It’s a common problem I see in my office all the time. A triathlete or a runner is training intently and over a period of several weeks, develops a pain in the butt. Initially, this starts as a dull ache, and if they don’t come in soon enough, it progresses to a sharp pain. The conversations usually go something like this: “Doc, this pain in my butt is killing me. I can’t run up hills, I can’t bike with any power, and every time I do anything hard, it grabs me.”

Pain in the butt, otherwise known as a proximal hamstring strain, is a nagging injury that deserves immediate attention. Like most athletes, triathletes will often wait until it’s broken, really broken, before coming to the doctor. The hamstring, however, is one injury that needs to be taken seriously as soon as it starts to hurt. (Incidentally, this “wait until it doesn’t work” approach is more prevalent in men, who generally wait until a body part is falling off before they come to the doctor, but women have been known to do it also.)

The hamstring muscles—the biceps femoris, semitendinosus and semimembranosus—are a group of three muscles that come off of the ischial tueberosity, otherwise known as the “sit bones,” at the base of the pelvis. Like several muscle groups in the body, the hamstrings actually cross two joints, the hip and the knee, inserting on the inside and the outside of the knee. It’s easy to feel these tendons (muscles turn into tendons before they insert into bones). They are the ropes on either side of the back of your knee. The hamstring muscles are both hip extensors and knee flexors, both motions which are important for running, biking and swimming.

Hamstring injuries, known as strains, are characterized by where they occur, middle, distal or proximal. Hamstring muscle injuries which occur in the meaty, middle portion of the muscles are the quickest to heal since this area is well supplied by blood vessels. Blood carries oxygen which promotes tissue healing. The distal hamstring, the area including the end of the muscle and the tendons, can also become injured and heals a bit slower than the middle hamstring injury, but also eventually heals.

The proximal hamstring, however, the top of the muscles that comes off ischium, has a terrible blood supply and heals very slowly. I tell my patients with proximal hamstring injuries to beware, “this pain in the butt can become a serious pain in the butt if you are not careful!”

The key to preventing the chronic, nagging type of hamstring strain—the nightmare that you hear about at the pool, the friend who is out for the year and thinks he can never run again—is to pay attention to your butt. If your butt starts to hurt, back off. Hamstring injuries are one kind of problem that can become much worse by trying to push through the pain.

I recommend getting in to see a doctor if the pain lasts for more than a day or two, and then heading right to a physical therapist who can guide a progressive program of stretching and strengthening to get the muscles back in shape. Often an adjustment to the bike seat which is too high, or the running stride which is too long, can help reduce the stress on the hamstring. If the injury does not heal, ultrasound or MRI can be used to look for a partial tear, one of the more serious consequences of trying to push through the pain of a hamstring strain.

Of course, it’s not always so easy to diagnose butt pain. Sometimes a pain in the butt can be a strained gluteus muscle, piriformis muscle, or inflammation of the sciatic nerve, but most often, the pain, especially discomfort associated with the push off phase of running, is a hamstring strain. By listening to your body, getting treatment early, and starting a good strengthening program designed for both treatment and prevention, a major pain in the butt can be avoided.

Most of all, it pays to heed your body’s cues. When it comes to butts, it’s always a good idea to listen closely.

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