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What is binocular vision dysfunction, or BVD?

Short answer: BVD is a subtle eye misalignment that sends conflicting information to your brain, causing it to work overtime.

Long answer: For comfortable vision, your two eyes must point at the exact same spot. When they don't—whether from muscle or nerve issues, a concussion, or simply aging—the brain receives two slightly different images and struggles to merge them. Dr. Kandi likes to say your **eyes and brain are in a relationship**, and sometimes...that relationship gets complicated.

When they aren't "on the same page," your brain has to work harder, which can lead to:

- Anxiety or feeling "on edge"
- Headaches and migraines
- Motion sickness or dizziness
- Difficulty reading or concentrating
- Trouble walking down aisles or navigating busy environments
- Light sensitivity
- General overwhelm or fatigue

This cluster of symptoms is what we call **Binocular Vision Dysfunction**.

What symptoms does BVD cause?

BVD can cause dizziness, headaches, migraines, anxiety, motion sickness, light sensitivity, difficulty reading, brain fog, trouble walking down aisles, problems with depth perception, and feeling overwhelmed in busy environments. Many patients say they "don't feel like themselves" until the misalignment is corrected.

Can BVD mimic anxiety or dizziness disorders?

Yes. When your eyes send mismatched information, your brain works overtime to make sense of the world. That constant strain can feel like anxiety, panic, dizziness, motion sensitivity, or general overwhelm. Many patients were treated for anxiety for years before discovering that BVD was the underlying issue.

How do I know if I have BVD?

A quick way to start is by taking our **free BVDQ™ assessment** [here](#).

Your results come straight to Eye Candy, and we respond by text, email, or phone.

A score of **15 or higher** means you may have Binocular Vision Dysfunction.

The next step is a **NeuroVisual (BVD) Exam**, which is only available at NeuroVisual Specialists of South Sound. We are the **first NeuroVisual clinic in Washington** and one of only a few in the state trained in this specialty.

You can also **call us to discuss your symptoms**, even if you're not ready to schedule yet.

We're happy to listen and help you figure out your next steps. **253-432-4303**

How did I get BVD?

There isn't just one cause. BVD can develop in several ways:

- **You may have been born with it.** Many patients have struggled their whole lives but didn't connect the dots until adulthood.
- **A concussion or brain injury** can disrupt how the eyes work together—even years later.
- **Age-related changes** can make it harder for the brain and eye muscles to compensate like they once did.
- **Conditions like Ehlers-Danlos Syndrome (EDS)** can affect the connective tissue that supports the eye muscles, making misalignment more likely.

For many people, BVD is the “missing piece” that finally explains years of symptoms.

How is this corrected?

We correct BVD using **Theralenses®**, a highly customized lens technology engineered specifically for Binocular Vision Dysfunction. These lenses use **precise microprism** built exactly for *your* unique misalignment—far more accurate than standard prism lenses.

Microprism gently shifts the light entering your eyes so your brain **believes both eyes are looking at the same point in space** again. When that mismatch disappears, your brain no longer has to fight, and symptoms begin to improve.

Theralenses® are the core of your treatment plan. **Learn more about Theralenses® [here](#).**

How do Theralenses® compare to regular prism glasses?

Regular prism glasses use broad measurements and are not customized to the micro-misalignments found in BVD. Theralenses® use precise microprism tailored to your unique alignment using NeuroVisual testing, which is only taught through NVMI. Many patients who didn't improve with standard prism finally get relief with Theralenses®.

Is this found at my normal eye exams?

No.

A standard eye exam checks how clearly you see, whether your eyes are healthy, and basic eye coordination. Those exams are not designed to detect the **subtle, complex misalignments** that cause Binocular Vision Dysfunction.

BVD requires **specialized NeuroVisual testing** that goes far beyond the typical eye chart. And even if misalignment *is* found, very few doctors know how to measure and prescribe microprism the way a NeuroVisual specialist does.

Dr. Kandi is the **first NVMI-trained NeuroVisual specialist in Washington**, and this specialty is completely different from a routine vision exam.

How did you learn about this?

After earning her optometry degree in 1999, Dr. Kandi later pursued advanced training at the **NeuroVisual Medicine Institute (NVMI)** in Michigan—the only program in the country that teaches this specialty.

She continues to stay current with **ongoing NeuroVisual conferences, workshops, and webinars**, ensuring her patients always receive the most up-to-date, evidence-based care.

Why has no other eye doctor told me about this?

Most eye doctors are trained to make sure you can see clearly (20/20), evaluate your eye health, and check basic eye coordination. If everything looks “normal,” they understandably feel their job is done.

Binocular Vision Dysfunction is different.

