



Dr. Tod R. Davis

Developmental Optometry & Therapy Services

Press Kit



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Tod R. Davis, OD, PLC

A Business Biography



Because of his own childhood struggles, Dr. Davis knows full well what families go through – the frustrations, the not knowing, the running into dead ends, and the hopelessness when a family member unknowingly suffers from a vision disorder. Dr. Davis was an adult before his vision disorder was fully diagnosed and treated.

This is the sole reason why Developmental Optometry & Vision Therapy Services exists:

- to bring hope
- to provide answers
- to transform lives

Offices in Virginia

After a long career in vision therapy in other cities, Dr. Davis and his family settled in Virginia in 2005 where the first Developmental Optometry & Vision Therapy Services opened in Gainesville. The second location in Fredericksburg opened its doors in 2007, which was soon followed by the office in Winchester in 2009. Dr. Davis has recently announced that yet a fourth office will open by 2012. The additional facilities are for the convenience of those in the community, and to ensure that as many children can be helped as possible.

Personalized Attention

In spite of the multiple locations, all patients are first seen by Dr. Davis. He conducts an extensive and thorough evaluation, and from there he designs the customized therapy for the specific needs of that one patient. The therapy *script* is designed by Dr. Davis and is then carried out by trained vision therapists. Many of these trained therapists have a background in childhood development and are highly adept in working with children. In past years his wife, Cyndy, worked by Dr. Davis's side, serving as a therapist.

In addition to the ongoing in-office therapy sessions, home support activities are assigned to round out the treatments. The therapists also work closely with parents to encourage their participation.



State-of-the-Art Program

As Dr. Davis explains, *“We treat developmental vision difficulties associated with learning disabilities, autism, developmental delays, and head injuries. Strabismus (eye turn), amblyopia (lazy eye), and other conditions are also treated.”*

The vision therapy program is state-of-the-art as the centers utilize new technologies and procedures including the use of ambient prism lenses, 3-D projection systems, and HTS computerized vision therapy activities.

As a service to the community, Dr. Davis and his staff offer educational seminars and in-services to parent and professional groups on a variety of topics such as vision-related learning problems and vision and autism. The centers specialize in developmental vision care and vision therapy only and do not offer primary care optometry nor dispense glasses or contacts.

Changed Lives

Seeing lives being changed for the better is the reward that Dr. Davis and his staff enjoy on a daily basis. The high success rate of *vision therapy* is validated by a patient’s increased visual function and by glowing reports from patients and parents alike.

Looking toward the future, Dr. Davis is intent on expanding community awareness to lessen the chances of misdiagnosis in children suffering from vision disorders. Through years of experience Dr. Davis and his staff know firsthand how vision therapy can:

- lessen suffering
- increase confidence
- end frustration and bring peace
- create a bright future
- open up new vistas to the patient and his or her family

Now it’s time for others to know and understand. Developmental Optometry & Vision Therapy Services is committed to that mission.



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A Personal Biography

Seeing Double



As a kid growing up in Portland, OR, Dr. Davis could not see well. Or rather, he was not seeing *correctly*. The problem is that he had no idea he was not seeing correctly. All he knew was that his reading comprehension levels were pitifully low – and that his mother had to constantly push him to work hard to study and get good grades. (He was to learn later that he actually had eye teaming problems.)

Between his mother’s encouragement to study hard and the time he spent working for his father, Dr. Davis developed a strong work ethic. He spent much of his time helping out at his father’s trucking business when he was growing up. Though he worked hard for his father, he also realized that he didn’t want to drive a truck his entire life.

Dr. Davis had his first eye exam when he was thirteen years old. Now as a professional looking back, he realizes how ineffective that quick, ten minute exam truly was. The doctor fitted him with glasses which helped in seeing at long distances, but the ability to do close work, like reading, became more aggravated and problematic. High school was one long, continuous struggle.

Born a Duck

The Davis family was deeply entrenched in football. Tod’s father played for the University of Oregon, Eugene, in the 1940s. His mother received her degree from the school as well, and two of his three older brothers had football scholarships from the school. As Dr. Davis puts it, “I was a U of O Duck from infancy onwards.” (Duck being the famous University mascot.)

