

The Educated Practice Member

WORKBOOK

Quest Coaches

MEET THE TEAM



MARK POSTLES
CEO & Pilot



KAREN KULEVSKI-GIBB
Pilot



GREG VENNING
Pilot



EMMA STIRTON
Pilot



ANDREW MCCRACKEN
Pilot

Practice Member Centred Mission

SESSION 1

PRACTICE MEMBER MISSION MANIFESTO

We help...

(Describe the character traits, style, energy, personality and all other redeeming features of this incredible person).

We help them by...

(Describe what and how you do what you do for your practice members. Note: the “we” is the whole team.)

The change we make is...

(Describe the increases in understanding, skills, awareness & other heightening of consciousness that the practice members experience.)

We will know that we are successful when...

(Describe the results, accomplishments & positions of influence that your practice members attain. Remember that their wins are your wins and are cause for celebration!)

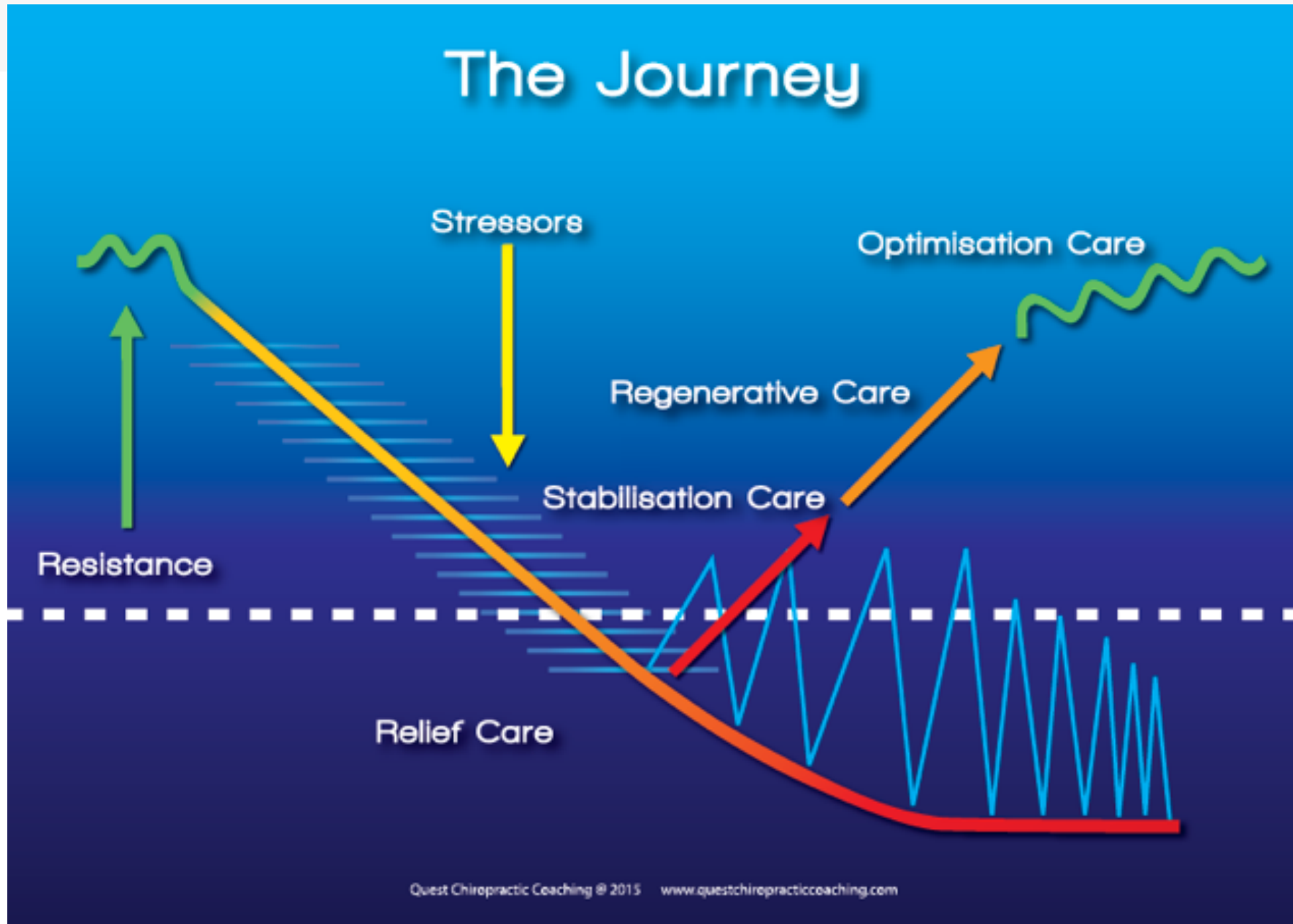
NOTES:





