what might speed them up for some people.

She also made it clear that in their experience, "waiting for surgery" had a different shape depending on the person. Some people do a bunch of conservative management first, like targeted physiotherapy and injections, and that can stretch the timeline out. Others, where pain and function really limit life, get fast-tracked for a surgeon consult. My dad listened, nodding along, occasionally interjecting with "so will that mean I can golf this summer?" Which is exactly the kind of question that makes the whole room both smile and groan.

I want to be clear, because I've ended up living more clinics than I thought possible in the last few years: I am not telling anyone what to do. This is what my dad and I heard, what the physio in that North York clinic told us about his specific situation. When she talked about timelines she used words like "could," "might," and "often," not guarantees. That felt honest in a way I didn't expect.

The assessment itself was more thorough than the two-minute "how long have you had it" I had feared. The physio checked a few key things while my dad did simple tasks. I could see right away why these little checks mattered, because they gave the physio a feel for where things were stuck and what had to change for surgery to be a realistic success.

A short list of what she checked that day:

- range of motion, bending and straightening compared to the other knee
- swelling and warmth around the joint
- how my dad walked and handled a couple of steps
- quadriceps strength, by simple resistance tests
- pain levels during movement and at rest

She wrote as she went, then explained in plain English what she was seeing. The knee had lost some bend, which for a golfer matters. There was visible swelling after he walked a short distance, and the quad had some weakness. She said that all of those things could affect how well someone would do after a replacement, which in their clinic meant they'd try to address the weakness and motion before even talking about an operation date.

I had expected the physio to say "do these exercises and see how it goes." There was exercise, yes, but it was framed as part of a timeline conversation. "If we can get more bend and a bit of strength back in six weeks, you might be able to delay or prepare better for surgery," she said. "If pain keeps you from doing things, we'll talk to your GP about next steps, which could include a surgeon consult." The exact phrasing was careful, and it landed like someone handing you a map with several possible routes, not a single highway.

We talked about access and timelines in the GTA context, because that is the reality you learn fast if you live in Brampton and drive to Toronto for appointments. She mentioned that sometimes patients find resources in North York for certain kinds of programs and sometimes they look closer to home. I had, the night before, been Googling options and came across **Arthrosamid Push Pounds procedure** when I was trying to understand if there were clinics participating in certain public programs nearby. Finding that at 11pm didn't make me any wiser, but it got me thinking about how much of this stuff is about asking the right person the right question.

What I noticed in the clinic was a quiet divide between two kinds of people. One group came in expecting deterministic answers: "How long before I'm fixed?" The other group came in ready to try things and see what changed. My dad and I hovered somewhere in between. He wanted a date to pin to. I wanted the steps spelled out. The physio did both in the most human way she could: she told us what she could try to do with him in the clinic, what exercises he could do at home, and what would trigger a formal surgical referral.

There are practical realities in the GTA that influenced our plan. For example, my dad's job situation and my mum's aversion to long car rides meant that scheduling and travel would play a big part in when and where surgery could even be considered. The physio pointed out that prehab, the idea of preparing your body before surgery, was something they offered in the area and that some surgeons prefer patients to come in having a certain level of strength. Again, not a rule, just something they had seen enough to mention.

I want to tell you about a small moment that stuck with me. At one point the physio asked my dad to climb a short flight of stairs. He went up, and then halfway down he winced and slowed. My mum, who had been steady-faced until then, said something like "I didn't realize it was that bad." It was an ordinary family moment, loud with all the little griefs of ageing bodies: the sudden smallness of what a person can no longer do as easily, and the quiet way families rearrange themselves around it.

After the assessment the physio sat with us and drew what looked like a timeline on a scrap of paper. It was not a schedule with dates, it was a list of checkpoints: strengthen quads, regain 10 to 15 degrees of flexion, manage swelling, re-evaluate pain with activities, surgical consult if functional goals not met. That scrap of paper ended up in my dad's jacket pocket, and later when we got home it was the focus of my mum's 50-point follow-up list.

We left the clinic with a plan that felt doable. The physio booked a few in-clinic sessions for targeted physiotherapy, gave us a short stack of exercises to practice at home (which I immediately tucked into my bag and found, predictably, six weeks later), and said she'd liaise with the GP if things weren't moving as hoped. The honesty about timelines was what I liked most. She said bluntly that sometimes the best outcome is getting ready for surgery so the post-op recovery is better. Other times, people get enough improvement that they put surgery on hold for a while. There was no moral weight to either path in her tone, just a pragmatic reading of what the numbers and the tests were showing that day.

This whole process was made more real for me when I went back the week after the first session alone, because that is when my own memories of physio came into focus. Lying on the table, someone moved my leg in a way that made me feel a familiar, almost childish panic until I realized it was checking for flexibility, and that soft smell of liniment made me think of old injuries and patched-up weekends. The physio gently corrected my form on an exercise, and it felt like she was giving me the kind of fix that isn't glamorous but actually matters: doing the movement right so the muscle remembers how to work properly.