True to form, he too attended UO on a football scholarship. An injury in his third year of playing for the Ducks brought him to the sobering realization that he wanted to do more with his life. After that, he buckled down and made an intense effort to study, gaining him the new nickname of *Mr. Library*.

First Encounter with Vision Therapy

Dr. Davis’s love of science led him to the College of Optometry in Fullerton, CA. At this time he was exposed to what would become his life’s work – vision therapy. He himself went through what he later referred to as a *bare bones* version of vision therapy, but with dramatic results.



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Later, while on fellowship with the Gesell Institute of Child Development at Yale, New Haven, CT, he underwent even more advanced vision therapy. For the first time in his life he could truly *see in 3-D*. It was a life-changing experience.

During this time, Dr. Davis was privileged to meet and work with Dr. Constantine "Gus" Forkiotis, OD, who became his mentor. Dr. Forkiotis practiced *behavioral optometry* over 50 years and contributed greatly to the field. He is best known for having perfected the "Horizontal Gaze Nystagmus" Field Sobriety Test now used by law enforcement officers all across the nation. Still today, Dr. Davis expresses how indebted he is to this man.

Lecturing in Europe

Looking to satiate his desire for travel, Dr. Davis wrote letters to Optometry organizations in Europe offering to serve as a lecturer. An acceptance came from the Society of European Optometry, Brussels, Belgium. The year of 1980 – 81 was spent in Europe lecturing on the *Diagnosis And Management Of Visual Processing Disorders*.

Back in the states, he returned to California due to a job offer. Here he met and married his wife, Cynthia. They have been married for more than thirty years and have seven children. Later they moved to Virginia where Dr. Davis opened his first optometry office and began his practice with a strong emphasis in vision therapy.

"I Love What I Do!"

Because of his love of sports, Dr. Davis has always had an affinity with children and youth. This penchant is perfect for the field of vision therapy since the majority of his patients are children.

After more than 25 years in practice, Dr. Davis still enjoys every minute of his work. "My job is *lots of fun!*" he says. "There's no burnout here. I love what I do!"

The transformed lives of hundreds of patients (and their family's lives as well) is vivid testament to that fact.



The Secret That Needs Told

The Importance of Vision Therapy

Three Stories, One Cause

“You’re just not trying.” That’s what 10-year-old Tina’s parents told her repeatedly. The words Tina’s teachers used were, “lazy,” “unmotivated,” “slow-learner.” Tina hated to read and struggled with sticking with any homework assignment that had to do with extensive reading. Is it any wonder that Tina was often heard to say: “I hate school”?

Twelve-year-old Mark’s mother would watch as Mark would cover one eye in his attempt to focus while reading. Or he would frown and squint and complain of headaches after homework sessions. Mark was generally a happy and conversational kid, but his struggle with reading – and sports as well – left him discouraged and depressed.

Darcy’s nickname at school was *Klutz*. Her clumsy mannerisms had earned her that title. This second-grader was forever spilling things, stumbling over nothing, running into walls and falling. Additionally, her handwriting was almost unreadable – all over the page, various sizes of letters with no form and no consistency. She tired easily and could barely make it through a day of school without collapsing from exhaustion.

The Cause? Vision-Related Problems

It’s easy for parents and educators to become frustrated with youngsters who appear to be underachievers, like Tina, Mark, and Darcy. Those who are normally conversational and seem to grasp concepts easily are suddenly labeled – at first glance – as lazy, uncaring and uncommitted, as is likely in the top three scenarios.

Yet as strange as it may sound, all three of these examples above describe sufferers of vision-related problems. All three, if properly diagnosed as having *vision disorder*, and if treated with what is known as *vision therapy*, would experience remarkable improvement in their reading skills, writing skills, and even their motor abilities.

Misdiagnosis of visual disorder is all too common. Elementary-age students experiencing a vision disorder may be grouped in a school setting with the slow learners and those who are developmentally delayed. Others are told they are A.D.H.D. or A.D.D. Parents and educators alike are not aware the problem could actually be a vision disorder.