The Journey

SESSION 2



NOTES:



PREFRAMING

NOTES:



Your History

YOUR HISTORY

- YOUR JOURNEY OF LIFE -

During the course of your life's journey you may have encountered many stressors. Whilst some of these stressors may have seemed small, they may have had an accumulating effect on your life. Please answer the questions on the following issues that commonly arise through the formative years.

- PRE-PREGNANCY -

Did Mum & Dad...

	Yes	No	Unsure
Plan and welcome the pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare their bodies for pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- PREGNANCY -

Did Mum...

	Yes	No	Unsure
Have chiropractic care during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise through pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a nutritious diet during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get injured during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke or drink alcohol during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endure stress during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- BIRTH PROCESS -

Home birth?

Yes	No	Unsure
-----	----	--------

Hospital birth?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Was your birth early/late (according to due date)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Induced labour?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Drugs during delivery?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Was the delivery long?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Was the delivery difficult?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Caesarean (Elective/Emergency)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Presentation position:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Posterior, breech, correct, transverse, other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

GROWTH AND DEVELOPMENT

PHYSICAL

Physical abuse by siblings/others?

Yes	No	Unsure
-----	----	--------

Violently pulled by the arm?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Were you a head-banger?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Did you fall on your head?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Did you fall down stairs?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Were you taught how to care for your spine?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Did you have the chair pulled from under you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

CHEMICAL

Were you breast fed? If so for how long?

Yes	No	Unsure
-----	----	--------

Were you bottle-fed? If so for how long?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Vaccines received

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

MENTAL/EMOTIONAL

Was there communication breakdown in your household?
Was there a loss of a close relative?
Was there any stress in the family?
If yes to any of the above, please give details

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- LIFESTYLE -

Do you smoke?
Do you drink alcohol?
Do you drink adequate water?
Do you eat healthy foods?
Do you sleep well?
Are your teeth healthy?
Do you exercise regularly?
Are you physically stressed?
Are you mentally stressed?
Are you being, or have you been, exposed to chemicals?
Are you taking, or have you ever taken, drugs?

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sports: _____

Hobbies: _____

Accidents: _____

Surgery: _____

Drugs: _____

Have you experienced a loss in the past 5 years? (e.g. relationship, family, business, financial)

- HEALTH OBJECTIVES -

People consult this office with one or more of the following health objectives. Please indicate which apply to you.

- Relief of my symptoms
- Correction of my underlying health problems
- To maximise my health
- To maximise myself, my family's and community health.

You may have specific reasons for consulting this office. If this is the case what are they?

How would you rate your overall health? ____/10

What would you like your health to be? ____/10


Your History Form

NOTES:



AUDIO VISIT

NOTES:



“Yes – Yes” Consultation

PURPOSE

To obtain a mutual agreement for the first phase of your relationship with the person in their chiropractic journey (history, exams, tests, x-rays, scans, PCA, ROF etc). This is achieved when they say “Yes” and you say “Yes”.