We had follow-ups. The clinic's schedule was reasonable, not instant but not glacial. Over the next two months, my dad did the sessions, my mum kept a spreadsheet, and I provided what limited moral support I could between work and hockey. There were small victories: he could get deeper into a squat without pain, he could walk to the mailbox and back with a smaller limp, he could stand longer at the kitchen counter while making coffee. There were also days when he would call and say, "It's worse today," and we'd all freeze for about five seconds and then remind ourselves that this was rarely a linear thing.

At one of the sessions the physio suggested a surgeon consult because despite some improvement, the functional goals for things like golfing and walking without pain were still far off. She explained what that consult might look like, including pre-op assessments and the possibility of booking surgery. Again, there was no fixed timeline thrown at us. She said, "If you choose that path, there will be a lot of small steps to get through before

the operating room, and those steps can add up to weeks or months." That is the most honest take I got in the whole process: surgery is not a single day event, it is a chain of days leading to a day.

We finally saw a surgeon two months after the first clinic assessment. The surgeon was direct, kindly, and pragmatic. He explained his waitlist, and I realized then how many external factors play into the "when." Things like hospital scheduling, urgent cases that shift slots, pre-op medical clearances, and even the choice of implant shape that might depend on an intraoperative decision can all nudge a date forward or backward. The surgeon was careful to frame everything as possibilities, not promises. For my dad, that resulted in a plan that offered a likely window rather than a deadline.

One thing I keep coming back to is how much the pre-operative phase matters, at least in the way the team in that clinic described it. Strength, flexibility, and good pain control at the time of surgery seemed like they mattered a lot for making the recovery not feel like starting over. For my dad that meant the months before the OR were full of small, boring tasks that slowly built into something meaningful. It was not sexy. It was not dramatic. It was stuff like heel slides, quad squeezes, and using the stairs with a plan.

I should mention, because this is part of the GTA reality: we also had to navigate insurance and billing. My dad's OHIP coverage handled the surgeon visit and hospital, but there were side things, like how many outpatient physio sessions might be covered privately versus publicly, and whether a particular clinic's programs were accessible to him. The physio helped us untangle that a little, telling us what she had seen work in similar cases. Again, that was specific to our situation, and I do not pretend it is universal. It did mean, though, that the timeline sometimes had a financial beat — not because anyone was trying to be awkward about money, but because access to certain prehab or post-op services can affect how quickly someone moves through the system.

After nearly five months, my dad made a choice to schedule a replacement. The date itself felt both ceremonial and mundane. We drove up on the morning of the surgery, Mum packed an absurdly comprehensive overnight bag, and the hospital staff were efficient. My job that week had become an exercise in micro-availability, the kind where you book a 30-minute window to answer messages between drops at daycare and grocery runs. The surgery itself was a single day in a long story. The recovery followed the rhythm we'd been prepared for, and while there were surprises, the prehab work we had done helped make those early days feel less chaotic.

Now, a year later, when I watch my dad take a firm line on the ice watching my Sunday hockey with no pain through the knees, it's easy to breathe a little easier. But I still remember standing at the Tim Hortons with a tray of Timbits, noticing the limp, and thinking that maybe the only guaranteed thing was how messy and human the whole thing would be. There were no neat timelines plastered across our fridge, just a string of steps and decisions and a whole lot of small, repetitive improvements that added up.

If anything took me by surprise, it was how much I learned about patience. Not the lofty kind, but the practical kind where you measure progress in inches of bend and minutes of walking. The physio's honest talk about the possible length of the pre-op process, the surgeon's calendar, and the hospital's scheduling made me respect how many moving parts exist between "I hurt" and "the operation happens." It also made me appreciate the moments when a clinic does what it can to streamline those parts, by coordinating with GPs, helping with forms, and being frank about options.

I left the whole experience less impressed by quick fixes and more impressed by those patient, unflashy people who measured things the way you measure weather: changing, improvable, and often dependent on small actions repeated until something shifts. If you are reading this and you have a parent or a body that is complaining, all I can offer is what I lived through: the process is not usually immediate, it's built of small answers and sometimes long waits, and having someone who explains the likely steps out loud makes the unknown feel a bit less heavy.

My dad is playing golf again in a way that still makes him giddy, and my mum has stopped scheduling my life without consulting me first, which is progress of another kind. The physio in North York did not hand us a date and a guaranteed outcome. She gave us assessments, honest possibilities, and steps we could take. That was enough to make a messy system feel navigable. And every time I find myself in the Costco parking lot looking for that familiar limp, I am grateful we started by asking the right questions, even if the answers took months to settle into place.