This misdiagnosing is completely understandable because as was shown in the three examples, the symptoms are different and on the surface do not seem to be vision-related at all. In addition, most students have gone through the typical all-school eye-screening tests and been told they have 20/20 vision, so what vision issues could they have?



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Tod R. Davis, OD, PLC, with Developmental Optometry and Vision Therapy Services, offers in-office vision therapy at centers located in Fredericksburg, Gainesville, and Winchester, Virginia. Dr. Davis says that the problematic child “may show 20/20 in the eye screening tests conducted at the school – or even at the optometrist’s office.”

No wonder parents are at their wit’s end. No wonder, after trying everything, they feel hopeless and helpless.

Dr. Davis, who has been treating vision disorders for nearly 30 years, says, *“When a child struggles with reading and learning, it costs their parents dearly in terms of time, money and frustration. In addition, there are significant costs to the schools that inadvertently misdiagnose this problem.”*

Dr. Davis goes on to say, *“When a vision problem is at the root of a child’s difficulties, the symptoms can be easily detected, if you know what to look for.”* That’s a big if!

Vision Therapy Makes a Difference

Sadly enough, vision therapy is virtually unknown in most communities. Meaning, many people – children and adults alike – suffer needlessly throughout life due to vision disorders that could easily be managed with vision therapy. They suffer not only from a lack of learning skills, but also suffer from a feeling of rejection and of “not measuring up.”

When kids are put down because they are unable to read well, or to focus and pay attention, or to gauge the distance when the ball is coming toward the bat they hold, their confidence can be marginalized. Some will even resort to making statements such as: “I’m dumb.” “I’m stupid.” “I can’t learn anything.” Vision therapy can change all of that.

What is Vision Therapy?

Everyone is familiar with physical therapy, occupational therapy, and speech therapy, but few have ever heard of vision therapy. Supervised, professional vision therapy can best be described as “therapy for the eyes.”

The therapy consists of a progressive program of vision exercises or procedures performed under doctor and therapist supervision. These exercises are designed to meet the specific needs of each patient.

Sessions are conducted once or twice a week at the office of the vision therapist and are reinforced by at-home exercises. This therapy could take several months to complete; however, most patients notice significant improvements within six to eight weeks. Basically, the therapy is retraining the eyes and brain to work together.



This therapy starts out with simple, easy skills and then advances to more complex skills. Each skill builds on the one previous. These are called “learned skills” which with practice become almost automatic. The patient soon is able to call upon these skills as he or she is at school or on the job. Not only are these vision disorders treatable, the therapy is not endless. The patient will come to a point where the therapy has worked, and the sessions will no longer be needed.

Success Reports for Vision Therapy

The reports of successful treatments are prevalent. Parents state they can’t believe this is the “same child.” Children regain their confidence, and – often for the first time ever – discover joy in the learning experience. Those who were the *klutzes* are now poised and able to play sports with the other kids. Students who, physically, could barely make it through the school day are now filled with renewed energy, and eyes that are able to read and write skillfully. The list of amazing transformations goes on and on.

The Mayo Clinic Weighs In

Mayo Clinic researchers recently conducted a nine-site study to discover the best of three currently-used treatments for *convergence insufficiency* in children. (Convergence refers to the natural ability of the eyes to focus and align while viewing objects up close.)

Children with convergence insufficiency tend to have blurred or double vision or headaches and corresponding issues in reading and concentrating, which ultimately impact learning. The findings show *children improve faster with structured therapy sessions in a doctor’s office, with reinforcement eye exercises at home.* (Ital. added.)

<http://www.newswise.com/articles/view/545210>

Help for All Ages

Vision therapy can be great news for parents of school-age children who have a visual disorder. But it is also great news for adults who perhaps have suffered with these types of problems all their lives. It’s never too late for vision therapy to be effective.

While it seems that vision therapy is working only with the eyes, the main focus is actually in the brain. “And,” says Dr. Davis, “*since the brain is constantly growing and changing, this means vision therapy works for any age. So don’t think that it’s too late to receive help.*”

Spread the Secret of Vision Therapy

Developmental optometrists, like Dr. Davis, are working together to raise awareness regarding the problems of visual disorders and the success rate of visual therapy. It is their heartfelt desire that those who need visual therapy will be quickly and correctly diagnosed, and will find and receive the help they need.