PROCEDURE

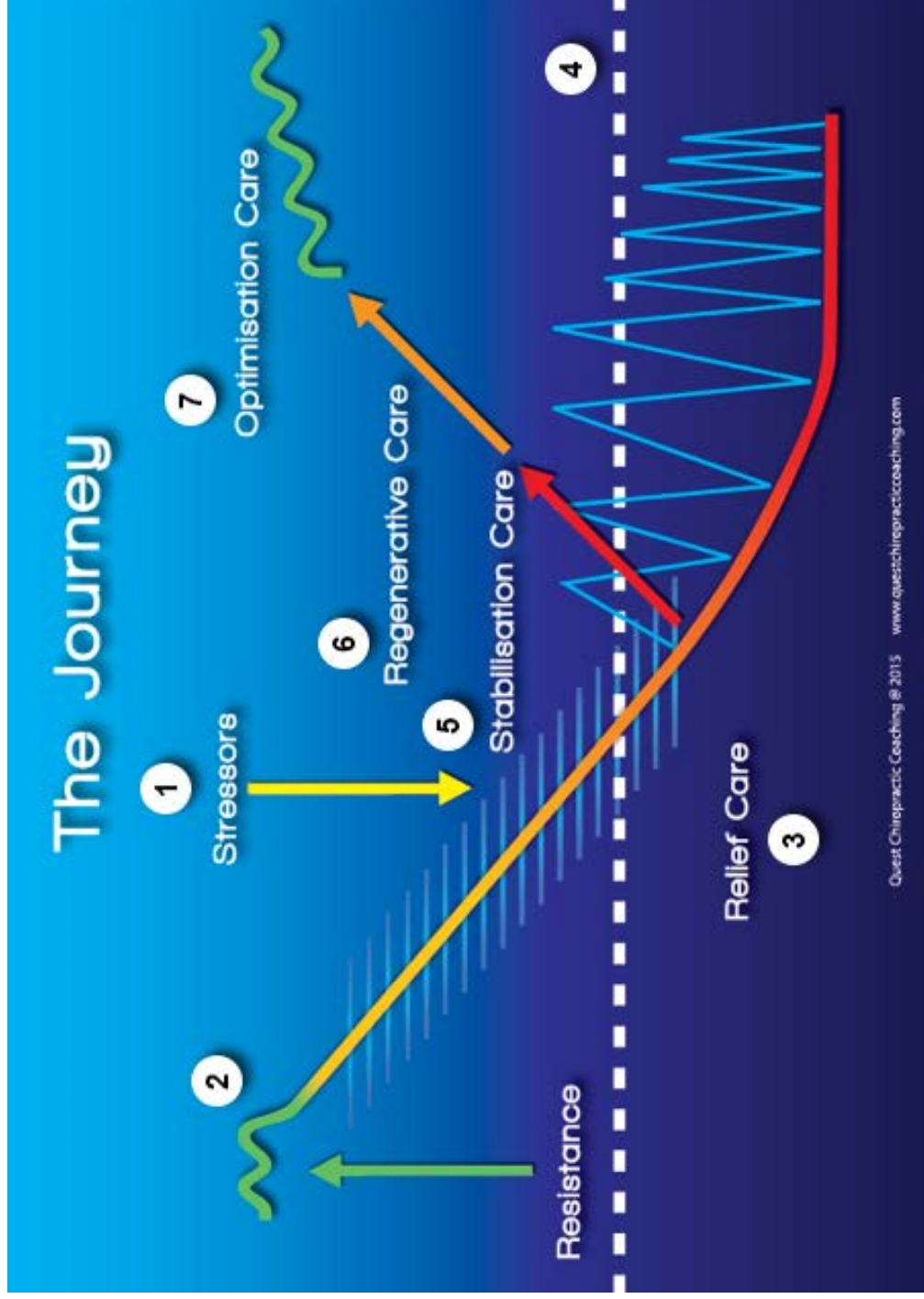
The chiropractor greets the person and sits facing them at a comfortable distance apart (not separated by a desk) and conducts the “Yes-Yes” dialogue.

