Table of four options

Strategy	Why might this appeal?	Examples	Why might it be problematic?
Doing nothing Watching and waiting	Places trust in our heritage. Not seen as being reactive.	Current status quo. Seen in most physiotherapists struggling to know how to respond.	Risks the profession being left behind, becoming obsolete, and replaced by more agile competition
Modern heritage Return to the body-as-machine	Easy to teach and sell. Strong, well known identity.	Specialisation, advanced practice. Masters/doctorates as entry qualifications. Stronger connections with medicine: diagnostics, evidence hierarchies, clinical trials, scientific objectivity. Focus on pathology, disease and illness located within anatomy, physiology, pathology. Push for greater diagnostic/treatment skills. Emphasis on technical skill as point of difference. Rejection of 'other' ways of thinking as distractions from 'core' practice. Resisting any role-blurring. Protecting professional boundaries, work to preserve influence. Promoting profession as *the* authority on physical therapy and rehabilitation. Reinforcing (Western, male) image of heroic healer-therapist. Disinterest in social determinants, social justice, climate change issues.	May appear regressive and defensive to those outside profession. By reinforcing 'core' biomechanical discourses, PT risks being seen as ignoring key social health problems and lay voice, leading governments and funders to look elsewhere for professions willing to meet their priorities. No guarantee that specialisation leads to greater prestige or reward, so passes debt burden on to clients. PT becomes a luxury of white worried well, and practice becomes limited to acute, short-term conditions, further distancing from government priorities and more easily replaced by automation/decomposition.
Renaissance Throw baby out with bathwater	Seen to be responsive to client voice. Much more humanistic.	Qualitative research, the focus on lived experience over biological definitions of health and illness. Relational practice, person-centred care. The emphasis of the patient's beliefs in evidence-based practice. Consumer-led commissioning. Self-care, personal choice.	By rejecting idea that the physical, material body is the centre of illness, calls for entirely new professional identity for physiotherapists. Unappealing to most practitioners, so highly unlikely to be anything more than a fringe concept.
Hybrid Combine best of old and new	Appears holistic, encompassing a much broader image of physiotherapy. Expands the profession's 'reach'. Demystifies passive language of traditional healthcare. Undermines mechanical models of passive, low-value therapies. Less emphasis on heroic skill of therapies, appreciative and affirmative approach to self-care. Embraces objective and subjective health. Open to broader, , more porous professional boundaries and collaborations. Keen on knowledge translation for digital age. More outward facing physiotherapy.	Various holistic health models, especially biopsychosocial model. Physiotherapists 'owning' broad concepts like 'movement'. The move away from mechanical models of illness to neuro-biological, cognitive and behavioural. Complex adaptive systems.	Superficial understanding of fundamental differences between distinctive philosophies would allow biomechanical approach to dominate whilst making misleading claims of holism. Attempts to teach a respect for distinct philosophies would add years to training and may create conceptual conflict (illness is either bodily, existential, or social, for instance). Attempts to create holistic practice would result in loss of physiotherapy's traditional identity. Opening up healthcare to other approaches, but too dominated by neoliberal ideals of DIY healthcare. Might accelerate demise of physiotherapy by speeding up atomisation and recomposition of practice outside traditional fields. Relies on 'gold-rush' pioneers of new markets to retain prestige and privilege for class of new experts, so not a long-term solution for most. Risks only focusing on areas of care where new markets can be exploited, so again failing in the profession's social mandate.