The following list of symptoms may be signs of a visual disorder:

- A student unable to stay with a homework assignment more than fifteen minutes at a time
- Parents at their wits' end because twenty-minute homework assignments take two hours (or longer) amidst many tears and much agony – homework time becomes a *battleground*
- A child who labels himself as “dumb,” “stupid,” “a retard,” and other such putdowns
- A young person who is bright and perceptive and highly conversational, and yet cannot conquer any area that requires reading or close work such as art and drawing
- A educational system that labels an otherwise bright child as a “non-reader” or a “low-achiever”
- Ongoing complaints of headaches and stomachaches

Understanding Vision Therapy

From the office of Dr. Tod Davis

Imagine a young boy named Johnny who is nine years old and bewilders his parents. At home, he speaks and interacts with his parents and older siblings intelligibly, at his age or even better, and carries a conversation with ease. But at school, he receives report cards with C's, D's, and even F's, receives time-outs and detentions for not paying attention, and reads at a lower-than-average level. When his parents confront him, Johnny says that sometimes he can't see the board, so his parents take him to an eye doctor. However, the doctor reports he has 20/20 vision, and glasses aren't needed. The school recommends that he be put on ADHD medication, but this doesn't seem to change anything. Now what? Johnny's parents are frustrated and confused as to what is going on with their son, and they continue to search for answers, unsure of where to look.

This is an upsetting yet common occurrence for children (and even adults) who suffer with visual problems or disorders. Vision problems are not necessarily related to eyesight, and someone who has great vision can have a vision problem (as seen in the example above). This is where vision therapy becomes necessary.

Most people are well acquainted with physical therapy, speech therapy, and occupational therapy – but few have ever heard of vision therapy. Basically, this refers to a type of physical therapy for the eyes and brain. Highly effective, it is the non-surgical treatment for common visual problems. Some of these visual problems might include lazy eye, crossed eyes, double vision, convergence insufficiency and some reading and learning disabilities.

Often Misdiagnosed

Vision disorders and vision therapy are not widely known nor are they fully understood by most. For this reason, many cases are misdiagnosed, and the resulting problems are allowed to exacerbate, causing increased frustration and often a

sense of failure. This is especially true for younger children.

Elementary aged students experiencing a vision disorder may be grouped in a school setting with the slow learners and those who are developmentally delayed. Others are told they are ADHD or ADD. Parents and educators alike are not aware the problem could actually be a vision disorder.

This misdiagnosing is completely understandable since the symptoms do not appear to be vision-related. Tod R. Davis, OD, PLC, who offers in-office therapy at his three offices in Virginia, says that the problematic child “may show 20/20 in the eye screening tests conducted at the school – or even at the optometrist's office.”

Common Symptoms

Dr. Davis has been actively treating vision disorders for nearly 30 years. Patients who come to his offices share some of the following symptoms – all of which show signs of a visual disorder:

- A student unable to stay with a homework assignment more than fifteen minutes at a time
- Parents at their wits' end because twenty-minute homework assignments take two hours (or longer) amidst many tears and much agony – homework time becomes a battleground
- A child who labels himself as “dumb,” “stupid,” “a retard,” and other such putdowns
- A young person who is bright and perceptive and highly conversational, and yet cannot conquer any area that requires reading or close work such as art and drawing
- An educational system that labels an otherwise bright child as a “non-reader” or a “low-achiever”
- Ongoing complaints of headaches and stomachaches

Grace S., age 10, was one such child. “Grace suffered from headaches, fevers, and incapacitating stomach aches,” says Sally, her



A vision therapist guides a boy through in-office vision therapy.

mother. “She was not able to attend school because of all her symptoms.”