SCRIPTS – CHIROPRACTOR

1. Greet Person: "Hello [Name], great to see you today." (Not, "How are you?);
2. "How can we help you?" Person usually responds with major complaint;
3. Pause. Be expressionless and resist saying anything. Let the person go to the real reason that they are coming in. This could be a minute silence.
4. "Chiropractic has been known to assist with that. Let me tell you what I'll need to do to determine how well we can help you";
5. List all procedures through the Report of Findings. "We will go through your history. We will run a series of exams, including chiropractic, neurological and orthopaedic. We will perform some EMG and Thermoscans and get some spinal x-rays taken;
6. Your next visit will be the Pre-Care Appointment where we give you an overview of the healthcare system and where we fit into it. This allows you to make a more informed choice as to the type of care that you need. Following that, we will sit down together and go over your options for care at the Report Visit;
7. "Is that OK?";
8. Wait for "Yes" response;
9. "Great, let's get started" (Your "Yes").

With any health care there are risks. We are required by the government to declare these to you with the best of our knowledge. Have you read the 'Informed Consent' form? Do you understand it? Do you have any questions about it? Would you please sign it? Thanks".

<https://www.questcenter.com/theocean/attract/outcomes/the-yes-yes-unleashed>



Name:

Date:

1	What are the 3 Stressors?	
2	What is the relationship between Stressors and Resistance?	
3	What is the goal of Relief Care?	
4	Is it true that <i>above</i> the line is Healthy, and <i>below</i> it is Sick?	
5	What is the goal of Stabilisation Care?	
6	What is the goal of Regenerative Care?	
7	What is the goal of Optimisation Care?	

You may have family or friends who would benefit from our care – if so, list them below:

PCA Questionnaire

NOTES:



Care Assessments

NOTES:



Care Assessment 1 Procedure

PURPOSE

The Care Assessment is designed to gain feedback on people's experience of care, understanding of chiropractic and an opportunity to refer their family and friends in for care.

It is an opportunity for the chiropractor to gauge the person's knowledge and areas where more information is needed.

The chiropractor will get agreement with the person to attend the Regenerative Care Class at this stage.

PROCEDURE

The Care Assessment 1 is conducted at the 12th visit. The form is placed in the person's file and, when they arrive in the office, they are asked to take a few minutes to fill it in.

The person hands the completed form to the CA who places it in the file for the chiropractor to address.

Option 1 (preferred)

The CA makes an extended visit time for the next visit at which time the DC goes through the form after the adjustment.

Option 2

The CA places the form in the person's file and the DC goes through it with them after the adjustment

After the chiropractor has gone through the form he/she marks the RCA box in the top right corner of the form and puts it back in the file for the CA to file with the rest of the person's records.

SCRIPT

CA

"NAME, today we would like you to fill in this short form that gives us an idea of how you are going and how we are performing in providing you with the best quality care. Would you please take a few moments to answer these 13 questions and drop it back to me?"

NOTES:



Spinal Health Assessment Summary

48

Spinal Health and Functional Ability Rating

48

Immobility
Inflammation
Degeneration
Pain
Weakness
Instability
Loss of Balance
Loss of Coordination
Decreased Overall Health
Decreased Quality of Life

Previous: 20
Current: 48



Mobility
Healing
Repair
Comfort
Strength
Stability
Balance
Coordination
Increased Overall Health
Increased Quality of Life

Previous: 72
Current: 44



44

Spine-Related Lifestyle Stressor Load Rating

44

Previous: 26
Current: 71



Spine Related Quality of Life

71



Previous: 93
Current: 84




84

Spinal Neuromusculoskeletal Dysfunction Rating

84

Engaging Relationships

NOTES:



Regenerative Care

NOTES:

Regenerative Care - Beyond Healing — Quester Center

Creating Change Makers

NOTES:



Educating The Barefoot Chiro

NOTES:



Six Week Leg

SESSION 3

Statistics

Revenue for last month *

Total amount of money collected including products sold

New People (ROF visits) for last month *

A new person is someone who starts care, easiest measured as number of Report of Findings visits (ROF)

PVA (6 month rolling average) *

Total Visits for last month *

All visits including initial consults



Clients: Submit your monthly stats here: www.questercenter.com/theocean/resources

Leg:

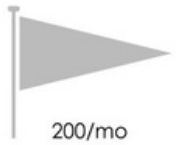
Begins:

Ends:

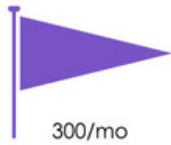
Vision • What are our targets for the year ahead?