It involves **very subtle misalignments** that are *not* part of standard optometry or ophthalmology training. Doctors must seek out **additional, specialized education** through the NeuroVisual Medicine Institute (NVMI) to learn how to diagnose and treat BVD.

Dr. Kandi performed traditional eye exams for years, so she understands why this specialty is often missed—and why patients can struggle for so long without answers.

I found another office that says they test for BVD, and some use Neurolens or Newton. Is that the same?

Not all “binocular vision testing” is the same.

To accurately diagnose and treat true Binocular Vision Dysfunction, a doctor must complete specialized training through the **NeuroVisual Medicine Institute (NVMI)**. Without this training, providers cannot identify the subtle micro-misalignments or prescribe the precise microprism required for proper BVD treatment.

Neurolens and Newton are *not* BVD testing.

Neurolens uses a digital measurement device and applies a standardized prism algorithm. It can help some patients with eye strain, but it does **not** diagnose or treat the underlying micro-misalignments that define BVD. It does not follow NeuroVisual protocols and cannot replace a NeuroVisual exam.

We are the **first NVMI-trained NeuroVisual clinic in Washington** and one of only a few in the state with this level of specialization. Our process is completely different from Neurolens, basic binocular vision screenings, and vision therapy programs.

I've tried prism before and it didn't help. Why is this different?

Standard prism and Neurolens prism do not measure or correct the subtle micro-misalignments that cause BVD. NeuroVisual testing is precise, specialized, and uses a completely different method. Theralenses® are built from this testing and customized to your neuromuscular system. Many patients who had “failed prism” in the past finally get relief here.

But I'm always told I see 20/20 and nothing is wrong. Why?

Because **20/20 only measures clarity**, not eye alignment.

You can see the letters on the chart perfectly while your eyes are still misaligned. BVD is caused by **how the two eyes work together**, not how clearly each eye sees on its own.

So yes—you can have 20/20 vision *and* significant symptoms from BVD.

Will vision therapy treat it?

Vision therapy can help some symptoms related to eye coordination, but it is **not designed to diagnose or correct true BVD**. Therapy programs typically require months of weekly sessions and can cost thousands of dollars.

NeuroVisual treatment is different.

We use **customized Theralenses® with precise microprism** to correct the underlying misalignment. For most patients, it takes **two appointments** and the right lenses—not months of exercises.

How many appointments will I need? Why are they so long?

Most patients need **two appointments** to complete their BVD treatment.

1) Initial BVD Examination — about 90 minutes

You spend the entire visit with Dr. Kandi.

We review your symptoms, medical history, previous treatments, and all the “puzzle pieces” other providers may have missed.

The exam includes:

- A full eye health evaluation
- A standard glasses prescription (whether or not BVD is found)
- Specialized NeuroVisual testing for micro-misalignments
- A *tentative* microprism prescription if BVD is diagnosed

As you begin wearing Theralenses®, your eyes and brain start to relax. This often reveals the final prescription needed for long-term comfort.

2) Progress Examination — about 40 minutes

Only needed if BVD is diagnosed at your first visit.

Dr. Kandi reassesses your symptoms, repeats key tests, and **finalizes your microprism prescription**.

After that you'll return for **yearly BVD exams**, similar in length to a standard eye exam.

What about dilation and the air puff?

- You likely **will NOT be dilated**. We use high-resolution retinal photos instead.
- We do **NOT** use the air puff.
- Expect a supportive environment: many patients laugh, some cry, and all are welcome.

How long will it take to feel better?

Most patients start to feel changes within hours to days of wearing their Theralenses®. Others notice improvements more gradually over a few weeks. Everyone adapts at their own pace, but most patients feel meaningful relief well before their progress exam.

How often will I need to change the prescription in my first pair of Theralenses®?

Most patients only need **one prescription change** during the adaptation period. As your eyes and brain relax, we fine-tune the prism to match your new alignment.

A small number of patients may need two or more adjustments, but this is uncommon.

If your lenses need to be remade within the allowed time frame, you will **not** be charged full price for new lenses.

Can you guarantee this will work?

No doctor can guarantee any medical treatment—and if they do, that's a red flag. Every body responds differently, and BVD is often just one piece of a complex puzzle.

What we *can* say confidently is that most patients experience a **50–80% reduction in symptoms** once their microprism is finalized. Many can drive again, reduce or discontinue migraine medications, or simply function “normally” for the first time in years.

There are rare patients we are not able to help, and we are just as frustrated when that happens. But for the vast majority, Theralenses® provide significant, life-changing relief.

How much does it cost? Why is it billed to medical insurance & not a vision plan?

BVD patients come in with medical symptoms—dizziness, headaches, anxiety, motion sickness, and difficulty reading or focusing. Because of this, the NeuroVisual exam is billed to your medical insurance, not a discount vision plan.