It stands to reason that a child whose eyes cannot clearly track the words across the page, will quickly tire of reading. Or if that child is seeing double, think how difficult it would be to comprehend what he or she is reading. If the problem is with focus, adjusting sight from the board at the front of the classroom to the sheet of paper on the desk could prove an impossible task. Hence the lagging behind in schoolwork and being labeled “slow” or “learning disabled.”

Lost Hope

Parents and teachers alike are often driven to the point of exasperation at these situations. It's bewildering, and extremely frustrating to see a bright child failing in his studies, especially when no one can pinpoint the exact reason why.

“I often speak with parents who have lost all hope of ever finding the answers,” Dr. Davis says. “When a child struggles with reading and learning it costs their parents dearly in terms of time, money and frustration. In addition, there are significant costs to the schools that inadvertently misdiagnose this problem.”



Dr. Tod Davis performs a visual examination on one young girl.

How Does Vision Therapy Work?

Vision therapy is a progressive program of vision “exercises” or procedures performed under doctor supervision. These exercises are designed to meet the specific needs of each patient.

Sessions are conducted once or twice a week at the office of the vision therapist. These sessions are then reinforced by at-home exercises. While vision therapy may require nine to twelve months to complete, most patients will begin to notice significant improvements within as little as six to eight weeks.

Vision therapy begins with simple, easy skills and slowly advances to more complex skills – each building on the one previous. After time, these learned skills become almost automatic and can be called upon when the patient is going about daily work, such as school work or working at the computer. What this means is that the problems are treatable, and therapy need not continue forever.

“Within six weeks, Grace’s stomachaches and headaches had subsided,” says Sally. “Grace continued to improve and was able to attend school regularly again. It seems Grace may continue to have weaknesses with her eyes, but because of vision therapy we are more educated on how to help Grace at home now.”

Help for Any Age

While most of the patients that Dr. Davis sees are children, he is quick to explain that vision therapy works for any age.

At the outset, it may appear that vision therapy is working only with the eyes; however, the main focus is actually in the brain. Since the brain is constantly growing and changing, vision therapy works for any age. “Don’t think that it’s too late to receive help,” notes Dr. Davis.

For more information about vision therapy, Dr. Tod Davis can be contacted at (703) 753-9777.

The Facts on Lyme Disease

by Dr. Maria Juanpere, Piedmont Pediatrics

Summertime is the time when children typically spend the most time outdoors. Unfortunately that also increases the risk of exposure to ticks and possible Lyme disease.

The Deer Tick is responsible for transmitting Lyme disease. They are typically smaller than the common brown dog tick and tend to be more concentrated in areas where deer and field mice live. Distinguishing between the types of ticks helps in deciding if Lyme disease is really the correct diagnosis, although most labs will no longer test the tick for Lyme disease. Studies have shown that in order for the tick to infect someone they must be attached for more than 48 hours so early detection is important.

The best way to avoid getting Lyme disease is to avoid being bitten by the infected tick in the first place. Wear light-colored clothing so ticks can be spotted before they attach to skin. Tuck your child’s pant legs into his socks so that ticks can’t easily get under his clothes. Use appropriate insect repellent when available and avoid known infested areas. It is important to do a thorough “tick check” on your child every time he goes into an area that might have ticks. Check behind the ears, scalp, in skin creases, and even in the private areas. Rapid removal is critical if you want to prevent infection.

Home remedies such as using alcohol or acetone to make the tick loosen its grip might not work since ticks breathe only about once an hour. The best way to remove them is to try to grab hold of the tick as close to the skin surface as possible and pull it straight out with a firm but constant motion. “Yanking” it out quickly may leave mouthparts still embedded in the skin. After removal, apply an antibiotic ointment such as Neosporin to prevent secondary infection.

Most people associate Lyme disease with a “bull’s eye” rash, but more than half of those infected never show this symptom. Instead, they might get conjunctivitis, fatigue, headaches, muscle pain, fever, chills, swollen glands, neck stiffness, facial nerve paralysis or motor tics. Symptoms can appear as early as three days after the bite or as long as months afterwards. Sometimes, there is no known history of a tick bite.

If you suspect that you or your child may have Lyme disease, contact your doctor who can run various tests to confirm exposure and begin a treatment regimen of antibiotics.



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