Focus • What's our focus for this 6 Week Leg?

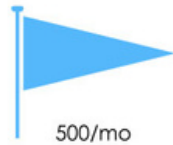
Services/month • Flag target for the next intensive:



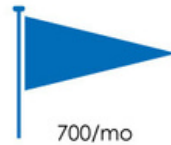
200/mo



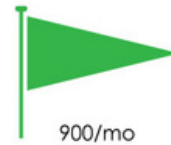
300/mo



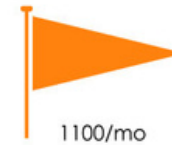
500/mo



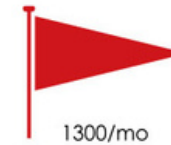
700/mo



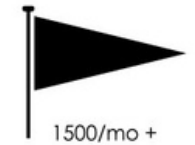
900/mo



1100/mo



1300/mo



1500/mo +

Impact & Effect • Why is what we do so important? What effect does it have on people?

Behaviour • How will we show up?

Consequences • What will we do to make good?

Reward • What will we give ourselves to celebrate?

PV /Month	Income /Month	Income /Year	ATTRACT	NURTURE	DELIVER	EXPAND
1500	87,000	\$1 mil +	<ul style="list-style-type: none"> Curiosity The Next Iteration Collaborative partnerships 	<ul style="list-style-type: none"> Operations Manger Publish Scientific Contribution 	<ul style="list-style-type: none"> Optimisation of Resources Clinical Contribution to Profession Wayshower Governance 	<ul style="list-style-type: none"> Political Influence Growing Legacy Equity Sell-Offs
1300	75,400	\$900k	<ul style="list-style-type: none"> Completion Generative Sessions Patterns 	<ul style="list-style-type: none"> Impact on Profession Playing the Long Game Board of Directors 	<ul style="list-style-type: none"> Branded by Technique Chiropractic Finishing School Internal Mentoring 	<ul style="list-style-type: none"> Multiple Income Streams Comperation Business Model 301
1100	63,800	\$760k	<ul style="list-style-type: none"> Community Congruence Events Driven Practice 	<ul style="list-style-type: none"> Profitability Team Empowerment in8model - Associates 	<ul style="list-style-type: none"> Team ascension Executive Assistant Personal Care - 301 	<ul style="list-style-type: none"> Public Speaking Financial Contribution Reoccurring Income
900	52,200	\$625K	<ul style="list-style-type: none"> Redesign PM Ascension Attracting Associates 	<ul style="list-style-type: none"> Practice Layout Associate Driven Practice OPM - Expand 	<ul style="list-style-type: none"> Transferable Protocols Contact hours/% of income Personal Care - 201 	<ul style="list-style-type: none"> Free Up A Day Investment Strategies Seeding Practices
700	40,600	\$490k	<ul style="list-style-type: none"> Communication 201 Cultivating Chiropractors Team Centred Mission 	<ul style="list-style-type: none"> Debt Reduction Operational Cascade OPM - Deliver 	<ul style="list-style-type: none"> Time & Motion Meetings the Matter Tech CA 	<ul style="list-style-type: none"> Statistics Wealth Building Business Model 201
500	29,000	\$350k	<ul style="list-style-type: none"> Physical Marketing Culture Client Centred Mission 	<ul style="list-style-type: none"> 3rd Phase - Optimisation Care in8model - Business OPM - Nurture 	<ul style="list-style-type: none"> Educational Plan Internal Referrals Personal Care 101 	<ul style="list-style-type: none"> Default Diary Holidays Congruence
300	17,400	\$210k	<ul style="list-style-type: none"> Annual Marketing Plan The Journey - QPFLTC Automated Lead Generation 	<ul style="list-style-type: none"> 2nd phase - Regenerative Care Storyboards OPM - Attract 	<ul style="list-style-type: none"> Clinical Clarity State Control Communication - 101 	<ul style="list-style-type: none"> The Super CA Management Business Model 101
200	11,600	\$140k	<ul style="list-style-type: none"> Purpose, Outcomes Bay 5 - Mission Bay 1 - Beliefs 	<ul style="list-style-type: none"> 1st Phase - Stabilisation Care Bay 6 - Strategy Bay 2 Organisation 	<ul style="list-style-type: none"> Visits 1&2 Bay 7 - Design Bay 3 - Engagement 	<ul style="list-style-type: none"> Money Bay 8 Leverage Bay 4 - Empowerment