Vision plans only cover basic routine exams, not the extended testing required for BVD.

What you can expect to pay

We bill your medical insurance. You are responsible for:

- Copays
- Deductibles
- Non-covered testing

We estimate most patients pay **\$284–\$350**, but the final amount depends on your insurance and is not known until they process the claim (which can take months).

If we are not billing insurance

- Initial BVD exam: **\$650 with credit / \$600 with cash**
- Progress exam: **\$550 with credit / \$500 with cash**

Fees may change without notice.

What medical insurance do you take?

We are in-network with:

- **Medicare**
- **UnitedHealthcare**
- **Most Blue Cross and Regence plans**

Many other medical plans offer **out-of-network benefits**, which means you can often submit for partial reimbursement even if we are not contracted with your plan.

We **do not** accept:

- Ambetter
- Molina
- Apple Health
- Any Medicaid plans

We also accept **CareCredit** and **Cherry Financing**, which give you up to 6 months with no interest.

If you're unsure about your insurance, **just call us—we'll look it up for you.**

Why do you need a deposit?

Because our schedule books out **6–8 weeks in advance**, we require a **\$150 deposit** to reserve your appointment time.

The deposit is applied toward any costs at your exam.

Refund policy

- **More than 7 days' notice:** fully refundable
- **Less than 7 days' notice:** non-refundable

This policy protects appointment availability for patients who are waiting to be seen and ensures we can hold dedicated time for you.

Do I have to wear the glasses all the time? Can I wear contacts?

Yes. Your eyes are misaligned 24/7, so you need to wear your Theralenses® full-time for the treatment to work properly.

Contacts are not an option for most BVD patients, so it's best to assume you **cannot** wear contacts.

How will I know if the glasses are working?

Your symptoms will decrease, and your BVDQ™ score will go down. Many patients also notice that they feel worse when they take the glasses off—that contrast is often the clearest sign that the lenses are helping.

How do I prepare for my appointment?

Wear glasses, not contacts. Bring in any glasses that don't work well—that information helps us understand what hasn't helped you in the past. A few weeks before your visit, we will email your paperwork. Download the PDF, fill it out, and email it back before your appointment. Based on your answers, you may have a few short forms to complete when you arrive. We also need pictures or scans of the front and back of your medical insurance card.

Do I need a referral?

Some medical insurances require a referral from your primary care provider before you can see us. It is your responsibility to know whether your plan requires one and to make sure it is sent to us before your appointment. If a referral is required and we don't have it on file, you will be responsible for the full cost of the visit. Your provider can fax referrals to **253-590-0578**. If you need help, just call us—we're happy to guide you.

Will you see kids with BVD? People who are neurodivergent?

Yes. Dr. Kandi sees kids aged 12 and up for BVD, and our oldest BVD patient is in their 90s. Many of our patients are neurodivergent, and we welcome you exactly as you are.

I've seen lots of buzz about EDS, POTS, & autism also being linked to BVD. Why?

EDS affects connective tissue, and your eye muscles rely on connective tissue to stay aligned—so misalignment is more common. With autism and POTS, we don't fully understand the “why” yet, but there is a strong correlation. When you come to us, we look at the full picture, not just isolated symptoms.

Do you ONLY see BVD patients?

No. We see “normal” vision patients and medical patients too—glaucoma, cataracts, diabetes, dry eye, and more. We also have specialized equipment that BVD patients may not need, but it ensures we can care for a wide range of eye conditions. You do **not** need to have BVD to be seen here.

How can I learn even more about Theralens®, BVD, and NeuroVisual medicine?

This website is your one-stop resource for understanding BVD, NeuroVisual Medicine, and Theralenses®. You can also explore these helpful resources for deeper education, research, and real patient experiences:

- [NeuroVisual Medicine Institute \(NVMI\)](#)
- [NVMI Find-a-Provider Directory](#)
- **Research and Published Studies on BVD and Microprism Treatment**
- [Theralenses® Official Website](#)
- [Dr. Kandi on TikTok \(@drkandi\)](#) for quick, easy-to-understand educational videos

These links offer deeper explanations, research, and real-world examples to help you understand BVD and share information with others.

Do you have videos where I can learn more about BVD and NeuroVisual Medicine?

Yes. These videos help explain BVD in simple, easy-to-understand ways:

- [Watch the TEDx Talk on BVD](#)
- [Watch the Short BVD Explainer Video](#)
- **NVMI Patient Testimonial Videos** — (link to be added from NVMI site)
- [Dr. Kandi on TikTok \(@drkandi\)](#)

These resources are great for learning more yourself and for sharing with family, friends, or providers.

Fees & information here are subject to change without notice.