We present a preliminary/pilot study of combining intraoperative discoplasty at levels adjacent to either a cervical fusion or cervical artificial disc replacement (ADR). The adjacent level had a contained disc protrusion without significant cord compression that would require a ADR or fusion. The levels that had fusion or an ADR had significant degenerative disc disease (DDD) with cord/root compromise. The purpose was to determine the role of discoplasty in preventing adjacent level accelerated degeneration and to reduce axial/radicular pain in combination therapy for less severe contained discs in multi-level DDD requiring surgery. Another aim was to reduce the number of levels requiring ADRs or fusions. 10 patients had 2 level ADRs and or fusion in combination with either one or two level discoplasty at adjacent levels in the cervical spine. The ADRs and fusions were done with standard techniques. The discoplasty was performed intraoperatively through the open surgical corridor using fluoroscopy and a plasma energy wand. There was significant reduction in VAS pain scores in follow up (mean VAS pre-op 7.8; post-op 3.0). There were no patients who required re-operation at adjacent levels in follow up (range 6mo-12mo). Further follow up will be required to determine the long term results of this type of combination therapy in the treatment of multi-level cervical DDD in preserving motion and reducing disease progression.