* Based on per visit of 58

This Leg of the Voyage

Date:

Project:

Accountability:

Q4: Success Criteria: What else could we do with this?

Q1: Purpose: What do we want to accomplish and what does it look like?

Q2: Importance: What problem will it solve, what is the biggest difference this will make?

Q3: Resources available? (time, talent, treasure)



Best Result (if you do take action):

Worst Result (if you don't take action):

Integration - Key Things You're Going To Implement

NOTES:



What Next?

FOR GUESTS

BOOK YOUR CLARITY CALL:

<https://qcc.rocks/claritycall>

FOR CLIENTS

See you in the Ocean Group!
Monday & Wednesday Live Calls



Session 4

Team Humanity



NOTES:



The Crypto Economy and Tokenomics

Define the following terms:

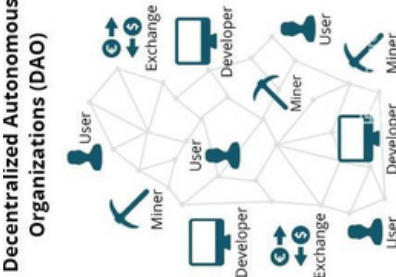
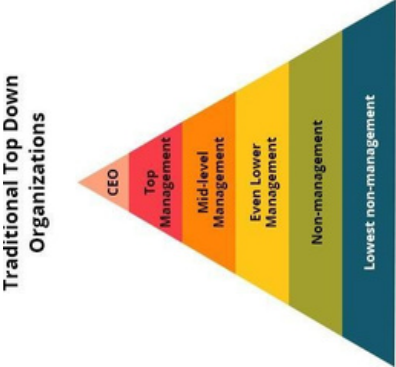
Crypto Asset



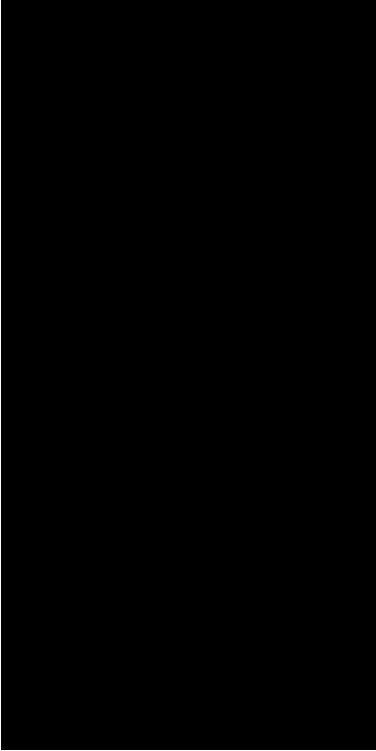
Cryptocurrency

Stablecoin

DAO



Tokenomics



If you are interested in learning more, check out my Guided Tour courses here: <https://qcc.rocks/guided-tour-through-crypto-order>

NOTES:

